



Boone County Health Department

Public Health
Prevent. Promote. Protect.

1204 Logan Avenue, Belvidere, Illinois 61008
Main Office 815.544.2951 Clinic 815.544.9730 Fax 815.544.2050
www.boonehealth.org

The mission of the Boone County Health Department is to serve our community by preventing the spread of disease, promoting optimal wellness & protecting the public's health.

APPLICATION FOR EMPLOYMENT

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, pregnancy, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Date of Application: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Internet Other: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Phone &/or Cell Phone: () () E-mail: _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
 Yes No (Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full-Time Part-Time Temporary

Are you on a lay-off and subject to recall? Yes No Can you travel if a job requires it? Yes No

EDUCATION	Elementary	High School	College	Graduate/ Professional
School Name City / State				
Years Completed (Circle)	6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study:				
Describe specialized training, apprenticeship, skills, & extra-curricular activities				
List honors received or special accomplishments, publications, awards, etc.				

State any additional information you think may be helpful to us in considering your application:

Indicate what languages you speak, read, and/or write:			
	Fluently	Good	Fair
Speak			
Read			
Write			

Three references who are not related to you and are not previous employers (past co-workers preferred):

Name	Address	Phone Number

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Only list past employers for the last ten (10) years. You may attach resume to replace pages 3 & 4.

Employer:	Dates Employed		Work Performed:
Address:	From	To	
Phone:			
Job Title:	May we contact this employer: Yes No		
Supervisor:	Hourly rate/salary: Starting Rate: Final Rate:		
Reason for leaving:			

Employer:	Dates Employed		Work Performed:
Address:	From	To	
Phone:			
Job Title:	May we contact this employer: Yes No		
Supervisor:	Hourly rate/salary: Starting Rate: Final Rate:		
Reason for leaving:			

Employer:	Dates Employed		Work Performed:
Address:	From	To	
Phone:			
Job Title:	May we contact this employer: Yes No		
Supervisor:	Hourly rate/salary: Starting Rate: Final Rate:		
Reason for leaving:			

Employer:	Dates Employed		Work Performed:
Address:	From	To	
Phone:			
Job Title:	May we contact this employer: Yes No		
Supervisor:	Hourly rate/salary: Starting Rate: Final Rate:		
Reason for leaving:			

If you need additional space, please continue on a separate sheet of paper.

Special Skills & Qualifications:

Summarize special skills and qualifications acquired from employment or other experience:

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin).

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I further understand that employment with the Boone County Department of Public Health is employment-at-will. I authorize the Boone County Department of Public Health to contact my previous employers and any references provided. I consent to a background check performed by the Boone County Sheriff's Department.

I understand that no oral promises have been made and that the terms of any employment offer can only be made and modified in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Boone County Department of Public Health.

(Signature of Applicant) _____ (Date) _____

For Office Use Only	
Arrange Interview:	Yes No
Remarks:	_____

Interviewer:	_____ Date: _____
Employed:	Yes No Date of Employment: _____
Job Title:	_____ Hourly Rate/Salary: _____ Department: _____