

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		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.

Date

Signature of Applicant

**Pike County Health Department
Pre-Interview Questionnaire
Homemaker**

1. List the reasons for leaving your last or present employment. _____

2. Do you have a car available for work in all areas of the County? Yes ____ No ____

3. Please list your experience as a Homemaker _____

4. Are you willing to accept any duties assigned? Yes ____ No ____

5. Are you willing to take additional training and/or schooling? Yes ____ No ____

6. May we contact your previous employers? Yes ____ No ____

6. Comments _____

Date

Signature of Applicant

**Pike County Health Department
Pre-Interview Questionnaire
Home Health Aide**

1. List the reasons for leaving your last or present employment _____

2. Are you certified as a Home Health Aide or Nursing Assistant? Yes ____ No ____
If yes, please list your experience

3. Do you have a car available for work? Yes ____ No ____

4. Do you have a telephone? Yes ____ No ____

5. Are you willing to accept any duties assigned? Yes ____ No ____

6. Are you willing to travel to any community in the County? Yes ____ No ____

7. May we contact your past employers? Yes ____ No ____

7. Any comments _____

Date

Signature of Applicant