



**Public Health**  
Prevent. Promote. Protect.

**Knox County Health Department**

## Knox County Health Department

### Application for Employment

1361 West Fremont Street, Galesburg, IL 61401

Phone: (309) 344-2224 ▪ Fax: (309) 344-5049

*Knox County Health Department is an equal employment opportunity employer committed to ensuring that all recruiting, hiring, training, promotion, compensation, and other employment-related programs are provided fairly to all person on an equal opportunity basis. As such, Knox County Health Department prohibits discrimination, harassment, and/or retaliation of any kind against an applicant or employee in the basis of any legally protected characteristic or status. For more information, or to request an accommodation of any kind, please contact the health department at (304) 344-2224.*

<b>Applicant Information</b>	
Position you are applying for:	
First Name:	Last Name:
Address:	
Phone:	Email:
<input type="checkbox"/> I understand that if I am hired for this position, I may be subjected to any background or licensing checks as required by position, state, or federal mandate.	

<b>Educational Background</b>	
High School:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled
Degree:	Major:
Other:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled
Degree:	Major:

Summarize any training, skills, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

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<b>Employment History</b>	
Provide the following information for your past three employment or volunteer opportunities, starting with the most recent.	
Job Title:	Phone:
Employer:	Dates Employed:
Job Duties:	
Job Title:	Phone:
Employer:	Dates Employed:
Job Duties:	
Job Title:	Phone:
Employer:	Dates Employed:
Job Duties:	

<b>References</b>	
Please list two professional references.	
Name:	Relationship:
Phone:	Years Known:
Name:	Relationship:
Phone:	Years Known:

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, education institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no questions of this application is used for the purpose of limiting or excusing any employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is this employer's policy not to refuse to hire a qualified individual with a disability, or with an association with a disabled person, because of that person's need for reasonable accommodation as required by the Americans with Disabilities Act and applicable state laws.

I understand that the Knox County Health Department is a smoke-free campus and if I am hired, I will not smoke on the campus.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

**I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_