

Employment Application



Personal Information

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Street Address	City	State/Zip
_____	_____	_____
Phone Number	Cell Phone	E-mail

Are you 18 years of age or older? Yes No

Social Security Number

Have you ever been convicted of or pled guilty to a criminal offense which has not been expunged or sealed by court order? Yes No If "yes", please explain: _____

A conviction does not necessarily disqualify an applicant from employment.

Employment Desired

_____	_____	_____
Position Applying For	Start Date	Salary Desired
Have you ever applied here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", give date: _____
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", give date: _____

General

Do you hold any license, registration, or certification required by or related to the position you are applying for?

_____	_____	_____	_____
Type	Issued By	Expiration	Number
_____	_____	_____	_____
Type	Issued By	Expiration	Number

Have you ever been employed under a different name? Yes No

If "yes", identify name: _____

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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.

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 Champaign-Urbana Public Health District, and that failure to provide this evidence, 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

