



# EMPLOYMENT APPLICATION

## Southern Seven Health Department Public Health - Head Start

37 Rustic Campus Drive  
Ullin IL 62992-9727

Telephone: 618-634-2297 TTY: 800-526-0844

Job Openings: Press Ext. 163 or Visit our Website at [www.southern7.org](http://www.southern7.org)

(Please print in ink or type)

### PERSONAL DATA

Name: Last::		First:	Middle:	Home Phone ( )	
Street Address:				Message Phone ( )	
City	County	State	Zip	E-Mail Address:	
Mailing Address (if different from Street):			City	State	Zip
<b>Are you legally eligible for employment in the USA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required if employed.) Are you 18 years of age or older? (Age 21 for Bus Driver and 19 for Teacher) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required if employed.)					
<b>Have you ever been employed by Southern Seven</b> , including temporary/volunteer/internship work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give position(s), date(s) & [previous name(s) if applicable]:					
Have you <b>interviewed for employment</b> with Southern Seven in the <b>5</b> year period preceding this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give position(s) and date(s):					
List <b>other name(s)</b> under which you worked in the <b>10</b> year period preceding this application:					
<b>Have you ever been dismissed from employment or asked to resign?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain on separate sheet and attach.					
<b>Anyone in your family work for Southern Seven</b> or serve on the Board of Health or Head Start Policy Council? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name( s), relationship(s) and work capacity(ies):_____					
<b>Have you ever been convicted of a felony or any crime involving theft, fraud, or child/sexual abuse within the past 10 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain, including date(s) on a separate sheet and attach. (You need not disclose any record that has been ordered expunged, sealed or impounded. Conviction will not necessarily disqualify an applicant from employment. A criminal record check is required of all employees).					
Do you have supervisory experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:_____					
List office, healthcare or other equipment you can operate (including computer experience) if job related : _____ _____ _____ Number words/minute (w.p.m.) you can word-process:_____					
Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b> Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, License #: _____ State of Issue: _____ Expiration Date: ___/___/___			Illinois Bus Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Expiration Date: ___/___/___		
<b>Do you have personal vehicle liability insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Insurance Company Name: _____ Policy #: _____ Expiration Date: ___/___/___					
If position requires, can you travel? <input type="checkbox"/> daytime? <input type="checkbox"/> evening? <input type="checkbox"/> overnight? <input type="checkbox"/> weekend?					
Do you have <b>any driving restrictions</b> *?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a <b>driving offense</b> in connection with an accident within the last <b>5</b> years?*. .... <input type="checkbox"/> Yes <input type="checkbox"/> No Has your drivers license been <b>suspended/revoked/cancelled/denied/surrendered</b> in the last <b>5</b> years?*. .... <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a <b>drug or alcohol related driving offense</b> within the last <b>5</b> years?*. .... <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , to any of above, explain:					
*A Yes response to these questions will not necessarily disqualify an applicant from employment but may be considered based on necessity of driving in job. <b>A certified original driving record will be required prior to or upon employment.</b>					

How did you learn about the job(s) for which you are applying? \_\_\_\_\_

List professional, trade, business or civic activities and offices held:\* \_\_\_\_\_

Hobbies, interests or recreation:\* \_\_\_\_\_

\*You may exclude memberships/interests which may reveal race, religion, national origin, age, disability or other protected status as provided by law.

**POSITION INTEREST**

I wish to apply for the position(s) of: **1st choice** \_\_\_\_\_ **2nd Choice** \_\_\_\_\_

Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Partial year** <input type="checkbox"/> Temporary	Date available for work: Mo ____ Day ____ Yr	Hours available for work: _____ am to _____ pm
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If job requires, can you work overtime?  Yes  No Pay expected \$ \_\_\_\_\_/year or \$ \_\_\_\_\_/hour

\*\* Partial year positions are full-time but less than 12 months per year (normally 9 to 10 months/year).

**EDUCATION**

SCHOOL	High School	College or Vocational/Technical	College	Graduate/ Professional
Name				
Address				
City, State, Zip				
Telephone Number	( )	( )	( )	( )
Highest Grade Completed (Check One)	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from High School have you obtained a GED?  Yes  No  
 If college graduate, indicate degree:  AAS  BA  BS  MS  Other: \_\_\_\_\_ & Major: \_\_\_\_\_  
**Certified** transcript (not photocopy) necessary if position requires college degree/hours. Verification of Diploma/GED required if employed.

List any additional courses of study, training (include honors or certificates achieved), experience or skills that would be helpful in the desired job area:  
 \_\_\_\_\_

**EMPLOYMENT & PERSONAL REFERENCES**

List **two (2) previous/current co-workers & two (2) personal references** you have worked with/known at least 1 year & **one (1) relative**.  
 [All references should be familiar with your work habits &/or job performance. You may substitute 1 co-worker for 1 personal reference].

Name	Occupation	Street, City, State, Zip Code	Phone # (Circle One) H=Home/ W=Work/C=Cell
			( ) - H W C ( ) - H W C
			( ) - H W C ( ) - H W C
			( ) - H W C ( ) - H W C
			( ) - H W C ( ) - H W C
			( ) - H W C ( ) - H W C

**Employment Experience** - Please give accurate and complete employment history for **past 10 years** beginning with present or most recent employer. Include temporary/seasonal, job-related military service assignments and volunteer/internship activities. If needed, attach additional sheet.\*

May we contact your present employer?  Yes  No

**(This page must be completed even if submitting resume.)**

<b>1</b>	Name and Address of Company	From		To		Pay		Why did you leave?
		Mo	Yr.	Mo	Yr.	Start	Last	
	Type of Business:	Job Title: Describe Your Work:						
	Supervisor Name/Title:							
Telephone: (    )								

<b>2</b>	Name and Address of Company	From		To		Pay		Why did you leave?
		Mo	Yr.	Mo	Yr.	Start	Last	
	Type of Business:	Job Title: Describe Your Work:						
	Supervisor Name/Title:							
Telephone: (    )								

<b>3</b>	Name and Address of Company	From		To		Pay		Why did you leave?
		Mo	Yr.	Mo	Yr.	Start	Last	
	Type of Business:	Job Title: Describe Your Work:						
	Supervisor Name/Title:							
Telephone: (    )								

<b>4</b>	Name and Address of Company	From		To		Pay		Why did you leave?
		Mo	Yr.	Mo	Yr.	Start	Last	
	Type of Business:	Job Title: Describe Your Work:						
	Supervisor Name/Title:							
Telephone: (    )								

<b>5</b>	Name and Address of Company	From		To		Pay		Why did you leave?
		Mo	Yr.	Mo	Yr.	Start	Last	
	Type of Business:	Job Title: Describe Your Work:						
	Supervisor Name/Title:							
Telephone: (    )								

## APPLICANT QUESTIONNAIRE

**This section must be completed to be considered for employment. Attach additional sheets if needed.**

Why are you seeking employment with our agency?

Name two employment related achievements? (1) \_\_\_\_\_

(2) \_\_\_\_\_

Name one employment related disappointment/failure?

Name one employment related area that you would most like to improve?

Name two aspects of your current and/or previous jobs that you most liked? (1) \_\_\_\_\_

(2) \_\_\_\_\_

Name two aspects of your current and/or previous jobs that you least liked? (1) \_\_\_\_\_

(2) \_\_\_\_\_

What contributions/strengths would you bring to our agency?

## APPLICANT AGREEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all matters in this application including driving, criminal and employment records and agree that, if in the judgement of Southern Seven, I have made any misrepresentations or the results of such investigation are not satisfactory, any offer of employment made by Southern Seven may be withdrawn, or my employment terminated immediately without obligation or liability to me other than for payment, at the rate agreed upon, for actual services rendered if employed.

I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish Southern Seven any information they may have concerning me, whether on record or not, and I hereby release all such persons and organizations from any claims for damages, or otherwise, by reason of furnishing such information and records. I authorize Southern Seven to release any information on this application or any records they may have on me if requested by any subsequent employer or accredited investigative officer.

I agree, if employed, to abide by all the applicable rules, regulations and policies of Southern Seven. I agree to a physical examination by a health provider designated by Southern Seven, if required, either prior to or during my employment to determine fitness for duty, and that my employment may be conditioned on the findings of this examination.

Southern Seven complies with the Drug Free Work Place Act of 1988 and does not allow possession or use of drugs/alcohol on Southern Seven property, whether leased or owned, at any time. I understand employees must present themselves for work free from the influence of any such substance. I understand that I may be tested for alcohol and/or illicit drugs prior to or during my employment to determine fitness for duty based on D.O.T. regulations or Southern Seven alcohol/drug testing policy.

Southern Seven makes no guarantee as to the number of hours assigned from week to week and that a reduction in hours may affect benefit eligibility. I understand that I may be required to work an adjusted schedule and be subject to transfer, as business necessitates, on a temporary or regular basis in order to continue my employment.

I understand that this completed application form is the property of Southern Seven and that it is not a contract of employment. If employed, it will be on an "employment-at-will" basis except as may otherwise be provided by the terms of a labor agreement. The first day of paid employment shall be the beginning date of such introductory period. No employee has the authority to make statement(s) contrary to those stated on this application or as contained in the Personnel Policy Manual or applicable Labor Agreement. I understand that only the Executive Director has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Such agreement must be in writing.

This application is considered active for 45 days following the date the position was first advertised or the date this application is received in Human Resources, whichever is sooner. Southern Seven reserves the right to consider individual applications for a longer period.

I agree that I have read and understand the above acknowledgments and agreements and recognize all of the above as conditions of employment. **CHECK YOUR ANSWERS ON THIS APPLICATION CAREFULLY BEFORE SIGNING.**

**Applicant's Signature:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Southern Seven is an Equal Opportunity/Affirmative Action Employer M/F/D/V. Applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, disability or other protected status as provided by federal or state law. [1/96 REV 10/96; 02/98; 12/01; 03/0, 05/05]

# EEO Data Collection Form

## **Instructions to Applicants**

Southern Seven Health Department is an equal opportunity employer. As part of our efforts to ensure fair treatment of women, minorities, individuals with disabilities, and veterans, we ask applicants to supply the following information. However, you do **not** have to complete this form to be considered for employment. **Any information volunteered will be kept confidential and will not be used to make hiring decisions.** This form will be retained in Human Resources and not disseminated to the interviewing entities.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name:** \_\_\_\_\_

**Position(s) for which you applied:** \_\_\_\_\_

**Sex** (check one)

- Male
- Female

**Race** (check one)

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

**Are you a veteran?**

- Yes
- No

**If you have a disability that requires accommodation to perform this position, please explain what accommodations would allow you to handle this job successfully:**

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# HEAD START DECLARATION

## Confidential Personnel File Information

In compliance with 45 CFR Part 1301, Subpart D, Head Start Grants Administration Personnel Policies, Section 1301.31 (c) and (d).

Name of Prospective Employee (Please Print): \_\_\_\_\_

**Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:**

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions of violent felonies.

The declaration may exclude:

- Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18<sup>th</sup> birthday, which was finally adjudicated in a juvenile court or under a youth offender law;
- Any conviction for which the record has been expunged under Federal or State Law; and
- Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with, or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge, or conviction to a hiring decision.

**Please provide your signature on the appropriate category below:**

I have not been arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*\*OR\*\*\***

I have been arrested, charged, and/or convicted on one or more of the three types of offenses listed above. If so, please attach information listing the offenses(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date