



Public Health
Prevent. Promote. Protect.

Knox County Health Department

Knox County Health Department Application for Employment

1361 W. Fremont St., Galesburg, IL 61401

(309) 344-2224 · Fax (309) 344-5049

www.knoxcountyhealth.org

This Application for Employment will be inactive after ninety (90) days. If you want to be considered after that time, you must complete a new Application for Employment.

Please Print

Position(s) applied for _____ Date of Application ____/____/____

Name: *First* _____ *Last* _____ *Middle* _____ SSN: _____

Address _____ City _____ State _____ Zip Codes _____

Telephone (_____) _____ Mobile/Other phone (_____) _____

E-mail Address: _____

Type of Employment Desired:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Educational
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Driver's License Number (if driving is an essential job function) _____ State _____

Have you ever been employed here before?..... Yes No

Are you legally eligible for employment in the United States?..... Yes No

Date available for work..... ____/____/____

Have you ever been convicted of a Felony?..... Yes No

Note: Pursuant to Public Act 93-0211, effective January 1, 2004 (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective applicants are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record; and KCHD is prohibited from asking if you have had records expunged or sealed.

Educational Background

Name and Location	Years Completed	Graduate?	Major/Degree
High School			
College			
Other			

Skills and Qualifications

Summarize any training, skills, licenses, and /or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

References

Please list two **personal** references

Name	Telephone	Relationship	Years Known

Please list two **professional** references

Name	Telephone	Relationship	Years Known

Employment History

Provide the following information for your past four (4) employer or volunteer activities, starting with the most recent.

From	To	Employer	Telephone
Job Title		Address	
Supervisor /Title		Job Duties	
Reason for leaving		Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Supervisor /Title		Job Duties	
Reason for leaving		Hourly Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Supervisor /Title		Job Duties	
Reason for leaving		Rate/Salary Start \$ _____ Final \$ _____	
From	To	Employer	Telephone
Job Title		Address	
Supervisor /Title		Job Duties	
Reason for leaving		Rate/Salary Start \$ _____ Final \$ _____	

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYER'S SERVICE, WHENEVER IT IS DISCOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATION INSTITUTIONS, AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

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 EMPLOYER 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 REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I UNDERSTAND THAT THE KNOX COUNTY HEALTH DEPARTMENT IS A SMOKE-FREE CAMPUS AND IF I AM HIRED, I WILL NOT SMOKE ON THE CAMPUS.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ **Date** ____/____/____