

DEKALB COUNTY HEALTH DEPARTMENT

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____ S.S.N.: _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME TELEPHONE NUMBER _____ CONTACT TELEPHONE NUMBER AND/OR E-MAIL ADDRESS _____

ARE YOU A U.S. CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
(If you answer "yes" to the above, you will not automatically be disqualified from employment consideration except as required by state or federal law.)

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO DO YOU OWN A CAR? YES NO

DO YOU HAVE ANY HEALTH PROBLEMS OR DO YOU TAKE ANY MEDICATIONS THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM A PARTICULAR JOB? YES NO IF YES, PLEASE EXPLAIN AND DESCRIBE WHETHER ANY ACCOMODATION COULD BE MADE TO HELP YOU OVERCOME THE DIFFICULTY: _____

POSITION INFORMATION

POSITION APPLIED FOR: _____ SALARY EXPECTED: _____

ARE YOU APPLYING FOR: FULL-TIME PART-TIME PERMANENT TEMPORARY

DATE AVAILABLE TO BEGIN WORKING: _____

HAVE YOU EVER BEEN EMPLOYED BY THIS AGENCY? YES NO IF YES, WHEN? _____

WHY ARE YOU INTERESTED IN THIS POSITION? _____

PROFESSIONAL LICENSES/REGISTRATIONS

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER
 CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION SUSPENDED, REVOKED OR ON PROBATION?
 YES NO IF YES, EXPLAIN:

TYPE: _____ STATE: _____ DATE: _____ NUMBER: _____

CURRENTLY LICENSED ELIGIBLE FOR LICENSE LICENSE OR REGISTRATION EVER
 CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION SUSPENDED, REVOKED OR ON PROBATION?
 YES NO IF YES, EXPLAIN:

TYPE: _____ STATE: _____ DATE: _____ NUMBER: _____

LANGUAGE SKILLS (other than English)

LANGUAGE: _____ DO YOU SPEAK? FAIR GOOD FLUENT
DO YOU WRITE? FAIR GOOD FLUENT
DO YOU READ ? FAIR GOOD FLUENT

LANGUAGE: _____ DO YOU SPEAK? FAIR GOOD FLUENT
DO YOU WRITE? FAIR GOOD FLUENT
DO YOU READ ? FAIR GOOD FLUENT

EDUCATION

| SCHOOL | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | LAST YEAR COMPLETED | | | | DID YOU GRADUATE? ____ YES ____ ____ NO ____ | DIPLOMA OR DEGREE |
|---|----------------------------|-----------------|---------------------|---|---|---|--|-------------------|
| | | | 1 | 2 | 3 | 4 | | |
| HIGH | | | 1 | 2 | 3 | 4 | ____ YES ____ ____ NO ____ | |
| COLLEGE | | | 1 | 2 | 3 | 4 | ____ YES ____ ____ NO ____ | |
| COLLEGE | | | 1 | 2 | 3 | 4 | ____ YES ____ ____ NO ____ | |
| OTHER Business College or Special Courses: (Include Special Military Training, Post Graduate and Nursing) | | | | | | | | |
| AREA(S) OF SPECIALIZATION OR MAJOR INTEREST: | | | | | | | TYPING SPEED (Approx. WPM) | |
| COMPUTER SKILLS: | | | | | | | | |

EMPLOYMENT HISTORY

PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER

JOB TITLE: _____ FROM _____ TO _____

SUPERVISOR'S NAME: _____ SALARY: _____

EMPLOYER: _____ PHONE NO.: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM _____ TO _____

SUPERVISOR'S NAME: _____ SALARY: _____

EMPLOYER: _____ PHONE NO.: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

JOB TITLE: _____ FROM _____ TO _____

SUPERVISOR'S NAME: _____ SALARY: _____

EMPLOYER: _____ PHONE NO.: _____

ADDRESS: _____

DUTIES: _____

REASON FOR LEAVING: _____

PLEASE IDENTIFY AND EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY: _____

DID YOU SERVE IN THE U.S. ARMED FORCES? Yes No If yes, which branch? _____

HAVE YOU VOLUNTEERED YOUR TIME OR SERVICES? Yes No If yes, where? _____

BRIEFLY DESCRIBE JOB-RELATED DUTIES AND SKILLS ACQUIRED THROUGH MILITARY OR VOLUNTEER SERVICE (include dates):

PROVIDE ADDITIONAL REFERENCES (Example: community service-oriented, school references, professional associations)

| NAME AND RELATIONSHIP | TITLE | COMPANY NAME AND ADDRESS | TELEPHONE |
|-----------------------|-------|--------------------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this agency with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing or use of such information.

Signature: _____

Date: _____

PLEASE FEEL FREE TO MAKE ADDITIONAL COMMENTS: _____

DEKALB COUNTY HEALTH DEPARTMENT PROGRAMS

Division of Environmental Health

Inspections, investigations, surveillance and education preventing the transmission of disease through food, water, sewage, animal and nuisance of waste that is landfilled.

Division of Home Care

Health care to individuals in their homes providing therapeutic treatment and care for illness and disease.

Division of Vital Records

Through registration, the official recording of births and deaths occurring in DeKalb County.

Division of Health Education

Provides information to the public to promote positive health habits, improve the level of health knowledge within the community and inform residents of available community health resources.

Division of Personal Health Services

Healthy Moms/Healthy Kids Program

Case management services for income-eligible women and infants. Public Health Nurse follow-up on high-risk infants and children.

Well Child Clinics/School Physicals/Lead Screening

Routine exams, required school physicals and immunizations with health education. Lead screening and required school physicals.

Women, Infants and Children Food Supplement Program

Nutrition program for income-eligible pregnant and postpartum women, infants and children to age 5. Nutrition and breastfeeding education provided.

Family Planning Program

Confidential medical, educational and social services provided to assure women of childbearing age the optimum chance for wanted pregnancies. Pregnancy testing with options counseling and referrals.

Breast and Cervical Cancer Program

Breast and cervical cancer screening for uninsured women who meet age and income guidelines.

Immunization Program

Immunization clinics providing vaccines to control and prevent the spread of vaccine-preventable diseases.

Adult and Travel Immunizations

Adult immunizations at a reasonable cost. Consultation and immunizations for international travelers.

Vision and Hearing Screening Program

Screening of preschool and school-age children to identify and refer those who are in need of a thorough eye and/or ear examination by a doctor.

Employee Wellness Program

Health screening and education conducted at the worksite to encourage health promotion, disease prevention, and early detection of illness.

Hypertension Screening and Monitoring Program

Blood pressure screening and monitoring to detect non-diagnosed or inadequately controlled individuals with high blood pressure.

HIV/AIDS Program

Anonymous testing and counseling to prevent HIV transmission. Outreach and health education to promote risk-reduction behaviors. Case management for HIV-positive individuals.

Tuberculosis Program

Medical services provided to identify, diagnose and treat individuals with or exposed to tuberculosis.

Communicable Disease Program

Reporting and investigation of reportable communicable diseases to prevent and control their spread.

Partners in Health

Physician referral program for Illinois Public Aid individuals to provide access to primary care.

MISSION STATEMENT OF THE DEKALB COUNTY HEALTH DEPARTMENT

The mission of the DeKalb County Health Department is to promote optimal health for all county residents. Health promotion includes preventive health services, health protection services and health education. Working in partnership with other organizations, programs help individuals, families, and the community prevent, as well as manage, health problems and risks. DeKalb County Health Department has a strong commitment to delivering quality public health services with competence and skill, while respecting the dignity and rights of all individuals.

**An Equal Employment Opportunity Employer.
We comply with all applicable state and federal
civil rights and equal employment laws and regulations.**