

Employment Application

Please complete all questions for employment consideration

Name: _____ Social Security Number: _____

Present Address: _____
Street City State Zip

Home Phone: _____ How did you hear of us? _____

If employee referral, please provide their name: _____

Type of work or position applied for: _____ Full Time Part Time

Days Available _____ Hours Available _____ Date Available to Begin Work _____

Describe why you are qualified for the position: _____

(Attach resume if possible)

Salary requirements: _____ Are you over 18: Yes No

Have you been employed by us before? Yes No If yes, when? _____

Have you applied for employment with us previously? Yes No Date and Result: _____

If you have relatives employed with us, their name/relationship: _____

If you would be engaged in any other work while in our employ, please explain: _____

If hired, can you demonstrate eligibility to work in the United States? Yes No

Have you ever been convicted, pleaded guilty, or pleaded "no contest" to any crime? Yes No
If yes, please explain: _____

Has a former employer ever disciplined you for tardiness or absenteeism? Yes No
If yes, please explain: _____

Would a former employer categorize your attendance as meeting expectations? Yes No
If no, please explain: _____

After hearing of the job duties, to the best of your knowledge would you be able to perform all the essential functions of this position? Yes No

HISTORY OF EMPLOYMENT

List your complete employment record (including temporary, regular and part-time) in date order.
List the most recent first. Include military service if applicable.

MOST RECENT EMPLOYER

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name/Title: _____

Starting Position: _____ Ending Position: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

Are you currently working for this company? Yes No If yes, may we contact? Yes No

EMPLOYER

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name/Title: _____

Starting Position: _____ Ending Position: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

Are you currently working for this company? Yes No If yes, may we contact? Yes No

EMPLOYER

Company Name: _____ Phone Number: _____

Address: _____

Supervisor's Name/Title: _____

Starting Position: _____ Ending Position: _____

From: _____ To: _____ Beginning Salary: _____ Ending Salary: _____

Brief Job Description: _____

Reason for Leaving: _____

Are you currently working for this company? Yes No If yes, may we contact? Yes No

If you were employed under a different name in any of those positions, give name and applicable company:

Account for periods of 2 weeks or more in which you have not been working in the last 5 years:

From: _____ To: _____ Reason: _____

From: _____ To: _____ Reason: _____

WORK REFERENCES			
<i>Please list three professional (work) references.</i>			
Full Name		Title	
Company		Phone	()
Address			
Full Name		Title	
Company		Phone	()
Address			
Full Name		Title	
Company		Phone	()
Address			

EDUCATIONAL BACKGROUND

School Name/ Address	Dates Attended	Date Graduated	Diploma/Degree Certificate	Grade Point/ Honors
HIGH SCHOOL	N / A			
BUSINESS / TRADE				
COLLEGE/UNIV.				

INDICATE TRAINING OR EXPERIENCE IN THE FOLLOWING:

10 Key: Sight Touch

Computer Skills: Word Excel Windows Version: _____
 Power Point Publisher

Other Equipment: _____

Other Skills / Qualifications: _____

ACKNOWLEDGEMENT OF UNDERSTANDING AND CONSENT

Please read thoroughly before signing

It is understood that this application is not an obligation of employment.

I hereby authorize the Bond County Health Department (BCHD) to investigate all references and former employment, and I release from liability those supplying such information. Upon offer of employment, I may be required to take a drug test at BCHD's expense and realize that the offer of employment is contingent upon my test results being drug-free and appropriate information being received from reference sources.

I will provide proof of my eligibility to work within 3 business days as required by "The Immigration Reform and Control Act of 1986".

I understand that BCHD can make no guarantee as to the number of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the company reserves the right to transfer me to another position, as business necessitates, and my continue employment may be predicated upon my acceptance of said transfer. I understand that evenings or weekends may be part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is BCHD, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature

Date

DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: Yes No POSITION: _____

DEPT.: _____ DATE REPORTING TO WORK: _____

SALARY/WAGE: _____ FULL-TIME: _____ PART-TIME: _____

APPROVED: 1. _____ 2. _____ 3. _____

Administrator

Dept. Supervisor

General Manager

AN EQUAL OPPORTUNITY EMPLOYER