



## EMPLOYMENT APPLICATION

### Personal Information

Full name:

\_\_\_\_\_

*Last*

*First*

*M.I.*

SSN:

\_\_\_\_\_

Address:

\_\_\_\_\_

*Street address*

*Apt/Unit #*

Phone:

\_\_\_\_\_

\_\_\_\_\_

*City*

*State*

*Zip Code*

Email:

\_\_\_\_\_

Position applied for:

\_\_\_\_\_

Date Available:

\_\_\_\_\_

Desired Salary:

\$

\_\_\_\_\_

Are you a citizen of the United States?

Yes

No

If no, are you authorized to work in the U.S.?

Yes

No

Have you ever worked for this company?

Yes

No

If yes, when?

\_\_\_\_\_

Have you ever been convicted of a felony?

Yes

No

If yes, explain?

\_\_\_\_\_

### Education

High school:

\_\_\_\_\_

Address:

\_\_\_\_\_

From:

\_\_\_\_\_

To:

\_\_\_\_\_

Did you graduate?

Yes

No

Diploma:

\_\_\_\_\_

College:

\_\_\_\_\_

Address:

\_\_\_\_\_

From:

\_\_\_\_\_

To:

\_\_\_\_\_

Did you graduate?

Yes

No

Degree:

\_\_\_\_\_

Other:

\_\_\_\_\_

Address:

\_\_\_\_\_

From:

\_\_\_\_\_

To:

\_\_\_\_\_

Did you graduate?

Yes

No

Degree:

\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
May we contact your previous supervisor for a reference? Yes  No

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BACKGROUND CHECK AUTHORIZATION

As a condition of employment, I hereby authorize the DeWitt-Piatt Bi-County Health Department and its representatives or agents to conduct a comprehensive review of my background that will be completed in accordance with all applicable state and federal laws.

I further authorize any individual, company, firm, corporation or public agency (including the Social Security Administration and any pertinent branch of law enforcement) to divulge any and all information, whether verbal or written, to the DeWitt-Piatt Bi-County Health Department and its representatives.

I further authorize the release of any records or data pertaining to me that may be provided by any individual, company, firm, corporation or public agency involved in the completion of this background review.

I hereby release the DeWitt-Piatt Bi-County Health Department, the Social Security Administration, agencies, officials, and any agents or designees both individually and collectively from any and all liabilities that may result.

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From (month/year) \_\_\_\_\_ - \_\_\_\_\_

Previous Address: \_\_\_\_\_ From (month/year) \_\_\_\_\_ - \_\_\_\_\_

By signing below, I authorize the DeWitt-Piatt Bi-County Health Department to conduct a comprehensive review of my background as a condition of pre-employment

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date