

# Pike County Health Department Employment Application

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

**Please print or type:**

Applicant \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**Position Applying for:** \_\_\_\_\_

## 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		Name of Major	Name of Minor	Dates Attended		Type of Degree Earned	Date Issued
	Sem.	Qtr			From Mo/Yr	TO Mo/Yr		

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 \_\_\_\_\_

List and describe duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

Address \_\_\_\_\_

Hours worked / week \_\_\_\_\_ Payroll Title \_\_\_\_\_

List and describe duties and responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

Address \_\_\_\_\_

Hours worked / week \_\_\_\_\_ Payroll Title \_\_\_\_\_

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

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.

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Date

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Signature of Applicant