

DeWitt-Piatt Bi-County Health Department

910 Rt. 54 East

P.O. Box 518

Clinton, IL 61727

(217) 935-3427

1020 S. Market St.

Monticello, IL 61856

(217) 762-7911

APPLICATION FOR EMPLOYMENT

DeWitt-Piatt Bi-County Health Department is committed to the provisions of Equal Employment Opportunity and Affirmative Action to all applicants regardless of race, color, religion, ancestry, age, sex, marital or veteran's status, national origin, disability or any other legally protected status

All statements made by applicants for employment on this application form will be checked for accuracy. Please read carefully, answer all questions and print clearly in ink.

APPLICANT INFORMATION

Name _____

Social Security #: _____ - _____ - _____

Address: (where you accept mail): _____

Telephone number where you can be contacted: _____

Are you a resident of De-Witt/Piatt County? _____ Yes _____ No

If no, would you relocate to DeWitt/Piatt County? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

If no, can you submit a work permit? _____ Yes _____ No

Do you have a legal right to work in the U.S.? _____ Yes _____ No

If no, please explain: _____

Have you ever been convicted of a felony, or, within the last five (5) years a misdemeanor?*

_____ Yes _____ No

If yes, please explain offense, date of offense, and place in which it occurred: _____

Are you currently taking unlawful or illegal drugs? _____ Yes _____ No

*Applicants may not be denied employment because of a conviction record, unless the offense is related to the job which they are applying.

EDUCATION AND EXPERIENCE

What was your highest grade completed? _____

Please list any College, University, Trade School or other educational institution attended, degrees received (if any), types of courses taken and number of years attended: _____

Please list any professional licenses or certifications you hold:

Please list any technical skills for which you have been trained:

Please check the equipment you are able to operate:

Copier Scanner Cash Register Credit Card/Debit Processing Machine
 Fax Other _____

Please check the mobile computing device(s) with which you have experience:

Laptop PDA Blackberry Treo phone Other _____

Please check the software application(s) with which you have experience:

Microsoft Word Excel Access PowerPoint Publisher E-mail
 INEDSS Epi Info SPSS Ahler's Cornerstone Lapstone

Others: _____

WORK EXPERIENCE

(List most recent employers, including volunteer experience)

Employer: _____ Dates Employed: _____ - _____

Address: _____ Phone No. () _____

Job Position/Title: _____

Salary: (starting) \$ _____ (ending) \$ _____

Immediate Supervisor(s) Name and Title: _____

Briefly describe your job duties: _____

Reason for leaving? _____

Employer: _____ Dates Employed: _____ - _____

Address: _____ Phone No. () _____

Job Position/Title: _____

Salary: (starting) \$ _____ (ending) \$ _____

Immediate Supervisor(s) Name and Title: _____

Briefly describe your job duties: _____

Reason for leaving? _____

Employer: _____ Dates Employed: _____ - _____

Address: _____ Phone No. () _____

Job Position/Title: _____

Salary: (starting) \$ _____ (ending) \$ _____

Immediate Supervisor(s) Name and Title: _____

Briefly describe your job duties: _____

Reason for leaving? _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION
(PLEASE READ CAREFULLY, BEFORE SIGNING)

“I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment, or if employed and found later, discharge.”

“I understand that prior to being offered employment with DeWitt-Piatt Bi-County Health Department, a background check may be initiated. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damage on account of having furnished such information.”

“I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between DeWitt-Piatt Bi-County Health Department and myself. No promises regarding employment have been made and I understand that no such promise or guarantee is binding upon the DeWitt-Piatt Bi-County Health Department.”

“I understand that prior to being offered employment with DeWitt-Piatt Bi-County Health Department, I may be required to take a physical examination. In the event I have a disability which will affect my ability to take the test, I will so inform the Health Department prior to the administration of the test so that a reasonable accommodation can be made. Requesting accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The Health Department reserves the right to require medical documentation concerning the need for such accommodations.”

“I understand that this application will be kept on active file for sixty (60) days from the date completed, after which time I would have to reapply in accordance with established Health Department policy.”

Signature of Applicant*

Date