



PLEASE PRINT LEGIBLY OR TYPE INFORMATION

POSITION APPLYING FOR: _____

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE WORK TELEPHONE DATE OF BIRTH (optional)

DESIRED EMPLOYMENT: FULL TIME PART TIME
 TEMPORARY VOLUNTEER

1. Have you been previously employed by our organization? If so, when and in what position? _____ Yes No
2. Are you available to work overtime if needed? Please list any restrictions: _____ Yes No

3. Are you able to travel if required by this position? Yes No
4. Date available to start work: _____
5. Are you legally eligible for employment in this country? Yes No
6. If you are under 18, do you have a work permit? Yes No

EDUCATION AND EMPLOYMENT

SCHOOL NAME & ADDRESS	FROM		TO		MAJOR	SEMESTER HOURS	DEGREE EARNED
	MO	YR	MO	YR			
HIGH SCHOOL:							
COLLEGE:							

PROFESSIONAL LICENSES

TECHNICAL/PROFESSIONAL LICENSE	NUMBER	STATE ISSUED	DATE ISSUED		EXPIRATION DATE	
			MO	YR	MO	YR

Have you ever had a license suspended, denied, or revoked? Yes No

Are you currently excluded, debarred, suspended or otherwise ineligible to participate in any federal or state health care or procurement program? Yes No

WORK HISTORY: Complete this section in detail. Begin with the most recent job title and work backward. If you have an extensive work history with one employer, list each change in the job title separately, including duties and dates associated with each.

INCLUDE THE FOLLOWING INFORMATION: College internships/practicums successfully completed; military experience, including dates, listing each change in rank and title, and related volunteer experience, including dates and hours worked.

FROM	TO	CURRENT (OR LAST) EMPLOYER	PHONE NUMBER
JOB TITLE		EMPLOYER ADDRESS	
SUPERVISOR AND TITLE		DUTIES AND RESPONSIBILITIES	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FROM	TO	CURRENT (OR LAST) EMPLOYER	PHONE NUMBER
JOB TITLE		EMPLOYER ADDRESS	
SUPERVISOR AND TITLE		DUTIES AND RESPONSIBILITIES	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FROM	TO	CURRENT (OR LAST) EMPLOYER	PHONE NUMBER
JOB TITLE		EMPLOYER ADDRESS	
SUPERVISOR AND TITLE		DUTIES AND RESPONSIBILITIES	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FROM	TO	CURRENT (OR LAST) EMPLOYER	PHONE NUMBER
JOB TITLE		EMPLOYER ADDRESS	
SUPERVISOR AND TITLE		DUTIES AND RESPONSIBILITIES	
REASON FOR LEAVING			
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			

At the time of hire you must furnish certain information about your child support obligations. The possibility of employment is not affected by a child support obligation or default in payment.

I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application. I certify that the information on this application is true and accurate and I understand that misrepresentation of any material fact may be grounds for termination of employment.

WRITTEN SIGNATURE REQUIRED

DATE



OPTIONAL VOLUNTARY EEO IDENTIFICATION

Central Counties Health Centers, Inc. is an Equal Opportunity Employer. We invite you to complete the following. **Completion is not required.**

PLEASE CIRCLE ONLY ONE LETTER

FEMALE	MALE	
B	H	African American not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
C	J	American Indian-Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition as an American Indian or Alaskan.
D	K	Asian or Pacific Islander. A person having origins in any of the original people of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa; and, on the Indian subcontinent, includes India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.
E	L	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
A	G	White not of Hispanic origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Please circle the correct answer:

Are you a Vietnam-Era Veteran? Yes No

Other Eligible Veteran? Yes No

Name (optional)

Social Security Number

Date

CENTRAL COUNTIES HEALTH CENTERS

2239 E. Cook Street, Springfield, IL 62703 • (217) 788-2325 or lmyers@centralcounties.org

VERIFICATION OF EMPLOYMENT PLEASE SIGN AND DATE AT THE BOTTOM!

ATTN: _____

COMPANY: _____

_____ has applied for a position with our company and listed previous employment with your company. To ensure that we can give all possible consideration to his/her application, I am requesting the information below. Please return the completed form via fax to 217-788-2391, Attention: Lesa Myers. Any information that you provide will be kept confidential. If you have any questions, please contact Lesa Myers at (217) 788-2391.

Thank you for your time in considering our request.

Position with your company:	
Employed from	To
Reason for leaving:	
Would you rehire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	

I authorize this former employer to provide Central Counties Health Centers, Inc. with responses to the requested information concerning my past employment, and release this former employer from any liability for responses given.

Date

* * * * *

Signature Representative of Former Employer

Title

Print Name

Date