Macoupin County Public Health Department

205 Oakland Ave | Carlinville, IL 62626
(217) 854-3223 | Fax (217) 854-3225

Applicant Name:_____ Position You Are Applying For: _____

Date Available for Work:_____ Today's Date: _____

College Transcription Attached: Y / N / NA Copy of Certificates or Licenses Attached: Y / N / NA

PERSONAL INFORMATION

Last Name	First Name	Middle	Maiden
Address	City/County	State	Zip
Home Phone	Cell Phone	E-Mail	Social Security Number
			DOB:

If selected for employment, are you willing to submit to pre-employment and random drug-screen testing? ☐Y ☐N

If applying for a Macoupin County Public Transportation position, have you ever been deemed ineligible through the Illinois Department of Transportation (IDOT)? ☐Y ☐N

RESIDENCE HISTORY (Past 5 Years)

Street Address	City/State/IL	Dates of Residence

EDUCATION

School Name	Location	Years Attended	Did You Graduate?	Specialty or Major (if any)/Degree Received	Date of Graduation or Last Attended

OTHER LICENSES/CERTIFICATIONS

Registration, Certification or other Professional License Held	Number	State in Which Issued	Date Issued	Date Applied For	Date of Expiration

PAST EMPLOYMENT

Employed By:	Dates Employed:
Work Phone:	Address:
Position:	
Duties & Responsibilities:	
Supervisor Name & Title:	May we contact? □Y □N
Reason for leaving:	

Employed By:	Dates Employed:
Work Phone:	Address:
Position:	
Duties & Responsibilities:	
Supervisor Name & Title:	May we contact? □Y □N
Reason for leaving:	

Employed By:	Dates Employed:
Work Phone:	Address:
Position:	
Duties & Responsibilities:	

Supervisor Name & Title:	May we contact? □Y □N
Reason for leaving:	

REFERENCES

Name	Title	Relationship	Company	Contact Phone Number

How did you learn about the position you are applying for?

☐ Indeed ☐ Facebook ☐ Glassdoor ☐ MCPHD Website ☐ Other _____

☐ Friend/Family Member ☐ MCPHD Employee _____

Any other information or special skills you would like to relay to us:_____

_____

_____

Acknowledgement and Authorization

☐I Certify that all answers given are true and complete to the best of my knowledge.

☐I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

☐In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____ _____

Signature of Applicant *Date*

The Macoupin County Public Health Department is required to have an Affirmative Action Program which prohibits discrimination in employment practices on the ground of race, color, or national origin.

Office Use Only…..

Date of Hire or to be hired:
Notes: