

**Mission Statement:**

*We are committed to eliminating barriers to health and wellness, building resilience, and empowering our community to live a healthy life, through education, support and access.*



**APPLICATION FOR EMPLOYMENT - HINSDALE COUNTY**

Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, disability, or any other legally protected status.

Do you need an accommodation to participate in the application or interview process?  Yes  No

**Position(s) Applied For:**

**Date:**

**Applicant Personal Information**

Last Name		First Name		M.I.	Date of Birth
Address		City		State	Zip
Mailing Address (if different)		City		State	Zip
Home Phone	Work Phone	Cell Phone	Email		
Earliest date available to start work		How did you hear about this position?		I Am A U.S. Citizen: Yes  No	

If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes  No

Have you ever filed an application with us before?

Yes  No

If YES, please give date:

Have you ever been employed with us before?

Yes  No

If YES, please give date:

Can you perform the essential duties of the job you are applying for?

Yes  No

Are you currently employed?

Yes  No

Are you legally eligible for employment in the United States?

Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

On what date would you be available for work? \_\_\_\_\_

Can you travel if a job requires it?

Yes  No

## Education

Please list all High Schools you have attended:

Name of School	Address of School	Dates Attended		Graduated
		From	To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all Higher Education Schools you have attended (College, University, Trade School, Academy):

Name of School	Address of School	Dates Attended		Major/Course	Type of Degree
		From	To		

Check level of proficiency in using the following applications:

	Proficient	Good	Fair
Word			
Excel			
Access			
Outlook			
Power Point			
Google Docs			
Other software programs (please list below)			

## References

Give name, address AND telephone number of three professional references:

Name	Address	Phone
1.)		
2.)		
3.)		

**Please indicate how you learned of this employment opportunity:**

Newspaper (provide name of publication) : \_\_\_\_\_

Website (provide name of site): \_\_\_\_\_

Other (please specify) : \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

Employer		Dates Employed From:	
		To:	
Address			Telephone
Job Title	Supervisor	Reason for Leaving	
Work Performed:			
Were you ever discharged, asked to resign, or subjected to disciplinary action while working here?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain)			

Employer		Dates Employed From:	
		To:	
Address			Telephone
Job Title	Supervisor	Reason for Leaving	
Work Performed:			
Were you ever discharged, asked to resign, or subjected to disciplinary action while working here?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain)			

Employer		Dates Employed From:	
		To:	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed:			
<p>Were you ever discharged, asked to resign, or subjected to disciplinary action while working here?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain)			

Employer		Dates Employed From:	
		To:	
Address			Telephone
Job Title	Supervisor		Reason for Leaving
Work Performed:			
<p>Were you ever discharged, asked to resign, or subjected to disciplinary action while working here?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please explain)			

<b>Criminal History</b>	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Have you ever been detained by any law enforcement officer?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Have you ever been arrested?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Have you ever served time in jail?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Have you ever been convicted of a crime?

**If "Yes" was checked for any of the above questions, please write an explanation of the circumstances (include number and date of occurrences)**

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION** (Examples include; classes (include dates), certificates, current licenses, specific equipment and other skills):

**Applicant's Statement:**

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? **Yes:**  **No:**

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR PERSONNEL DEPARTMENT USE ONLY</b>			
Arrange Interview	Yes	No	Interviewer: _____ Date _____
Remarks: _____			
Employed	Yes	No	Date of employment: _____
Job Title	_____		Department _____
Hourly rate/salary	\$ _____		
Notes:			

**HINSDALE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER**