



# 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: \_\_\_\_\_

How Did You Learn About Us:

Advertisement                       Friend/Relative                       Walk-In  
 Employment Agency                       Internet/Social Media                       Other \_\_\_\_\_

Head Start Applicants: Are you a current or former Early Head Start or Head Start parent?     Yes     No

## PERSONAL DATA

Name: Last:	First:	Middle:	Home Phone (    )
Street Address:			Cell Phone (    )
City:	State:	Zip:	County:
Mailing Address (if different from Street):		City:	State:      Zip:

Are you legally eligible for employment in the USA?     Yes     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)     Yes     No    (If yes, verification will be required if employed.)

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    If yes, explain on separate sheet and attach.

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):

Do you have supervisory experience?     Yes     No    If yes, explain:

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    OR    Commercial Driver's License?     Yes     No

Illinois Bus Permit?     Yes     No

If yes, Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If position requires, can you travel? (check all that apply)     Daytime     Evening     Overnight     Weekend

# 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="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you did not graduate from High School have you obtained a GED? <input type="radio"/> Yes <input type="radio"/> No				
If college graduate, indicate degree: <input type="radio"/> AAS <input type="radio"/> BA <input type="radio"/> BS <input type="radio"/> MS <input type="radio"/> Other: _____ & Major: _____				

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 1 personal reference (not related to you) and 2 previous employers or professional references*

Name	Occupation	Street, City, State, Zip Code	Phone # (check one) H = Home, C = Cell, W = Work
			(    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C (    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
			(    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C (    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C
			(    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C (    ) _____ - _____ <input type="radio"/> H <input type="radio"/> W <input type="radio"/> 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)

<b>1</b>	Name and Address of company	<b>From</b>		<b>To</b>		<b>Why did you leave?</b>
		<b>MO</b>	<b>YR</b>	<b>MO</b>	<b>YR</b>	
	Job Title:					
	Type of business:					
Supervisor Name/Title:						
Telephone:						

<b>2</b>	Name and Address of company	<b>From</b>		<b>To</b>		<b>Why did you leave?</b>
		<b>MO</b>	<b>YR</b>	<b>MO</b>	<b>YR</b>	
	Job Title:					
	Type of business:					
Supervisor Name/Title:						
Telephone:						

<b>3</b>	Name and Address of company	<b>From</b>		<b>To</b>		<b>Why did you leave?</b>
		<b>MO</b>	<b>YR</b>	<b>MO</b>	<b>YR</b>	
	Job Title:					
	Type of business:					
Supervisor Name/Title:						
Telephone:						

<b>4</b>	Name and Address of company	<b>From</b>		<b>To</b>		<b>Why did you leave?</b>
		<b>MO</b>	<b>YR</b>	<b>MO</b>	<b>YR</b>	
	Job Title:					
	Type of business:					
Supervisor Name/Title:						
Telephone:						

<b>5</b>	Name and Address of company	<b>From</b>		<b>To</b>		<b>Why did you leave?</b>
		<b>MO</b>	<b>YR</b>	<b>MO</b>	<b>YR</b>	
	Job Title:					
	Type of business:					
Supervisor Name/Title:						
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 #:** xxx - xx - \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Southern Seven is an Equal Opportunity Employer. Applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, citizenship status, age, marital status, disability, protected military or veteran status, order of protection status, ancestry, or on the basis of any characteristic protected by law.

# 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/Ethnic Group** (check one)

- Check if you are **Hispanic** or **Latino** (if no select race below)
- White (not of Hispanic origin)       Asian  
 Black (not of Hispanic origin)       Hawaiian or Pacific Islander  
 American Indian or Alaskan Native       Two or More Races

**Are you a veteran?**

- Yes, I identify as one or more of the classifications of protected veteran listed below  
 No, I am **not** a protected veteran

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.