



Jo Daviess County, Illinois

Application for Employment

Jo Daviess County is an Equal Opportunity Employer. Jo Daviess County does not discriminate on the basis of race, color, religion, creed, sex, gender-identity, gender-expression, sexual orientation, pregnancy, childbirth, medical or common conditions relating to pregnancy and childbirth, genetic information, national origin, age, physical or mental disability, ancestry, marital status, military status, arrest record, unfavorable discharge from military service, order of protection status, citizenship status, or any other classification protected under federal or state law. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation, and mode of living.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address/P.O. Box Apartment/Unit #

_____ *Mailing Address (if different than above) Apartment/Unit #*

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date Available: _____ Position Applied for: _____

Are you authorized to work in the United States? YES NO

Have you ever worked for Jo Daviess County? YES NO
 If yes, when? _____

Are you over the age of 18? YES NO
 If no, hire is subject to verification that you are of minimum legal age.

Relatives Employed by Jo Daviess County: _____

Military Service

Branch: _____ Rank at Discharge: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Previous Ten Years of Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list three personal references (Not Former Employers or Relatives)

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Occupation: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Occupation: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Occupation: _____

Jo Daviess County Highway Department Applicants Only

Driver's License Number: _____ License Classification: _____

Are you available to be on call 24 hours a day, seven days a week? YES NO

If no, when are you not available to be on call? _____

List any special training or skills you have which you feel would be useful in the County Highway position for which you are applying: _____

Jo Daviess County Health Department Applicants Only

Registration, Certification, or other Professional License	Certification/License Number	State of Issue

Please attach a current copy of all applicable professional licenses and certificates

Disclaimer and Signature

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal; I understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me; I understand if a job offer is based on a successful drug screening, a failed drug test will result in a withdrawal of offer; I understand and agree that if I am hired, my employment is at-will and can be terminated by either party with or without notice or cause, at any time.

Signature: _____ Date: _____

Authorization for Background and Reference Check

I authorize Jo Daviess County to thoroughly investigate my references, work record, education, and any other matters relevant to my suitability for employment. I also authorize my former employer to disclose to the Jo Daviess County, any and all of my employment records, including my disciplinary reports and letters of reprimand, without giving me notice of such disclosure. I hereby fully release and discharge Jo Daviess County, my former employers, their respective officers, employees and agents, and all other persons and entities from any and all claims, demands, and liabilities arising out of or in any way relating to such investigation or disclosure.

Signature: _____ Date: _____

JO DAVIESS COUNTY HEALTH DEPARTMENT-OFFICE USE ONLY

STATEMENT BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (I.D.P.H.)

_____ MEETS THE QUALIFICATION REQUIREMENT FOR THE
POSITION OF _____ AS OUTLINED IN THE "RULES AND REGULATIONS"
CONCERNING MINIMUM QUALIFICATIONS FOR THE PUBLIC HEALTH PERSONNEL EMPLOYED BY FULL-TIME
LOCAL HEALTH DEPARTMENTS, AS REVISED.

DATE _____

I.D.P.H. REPRESENTATIVE _____