



County of Will

Additional Employment History Sheet

Equal Opportunity Employer

Will County Health Department

501 Ella Ave.

Joliet, IL 60433

(815) 774-7332

Fax: (815) 774-8484

Website: www.willcountyhealth.org

Applicant Name: _____

Please continue listing full-time and part-time employment record and go back a minimum of ten (10) years. Do not omit any employment during that time. Answer each question completely; **"See Resume" is not acceptable.**

PRINT YOUR NAME:

Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title:	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title:	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title:	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
Name and Address of Employer	Dates of Employment	List Job Responsibilities:
	From: / /	
Position Held/Job Title:	To: / /	
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name & Title:	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)

(Certification on Page 1 must be signed and applies to this additional employment history sheet)