

DEKALB COUNTY HEALTH DEPARTMENT

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

DATE OF APPLICATION: _____

NAME: _____ SOCIAL SECURITY NO.: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

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 DRIVER'S 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 APPLYING 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? _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____
(IF YOU HEARD ABOUT THIS POSITION VIA CLASSIFIED AD, PLEASE GIVE THE NAME OF THE NEWSPAPER)

PROFESSIONAL LICENSES/REGISTRATIONS

CURRENTLY LICENSED ELIGIBLE FOR LICENSE

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION

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

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES NO

IF YES, EXPLAIN: _____

CURRENTLY LICENSED ELIGIBLE FOR LICENSE

CURRENTLY REGISTERED ELIGIBLE FOR REGISTRATION

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

LICENSE OR REGISTRATION EVER SUSPENDED, REVOKED OR ON PROBATION? YES NO

IF YES, EXPLAIN: _____

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 | LAST YEAR COMPLETED (CIRCLE ONE) | DID YOU GRADUATE? | DIPLOMA OR DEGREE |
|--|----------------------------|-------------------------------------|---------------------|-------------------|
| 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: | | | | |
| COMPUTER SKILLS: | | TYPING SPEED (Approximate WPM): | | |

EMPLOYMENT HISTORY - PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____ SALARY: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____ SALARY: _____
 DUTIES: _____
 REASON FOR LEAVING: _____

JOB TITLE: _____ FROM: _____ TO _____
 EMPLOYER: _____ PHONE NO.: _____
 ADDRESS: _____
 SUPERVISOR'S NAME: _____ SALARY: _____
 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 & RELATIONSHIP | TITLE | COMPANY NAME & ADDRESS | TELEPHONE NUMBER |
|---------------------|-------|------------------------|------------------|
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CAREFULLY READ THIS SECTION PRIOR TO PROVIDING YOUR 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 UNDERSTAND THAT I MAY BE REQUIRED TO COMPLETE SKILLS TESTING (E.G., TYPING TEST, DATA ENTRY, ALPHABETIZING, DEVELOPING SPREADSHEETS, MATH SKILLS, ETC.), AS APPROPRIATE TO MEET THE REQUIREMENTS OF THE POSITION FOR WHICH I AM APPLYING.

I HEREBY AUTHORIZE DEKALB COUNTY HEALTH DEPARTMENT TO CONDUCT OR PARTICIPATE IN AN INVESTIGATION OF PERSONAL BACKGROUND, WORK HISTORY, LICENSURE, AND POLICE RECORD AS MAY BE NECESSARY TO VERIFY THE INFORMATION PROVIDED IN THIS APPLICATION AND TO DETERMINE MY FITNESS TO HOLD THE POSITION FOR WHICH I HAVE APPLIED.

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 DIVISIONS and PROGRAMS

The DeKalb County Health Department, a department of county government, was founded in 1966. The Health Department offers a full array of public health programs and is certified by the Illinois Department of Public Health.

If you are considering employment at the DeKalb County Health Department, please familiarize yourself with the public health programs and services in our Divisions:

- Administration includes Health Promotion, Community Health Needs Assessment and Planning and Vital Records
- Health Protection includes Environmental Health, Animal Control and the Solid Waste Program
- Community Health and Prevention includes Maternal and Child Health, Communicable Disease and health insurance enrollment programs

For detailed information, please visit our website at health.dekalbcounty.org.

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.

health.dekalbcounty.org