

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
Nurse**

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

2. Please list by date and year, your experience in Home Health or Public Health nursing.

3. Identify any experience in supervision of others _____

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

5. Are you willing to accept occasional week-end call? Yes ____ No ____

6. Would you be willing to spend an occasional evening away from home at a meeting
and/or workshop? Yes ____ No ____

7. Do you have a car available for use throughout the county for home visits? Yes ____ No ____

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

9. Do you have an Illinois Nursing License? Yes ____ No ____

10. May we contact your last three employers? Yes ____ No ____

11. Additional comments _____

Date

Signature of Applicant