Pike County Health Department
Employment Application

606 W. Adams
Pittsfield, IL 62363
217-285-4407

Please print or type:

Applicant_____

Address _____

_____ Telephone _____

EDUCATION

High School or Business School Name and Address	Specialty (if any)	Did you graduate?	Date graduated or last attended

Advanced Education Name & Address	Credits Earned Sem.	Credits Earned Qtr	Name of Major	Name of Minor	Dates Attended From Mo/Yr	Dates Attended TO Mo/Yr	Type of Degree Earned	Date Issued

Registration, Certification or other Professional License	Number	State in Which Issued	Date Issued	Date Applied for

Employment History

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

Employed by: _____**Dates of Employment** _____

Address _____

Hours worked / week _____ Payroll Title _____ Beg. Salary _____ End. Salary _____

List and describe duties and responsibilities:

_____

_____

_____

I signify that the information contained in this form is true and correct to the best of my knowledge and belief. I realize that misrepresentation of this information at any time may be cause for revocation or disapproval of this application.

_____ _____

Date Signature of Applicant

Local Health Departments are required to have an affirmative action program which prohibits discrimination in employment practices on the basis of race, sex, color, religion, national origin, physical or mental handicap.

To Whom It May Concern:

I authorize the release of my employment data, evaluation of working performance, attendance, and any other pertinent and relevant information.

_____ _____

Date Signature of Applicant

Pike County Health Department
Pre-Interview Questionnaire
Health Inspector/ Sanitarian

1. Please list your reasons for leaving your last or present employment:

_____

_____

2. Please list your experiences with computer database management and computer graphic programs:

_____

_____

3. Identify any experience in case management or bookkeeping:

_____

_____

4. Are you willing to accept any duties that are assigned? Yes ____ No ____
5. Are you willing to accept occasional evening or weekend assignments? Yes ____ No ____
6. Would you be willing to spend an occasional evening away from home to attend a meeting and/or workshop? Yes ____ No ____
7. Do you have reliable transportation? Yes ____ No ____
8. May we contact your last three employers? Yes ____ No ____

Comments_____

_____

_____

_____ _____

Date Signature of Applicant