

Mason County Health Department
1002 East Laurel
Havana, IL 62644
Phone: 309-210-0110
Fax: 309-543-2063
Email: mchd@grics.net

Application For Employment

The Mason County Health Department is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Email Address: _____

Position Sought _____ Full Time ___ Part Time___

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? Yes ___ No___

Are you legally eligible for employment in the United States? Yes ___ No___
(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: Number of Years Completed (circle one) 1 2 3 4

Diploma: Yes ___ No___ **G.E.D.:** Yes ___ No___

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major/Minor _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Illinois License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS:

Office: Excel ___ Word ___ PowerPoint ___ Access ___

Publisher ___ Outlook ___ QuickBooks ___ DPA/Insurance Billing ___

Email ___ Internet ___ Other ___ Typewriter wpm ___

Other Software Skills _____

Have you ever been employed by the County of Mason (including MCHD) Yes___

No___

If so, please state facility name and location and dates of employment

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? Yes ___ No ___

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT ___ PT ___ No. of Hrs. ___

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? Yes ___ No ___

If yes, explain: _____

REFERENCES:

<u>Professional</u>	<u>Personal</u>
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Mason County Health Department to verify their accuracy and to obtain reference information on my work performance. I hereby release the Mason County Health Department from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. **I understand that any employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my employment at any time with or without notice or cause.**

Signature of Applicant _____ Date: _____