



**MCDONOUGH COUNTY HEALTH DEPARTMENT**

**Confidential Employment Application**  
(PLEASE TYPE OR PRINT)

**PLEASE ATTACH RESUME IF AVAILABLE**

<b>Position(s) Applied For:</b>	<b>Date of Application:</b>
---------------------------------	-----------------------------

**How Did You Learn About Us?**

- |  |                                   |                                      |
|--|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Advertisement     | <input type="checkbox"/> Friend   | <input type="checkbox"/> Walk-in     |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ |

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>			
<b>Address</b>	<b>Number</b>	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone</b>	<b>Cell Phone</b>		<b>Social Security Number</b>		

**If less than 18 years of age, can you provide required proof of your eligibility to work?**       Yes     No

**Have you ever filed an application with us before?**       Yes     No

**If Yes, give date** \_\_\_\_\_

**Have you ever been employed with us before?**       Yes     No

**Are you currently employed?**       Yes     No

**May we contact your present employer?**       Yes     No

**Are you a U.S. Citizen, or can you establish that you are an authorized worker?**       Yes     No

**Are you available to work:**       Full Time     Part Time     Shift Work     Temporary

**On what date would you be available for work?** \_\_\_\_\_

**Can you travel if the job requires it?**       Yes     No

## Education

	Name and Address	Course Of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional/Other				

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer (Start with most recent)	Dates (Mo/Yr)	Job Title	Hourly Pay Rate	Reason for Leaving
1. Name:				
Address:				
2. Name:				
Address:				
3. Name:				
Address:				
4. Name:				
Address:				
5. Name:				
Address:				

## Additional Information

<b>Other Qualifications/Skills</b>	<b>Summarize special job-related skills/qualifications acquired from employment/other work experience.</b>
<hr/> <hr/> <hr/>	
<input type="checkbox"/> Fax <input type="checkbox"/> PC/Laptop <input type="checkbox"/> MS Office <input type="checkbox"/> MS Power Point <input type="checkbox"/> Cornerstone <input type="checkbox"/> Other	

<b>State any additional information you feel may be helpful to us in considering your application.</b>
<hr/> <hr/> <hr/>

<b>Professional References</b>	
1.	<hr/>
Name and Job Title	Business
<hr/>	
Address	Contact Number
<hr/>	
2.	<hr/>
Name and Job Title	Business
<hr/>	
Address	Contact Number
<hr/>	
3.	<hr/>
Name and Job Title	Business
<hr/>	
Address	Contact Number
<hr/>	

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date \_\_\_\_\_

Signature \_\_\_\_\_