

Mason County Health Department  
1002 East Laurel  
Havana, IL 62644  
Phone: 309-543-2201  
Fax: 309-543-2063  
Email: [mchd@grics.net](mailto:mchd@grics.net)

### Application For Employment

The Mason County Health Department is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time \_\_\_ Part Time\_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? Yes \_\_\_ No\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_ No\_\_\_  
(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of Years Completed (circle one) 1 2 3 4

**Diploma:** Yes \_\_\_ No\_\_\_ **G.E.D.:** Yes \_\_\_ No\_\_\_

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major/Minor \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of Illinois License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**SKILLS:**

**Office:** Excel \_\_\_ Word \_\_\_ PowerPoint \_\_\_ Access \_\_\_

Publisher \_\_\_ Outlook \_\_\_ QuickBooks \_\_\_ DPA/Insurance Billing \_\_\_

Email \_\_\_ Internet \_\_\_ Other \_\_\_ Typewriter wpm \_\_\_

Other Software Skills \_\_\_\_\_

Have you ever been employed by the County of Mason (including MCHD) Yes\_\_\_  
No\_\_\_

If so, please state facility name and location and dates of employment

**RECORD OF CONVICTION:**

Have you ever been convicted of a crime other than minor traffic offense?

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? Yes \_\_\_ No \_\_\_

If any employment was under a different name, indicate name \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_\_ PT \_\_\_ No. of Hrs. \_\_\_

Reason for Leaving \_\_\_\_\_

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

**REFERENCES:**

<u>Professional</u>	<u>Personal</u>
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone (____) _____	Phone (____) _____

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Mason County Health Department to verify their accuracy and to obtain reference information on my work performance. I hereby release the Mason County Health Department from any/all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision, based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. **I understand that any employment offered is for an indefinite duration and at will and that either the Employer or I may terminate my employment at any time with or without notice or cause.**

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