

# Macon County Health Department

## Employment Application

TITLE OF POSITION APPLIED FOR _____		SOCIAL SECURITY NUMBER _____	
LAST NAME _____		FIRST NAME _____	MI _____
STREET ADDRESS _____		CITY _____	STATE _____ ZIP _____
COUNTY _____	(____) - _____ - _____ AREA TELEPHONE # CODE	(____) - _____ - _____ DAYTIME TELEPHONE #	TODAY'S DATE _____

<b>EDUCATION</b>																	
<b>HIGHEST LEVEL ATTAINED (PLEASE CIRCLE)</b>																	
1	2	3	4	5	6	7	8	9	10	11	12	GED	ASSOCIATE	DIPLOMA	NURSING	BACHELOR	
MASTER		OTHER		_____													
HIGH SCHOOL OR BUSINESS SCHOOL NAME & ADDRESS				SPECIALTY, IF ANY				DID YOU GRADUATE?		DATE GRADUATED OR LAST ATTENDED							
ADVANCED EDUCATION – THIS INCLUDES SPECIALIZED TRAINING, TECHNICAL SCHOOLS, DIPLOMA NURSING, UNDERGRADUATES, GRADUATES, MEDICAL INTERNSHIPS, RESIDENCY, OTHERS _____																	
_____																	
NAME & ADDRESS OF INSTITUTION OR AGENCY			CREDITS EARNED		NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		TYPE OF DEGREE	DATE ISSUED							
			SEM. QTR.				FROM TO MO/YR MO/YR										
REGISTRATION, CERTIFICATION, OR OTHER PROFESSIONAL LICENSE				NUMBER	STATE IN WHICH ISSUED		DATE ISSUED	DATE APPLIED FOR									

List your present employment followed by the history of changes in titles and employment with degree of each change. If there is not sufficient space to list your work history, add the information on a separate piece of paper and attach.

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<input type="checkbox"/> <b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

<b>Company Name:</b>		<b>Supervisor's Name:</b>	
<b>Address:</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Your Title:</b>		<b>Supervisory:</b>	<b>yes</b> <input type="checkbox"/> <b>no</b>
<b>Your Monthly Salary:    \$</b>		<input type="checkbox"/> <b>FULL TIME</b>	<input type="checkbox"/> <b>PART TIME</b>
<b>Dates of Employment (month/year):</b>	<b>From</b> /	<b>To</b> /	
<b>Your Duties:</b>			
<b>Reason for Leaving:</b>			

**MACON COUNTY HEALTH DEPARTMENT EXERCISES ITS RIGHTS AS AN  
EMPLOYER AT WILL IN COMPLIANCE WITH EMPLOYMENT  
LAW IN THE STATE OF ILLINOIS.**

**APPLICATION STATEMENT**

I certify that all information I have provided in order to apply for and secure work with the Macon County Health Department is true, complete and correct.

I authorize any of the persons or employees or previous employees of the organizations referenced in this application packet to give you and any of them all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

In consideration of my possible employment with your organization, I agree to conform to the rules and regulations of the organization as set forth in the employee handbook and acknowledge that these rules and regulations may be changed, interpreted withdrawn or be added to by the employer at any time, at the employer's sole option and without any prior notice to me.

I understand that the Macon County Health Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the Macon County Health Department reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Macon County Health Department is authorized to make any assurances to the contrary, and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Administrator.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNLESS YOU HAVE READ THE ABOVE STATEMENT.

**I certify that I have read, fully understand and accept all terms of the forgoing Application Statement.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*The Macon County Health Department is an Equal Opportunity Employer and does not discriminate based on race, religion, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental handicap or military service.*

## DRUG FREE WORKPLACE PROGRAM - Macon Co Health Department

### Applicant's Consent to Drug/Alcohol Testing

I understand it is the policy of the Macon County Health Department to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with the Macon County Health Department is the satisfactory passing of drug and/or alcohol test(s).

I understand that a rapid test for drug and/or alcohol will be given, and in the event that this test results in positive findings, I may request an additional lab conducted test at my own costs.

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not guarantee that I will be employed by the Macon County Health Department.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the Macon County Health Department, and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency, DMH Corporate Health Services, to release to the Macon County Health Department and other necessary parties the results of my tests.

At this time I consent to a pre-employment drug and/or alcohol test.

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Signature of applicant

Date

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Printed name of applicant