



Application for Employment

We appreciate your interest in working for the DuPage County Health Department. Your help in providing us with a clear understanding of your background, education, work experience, and skills will better enable us to determine whether you are a qualified candidate for the position for which you are applying. Please complete this form fully and accurately. If you are unable to recall specifically any item of information requested, please so indicate. All information you provide is subject to verification.

DuPage County Health Department is an equal opportunity employer and adheres to the principles and practices outlined in applicable federal, state and local laws and regulations that prohibit discrimination in employment and hiring. It is the policy and practice of the DuPage County Health Department to hire, train, promote, compensate and administer all employment practices without regard to race, color, ancestry, national origin, religion, age, sex, marital status, veteran status, medical condition, pregnancy, or physical or mental disabilities unrelated to the ability to perform essential job functions with or without reasonable accommodations.

Furthermore, the DuPage County Health Department is committed to complying with the Americans With Disabilities Act. If an applicant requests a reasonable accommodation for purposes of completing the job application process, the DuPage County Health Department reserves the right to require professional documentation to confirm the need for accommodation.

Personal Information

Name:

Address:

City: State: Zip Code:

County:

Home Phone: Cell Phone:

Email:

If required, for the position you are applying to, are you legally authorized to drive in the State of Illinois?: Yes No

Positions Applied for and Availability

1. Job Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Job Title: <input type="text"/>	2. Job Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Job Title: <input type="text"/>
3. Job Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Job Title: <input type="text"/>	Available Start Date: <input type="text"/>

Preferred Status: Full Time Part Time Temporary Summer Desired Starting Pay:

Preferred Schedule: Days Evenings Nights Weekends Holidays Rotating

How did you learn about this job opening?: Health Dept. Website Walk-in Professional Association Website:

Other, please specify: Have you ever applied here before?: Yes No If yes, when?:

Do you have any relatives working for the DuPage County Health Department?: Yes No If yes, state name and department:

Were you ever employed by DuPage County?: Yes No If yes, when?:

In which Department or Program?:

If relevant to the position, please list any other languages which you can speak or read:

Education and Training

School	Institution Name	Years Attended From To	Graduate	Degrees/Certs	Majors
High School	<input type="text"/>		<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
Post Graduate	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="text"/>	<input type="text"/>
Military Service	<input type="text"/>	Length of Service: <input type="text"/>		Years: <input type="text"/> to <input type="text"/>	

Please list any relevant licensure, registration, or certification, which you currently hold:

Miscellaneous

Are you legally authorized to work in the United States?: Yes No

Employment is subject to verification of U.S. citizenship or immigration status in accordance with the Immigration Reform & Control Act. The DuPage County Health Department complies with Illinois' Job Opportunities for Qualified Applicants Act (820 ILCS 75/1 et seq). If you are selected for an interview, please be prepared to complete paperwork which will authorize background checks which may include criminal and driving history as well as the status of applicable professional credentials. A conviction will not necessarily disqualify an applicant from further consideration.

Employment History (Please list all current and previous employers, starting with your current employer.)

Employer:	<input type="text"/>	Phone #:	<input type="text"/>	Position Title:	<input type="text"/>
Address, City, State, Zip: <input type="text"/>					
Name/Title of Supervisor: <input type="text"/>			Employment Dates from/to: <input type="text"/>		
Are you still working for this employer?: <input type="radio"/> Yes <input type="radio"/> No May we contact?: <input type="radio"/> Yes <input type="radio"/> No Reason for Leaving: <input type="text"/>					
Please describe related skills and experience: <input type="text"/>					

Employer:	<input type="text"/>	Phone #:	<input type="text"/>	Position Title:	<input type="text"/>
Address, City, State, Zip: <input type="text"/>					
Name/Title of Supervisor: <input type="text"/>			Employment Dates from/to: <input type="text"/>		
Are you still working for this employer?: <input type="radio"/> Yes <input type="radio"/> No May we contact?: <input type="radio"/> Yes <input type="radio"/> No Reason for Leaving: <input type="text"/>					
Please describe related skills and experience: <input type="text"/>					

Employer:	<input type="text"/>	Phone #:	<input type="text"/>	Position Title:	<input type="text"/>
Address, City, State, Zip: <input type="text"/>					
Name/Title of Supervisor: <input type="text"/>			Employment Dates from/to: <input type="text"/>		
Are you still working for this employer?: <input type="radio"/> Yes <input type="radio"/> No May we contact?: <input type="radio"/> Yes <input type="radio"/> No Reason for Leaving: <input type="text"/>					
Please describe related skills and experience: <input type="text"/>					

Professional References (ex: Previous Supervisor, Professor)

Name	Company	Email	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By checking this box it acts as my signature; I acknowledge that all the information contained herein is true and accurate to the best of my knowledge.

My signature on this application indicates that I understand and agree to the following conditions: I hereby certify that all information contained in my resume and/or application is true, correct and complete to the best of my knowledge and belief. I agree and understand that any false statements contained in this application, resume, other employment documents or during my interview (if applicable) may cause rejection of my candidacy for employment or termination of employment without notice or benefits.

I hereby authorize investigation of current and previous employment and education records and release all parties from liability for any damage that may result from furnishing the same. I understand that the DuPage County Health Department reserves the right to verify criminal and driving history as well as the status of applicable and professional credentials if I am selected for an interview or given a conditional offer of employment in accordance with the Illinois Job Opportunities for Qualified Applicants Act (820 ILCS 75/1).

I understand that the DuPage County Health Department is not obligated to provide employment, nor am I obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment. I understand that if I am employed, my employment is for no definite period of time and I may be terminated at any time, with or without notice, at the option of myself or the DuPage County Health Department. If accepted for employment, I agree to abide by the employment policies of the DuPage County Health Department set forth in the employee handbook and/or any policy and procedure manual or other communications to employees. I understand that the DuPage County Health Department reserves the right to modify policies and procedures at any time, without notice.

I further understand that I must reapply with the Human Resources Department if I am not hired within six (6) months of the date of this application. I hereby acknowledge that I have read, understand and agree with all of the above-stated information.

Signature

Date