



APPLICATION FOR EMPLOYMENT

Southern Seven Health Dept.
& Head Start
37 Rustic Campus Drive
Ullin, IL 62992-9727
Telephone 618-634-2297
TTY 800-526-0844
Fax 618-634-2539
www.southern7.org

Date of Application: _____

Position(s) Applied For: _____ Pay Expected: _____

How Did You Learn About Us:

Advertisement Friend Walk-In

Employment Agency Relative Other _____

PERSONAL DATA *(Please print in ink or type)*

Name: Last:	First:	Middle:	Home Phone ()
Street Address:			Cell Phone ()
City:	State:	Zip:	County:
Mailing Address (if different from Street):			E-Mail Address:
City:			State:
Zip:			
Are you legally eligible for employment in the USA? () Yes () No <i>(Proof of citizenship or immigration status will be required if employed.)</i>			
Are you 18 years of age or older? (Age 21 for Bus Driver and 19 for Teacher) () Yes () No <i>(If yes, verification will be required if employed.)</i>			
Have you ever been employed by Southern Seven, including temporary/volunteer/internship work? () Yes () No If yes, give position(s), date(s) & [previous name(s) if applicable]:			
Have you interviewed for employment with Southern Seven in the last 5 years? () Yes () No If yes, give position(s) and date(s):			
List other name(s) under which you worked in the 10 year period preceding this application:			
Have you ever been dismissed from employment or asked to resign? () Yes () No <i>If yes, explain on separate sheet and attach.</i>			
Does anyone in your family work for Southern Seven or serve on the Board of Health or Head Start Policy Council? () Yes () No If yes, list name(s), relationship(s) and work capacity(ies):			
Have you ever been convicted of a felony or any crime involving theft, fraud, or child/sexual abuse within the past 10 years? () Yes () No If yes, explain, including date(s) on a separate sheet and attach. <i>(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 check is required of all employees).</i>			
Do you have supervisory experience? () Yes () No <i>If yes, explain:</i>			
List office, healthcare or other equipment you can operate (including computer experience) if job related:			
Number of words/min. (w.p.m) you can word-process: _____			
Valid Driver's License? () Yes () No <i>OR Commercial Driver's License?</i> () Yes () No If yes, License #: _____ State of Issue: _____ Expiration Date: ____/____/____			Illinois Bus Permit? () Yes () No If yes, Expiration Date: ____/____/____
Do you have personal vehicle liability insurance? () Yes () No			
If position requires, can you travel? (check all that apply) () Daytime () Evening () Overnight () Weekend			

Do you have any driving restrictions? * Yes No
 Have you had a driving offense in connection with an accident within the last 5 years? * Yes No
 Has your driver's license been suspended/revoked/cancelled/denied/surrendered in the last 5 years? * Yes No
 Have you had a drug or alcohol related driving offense within the last 5 years? * Yes No

If yes 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. **A certified original driving record will be required prior to or upon employment.**

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: _____

State any additional information you feel may be helpful to us in considering your employment: _____

EMPLOYMENT & PERSONAL REFERENCES

Name at least 3 references who are not related to you or previous employers

Name	Occupation	Street, City, State, Zip Code	Phone # (circle one) H = Home, C = Cell, W = Work
			() _____ - _____ 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 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 a resume)

1	Name and Address of company	From		To		Pay		Why did you leave?
		MO	YR	MO	YR	Start	Last	
	Type of business:	Job Title:						
	Supervisor Name/Title:	Describe your Work:						
	Telephone:							

2	Name and Address of company	From		To		Pay		Why did you leave?
		MO	YR	MO	YR	Start	Last	
	Type of business:	Job Title:						
	Supervisor Name/Title:	Describe your Work:						
	Telephone:							

3	Name and Address of company	From		To		Pay		Why did you leave?
		MO	YR	MO	YR	Start	Last	
	Type of business:	Job Title:						
	Supervisor Name/Title:	Describe your Work:						
	Telephone:							

4	Name and Address of company	From		To		Pay		Why did you leave?
		MO	YR	MO	YR	Start	Last	
	Type of business:	Job Title:						
	Supervisor Name/Title:	Describe your Work:						
	Telephone:							

5	Name and Address of company	From		To		Pay		Why did you leave?
		MO	YR	MO	YR	Start	Last	
	Type of business:	Job Title:						
	Supervisor Name/Title:	Describe your Work:						
	Telephone:							

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 judgment 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 12 months 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, 8/11]

FOR OFFICE USE ONLY

Position Considered: _____

Interviewed By: _____

Accepted for Employment: _____ Yes _____ No

Comments: _____

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:

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 Employees (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 18th 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 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

I **have been** arrested, charged, and/or convicted on one or more of the three types of offenses listed above.

Signature

Date