

Champaign-Urbana Public Health District
Employment Application

Employment History — List your current or most recent employment first.

Company Name _____ Phone _____
Company Address _____
OK to contact? Yes No Supervisor's Name _____
Your Title _____ Supervisor's Title _____
Employed from _____ to _____ Beginning & Ending Pay _____
Reason for leaving: _____
Job Description: _____

Company Name _____ Phone _____
Company Address _____
OK to contact? Yes No Supervisor's Name _____
Your Title _____ Supervisor's Title _____
Employed from _____ to _____ Beginning & Ending Pay _____
Reason for leaving: _____
Job Description: _____

Company Name _____ Phone _____
Company Address _____
OK to contact? Yes No Supervisor's Name _____
Your Title _____ Supervisor's Title _____
Employed from _____ to _____ Beginning & Ending Pay _____
Reason for leaving: _____
Job Description: _____

Company Name _____ Phone _____
Company Address _____
OK to contact? Yes No Supervisor's Name _____
Your Title _____ Supervisor's Title _____
Employed from _____ to _____ Beginning & Ending Pay _____
Reason for leaving: _____
Job Description: _____

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Educational Background

High School _____ City _____ State _____

of Years Completed _____ Diploma ____ Yes ____ No

College _____ City _____ State _____

Major _____ # of Years Completed _____ Degree _____

College _____ City _____ State _____

Major _____ # of Years Completed _____ Degree _____

Business College/Vocational School _____

Major _____ # of Years Completed _____ Degree _____

Training _____

Certificate Type _____ Certificate Date _____ Certificate # _____

Professional References

Name _____ Company _____

Address _____

Phone: _____ E-mail: _____

Relationship _____

Name _____ Company _____

Address _____

Phone: _____ E-mail: _____

Relationship _____

Name _____ Company _____

Address _____

Phone: _____ E-mail: _____

Relationship _____

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Additional Information and Disclosure

Explain any gaps in your employment history: _____

Have you ever been terminated from a job? _____ Yes _____ No

If "yes", please explain: _____

Are you eligible to work in the Unites States? _____ Yes _____ No

Are any of your relatives currently employed by CUPHD? _____ Yes _____ No

If "yes", please identify name and relationship: _____

All hiring and employment at the Champaign-Urbana Public Health District is at will. I understand that this application is not an employment contract, nor can it be used to create one. Employment by Champaign-Urbana Public Health District has no specific term and may be terminated by the employee or the Agency with or without notice. I acknowledge that the Champaign-Urbana Public Health District has not made any promises or representations that differ from those contained in this paragraph.

The Champaign-Urbana Public Health District participates in E-Verify, an employment eligibility verification program. E-Verify is a service of the U.S. Department of Homeland Security and the Social Security Administration. I understand that I must provide satisfactory documents to establish my identity and the right to work in the United States. If I am offered a position with the Champaign-Urbana Public Health District, and fail to provide this evidence, it will result in the termination of my employment.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree that falsified information or significant omission may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Signature of Applicant

Date

