



## Employment History

Please list your present and past employment, beginning with your most recent position.

EMPLOYER A						
Name: _____ Street: _____ City, ST, ZIP: _____	FROM		TO		Reason For Leaving	Supervisor's Name
	Month	Year	Month	Year		
Position:						
Telephone: (____) _____ - _____ Describe Your Work:						

EMPLOYER B						
Name: _____ Street: _____ City, ST, ZIP: _____	FROM		TO		Reason For Leaving	Supervisor's Name
	Month	Year	Month	Year		
Position:						
Telephone: (____) _____ - _____ Describe Your Work:						

EMPLOYER C						
Name: _____ Street: _____ City, ST, ZIP: _____	FROM		TO		Reason For Leaving	Supervisor's Name
	Month	Year	Month	Year		
Position:						
Telephone: (____) _____ - _____ Describe Your Work:						

I hereby authorize the County of Whiteside and its agents to contact the employers ( X ) below:

( ) Employer A      ( ) Employer B      ( ) Employer C

In Addition, I offer the following as personal references, which may also be contacted:

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Education and Training** (Resume may be substituted)

High School Name and Address	Course of Study	(Circle last year complete)				Graduate?	Degree or Diploma
		1	2	3	4		
						YES / NO	
						YES / NO	
College / University Name and Address	Course of Study	(Circle last year complete)				Graduate?	Degree or Diploma
		1	2	3	4		
						YES / NO	
						YES / NO	
						YES / NO	
Trade / Specialty School	Course of Study						Degree or Diploma

I hereby certify that the information submitted on and / or attached to this application, or which may be communicated to a follow-up employment interview, is true and correct. Proof of previous employment, education or any other statements made in this application or ensuing interview(s) may be required.

I understand that if I am offered and accept employment, information provided on this application that is false may cause my dismissal.

I further understand that some positions of employment in the County require pre-employment physicals and / or drug testing, pursuant to policies or collectively bargained operating procedures.

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

**Background and Interview Notes:**

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Interview Notes:            Date: \_\_\_\_\_    Time: \_\_\_\_\_

- (   ) Prospective employee given (updated?) Class Specification / Job Description and list of Essential Job Functions.
- (   ) Discussed Essential Job Functions; Employee Signed-Off on Essential Job Functions / Reasonable Accommodations Made.  
(If accommodations were made, describe below.)
- (   ) Discussed pre-employment physical and alcohol / drug policies.

Was a verbal offer of employment extended to the applicant?    **YES / NO**

**Hiring Notes:**

For those positions with essential job functions requiring strenuous or repetitive lifting/pulling/pushing and/or running, offers of employment will be made contingent upon the satisfactory outcome of a pre-employment physical examination, including a back evaluation, performed at County expense. The hiring department / office will make arrangements for the evaluation. (Call the Whiteside County Health Department at (815) 626-2230 to make the appointment).

Drug and Alcohol screenings. For certain categories of employment (i.e., employees required to possess a CDL, law enforcement employees and judiciary employees) offers of employment will be made contingent upon the satisfactory outcome of a pre-employment drug / alcohol screening at County expense. The hiring department / office will make arrangements for the evaluation.

Accepted offers of employment should be followed-up in writing within 24 hours. The follow-up correspondence should include the following:

1. The date and time of the prospective employee’s pre-employment examination and that hiring is contingent upon a satisfactory outcome of the examination, including screenings.
2. The prospective employee’s start time and date and beginning wage.
3. If applicable, the name of the prospective employee’s immediate supervisor.
4. The prospective employee’s approved work time.
5. For the hiring of a full-time employee, the first day of health insurance coverage.

**Please complete the blue employment status sheet for the Administrator’s Office ASAP.  
Present the new hire with the enrollment orientation “primer” (may be included in the follow-up letter).**



MAIN OFFICE: 18929 LINCOLN ROAD  
MORRISON, IL 61270-9500  
PHONE: 815/772-7411  
FAX: 815/772-4723  
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BRANCH OFFICE: 1300 W. 2ND ST.  
ROCK FALLS, IL 61071-1005  
PHONE: 815/626-2230  
FAX: 815/626-2231

I hereby authorize Whiteside County Health Department to contact and obtain information from all of my references and former employers and to verify the accuracy of all information provided by me in applying for employment with Whiteside County Health Department. I authorize Whiteside County Health Department to obtain information given by me in a written job application, resume and during a job interview.

I hereby waive any and all rights and claims I may have against Whiteside County Health Department or its representatives for seeking, gathering and using such information in the employment process and all rights and claims I may have against any persons, corporations or organizations for furnishing such information about me.

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Authorized Signature

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Date