THE ROCK ISLAND COUNTY HEALTH DEPARTMENT HAS AN AFFIRMATIVE ACTION PROGRAM WHICH PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICES ON THE BASIS OF TO RACE, COLOR, CREED, RELIGION, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY, DISABILITY OR HANDICAP IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAW.

PLEASE PRINT OR TYPE

APPLICANT INFORMATION

Last Name First Middle Initial

Street Address City State Zip Code Phone Number

EDUCATION

HIGH SCHOOL OR BUSINESS SCHOOL	SPECIALITY IF ANY	DID YOU GRADUATE?

ADVANCED EDUCATION Name of Institution or Agency	CREDITS EARNED		NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		TYPE OF DEGREE	DATE ISSUED
	Sem.	Qtr.						

REGISTRATION, CERTIFICATION OR OTHER PROFESSIONAL LICENSE	NUMBER	STATE ISSUED	DATE ISSUED	DATE APPLIED FOR

I SIGNIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I REALIZE THAT MISREPRESENTATION OF THIS INFORMATION AT ANY TIME MAY BE CAUSE FOR REVOCATION OR DISAPPROVAL OF THIS APPLICATION.

SIGNATURE

Position applying for Date of Application

LIST AND DESCRIBE YOUR WORK EXPERIENCE. BEGIN WITH PRESENT POSITION AND WORK BACKWARDS. IF YOU HAD SUPERVISORY RESPONSIBILITIES INDICATE THE NUMBER OF MONTHS INVOLVED AND THE NUMBER AND TYPE OF PERSONNEL SUPERVISED (i.e. CLERICAL, TECHNICAL, PROFESSIONAL, ADMINISTRATIVE, ETC.)

EMPLOYMENT HISTORY

EMPLOYED BY: ________________________________ DATES OF EMPLOYMENT:

ADDRESS: ________________________________ from__________ to __________

________________________________ HOURS WORKED PER WEEK: __________

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

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EMPLOYED BY: ________________________________ DATES OF EMPLOYMENT:

ADDRESS: ________________________________ from__________ to __________

________________________________ HOURS WORKED PER WEEK: __________

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

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EMPLOYED BY: ________________________________ DATES OF EMPLOYMENT:

ADDRESS: ________________________________ from__________ to __________

________________________________ HOURS WORKED PER WEEK: __________

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

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EMPLOYED BY: ________________________________ DATES OF EMPLOYMENT:

ADDRESS: ________________________________ from__________ to __________

________________________________ HOURS WORKED PER WEEK: __________

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

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