

Print Name: _____ **EMPLOYMENT HISTORY**

Please give an accurate, complete full-time and part-time employment record. Start with present or most recent employer and go back a minimum of ten (10) years. Do not omit any employment during that time. Add additional sheets if necessary. Answer each question completely; **“See Resume” is not acceptable.**

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

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

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Supervisor's Name & Title: () _____		Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)
		May we contact this employer for a reference prior to a job offer? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES

List below three people who are not related to you and that have direct knowledge of your skills, experience and fitness for the position or field for which you are applying. Preferably, these are individuals who have supervised your work either currently or in the past.

FULL NAME	BUSINESS OR HOME ADDRESS	OCCUPATION	TELEPHONE NUMBER
			()
			()
			()

CERTIFICATION

I certify that answers/information given herein are true, complete and accurate. I understand that any omission or misrepresentation of information may be sufficient cause for rejection of this application or, if employment has commenced, grounds for immediate dismissal. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize any schools that I have attended, current and previous employers, and organizations named in this application to provide the County of Will with any information that may be requested to make an employment decision. I hereby specifically waive written notice from any and all former employers regarding their disclosure to the County of Will of any information including disciplinary action. I understand that if I am offered employment, it is contingent upon satisfactorily passing a physical examination and/or drug test prior to placement in the position for which I have applied when such tests are required. I specifically authorize law enforcement agencies to release any records of prior criminal convictions and/or pending felony charges it may have or may obtain from other sources to the County of Will. I hereby release the County of Will and other agencies from any and all actions and claims that may be sustained by me from the release and use of the information. I understand and agree that in the absence of an express written agreement to the contrary executed by the employer, any employment I accept shall be for an indefinite term and shall be terminable at any time, with or without notice or cause, either by me or at the will and sole discretion of the employer. I have read or had read to me and understand the above statement.

APPLICATIONS WITHOUT SIGNATURES WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Applicant Signature: _____ Date: _____

**THANK YOU FOR CONSIDERING THE COUNTY OF WILL AS A POTENTIAL EMPLOYER
APPLICATIONS ARE ONLY ACCEPTED FOR CURRENT JOB OPENINGS**



County of Will

Recruitment Identification Form

Equal Opportunity Employer

Will County Health Department

501 Ella Ave.

Joliet, IL 60433

(815) 774-7332

Fax: (815) 727-8484

Website: www.willcountyhealth.org

To Be Kept Separately From Application

The County of Will is an Equal Opportunity Employer. The federal government encourages employers to maintain records on the gender, race and ethnic background of its applicants. To comply, Will County requests that you supply, on a voluntary basis, the information sought below. **Completion of this form is strictly VOLUNTARY.** The information is for record keeping purposes only and will in no way effect any employment decision. This **confidential** questionnaire will be kept separately from your *Application for Employment*.

DATE: _____ / _____ / _____ POSITION APPLIED FOR: _____

NAME: _____ DEPARTMENT: _____
(LAST) (FIRST) (MI)

EQUAL OPPORTUNITY GROUP PLEASE CHECK APPROPRIATE BOXES:

- Male Female

Race/Ethnic Group:

- African American/Black:** A person having origins in any of the black racial groups of Africa
- American Indian or Alaskan Native:** A person having origins from any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander:** A person having origins from any of the original people of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. These areas include, for example, China, India, Japan, Korea, the Philippines and Samoa.
- Hispanic (non white):** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Caucasian/White:** A person having origins from any of the original people of Europe, North Africa or Middle East.
- Multiracial:** A person having parents of different races.

Recruitment Source (How did you learn about this job?)

- | | |
|--|--|
| <input type="checkbox"/> From a County Employee | <input type="checkbox"/> School Placement Office: _____ |
| <input type="checkbox"/> County Job Announcement (Location): _____ | <input type="checkbox"/> Community Agency: _____ |
| <input type="checkbox"/> Newspaper Classified Ad (Paper): _____ | <input type="checkbox"/> Employment Agency: _____ |
| <input type="checkbox"/> Professional Publication (Name): _____ | <input type="checkbox"/> Area Training Agency: _____ |
| <input type="checkbox"/> Radio/Television (Name): _____ | <input type="checkbox"/> IDES (Location): _____ |
| <input type="checkbox"/> Internet (Website): _____ | <input type="checkbox"/> Other (Please be specific): _____ |