



Mason County Health Department

1002 East Laurel Ave, Havana, IL 62644

Phone: (309) 210-0110 ■ Fax: (309) 543-2063

Application for Employment

The Mason County Health Department is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status.

APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Position Applying For: _____ Date Available to Start: _____

Desired Salary: _____ Are you legally authorized to work in the United States? Yes No

Are you at least 18 years of age? Yes No (employment is limited to applicants 18 and older)

EDUCATION

High School or Equivalent Program (e.g., GED, adult diploma): _____

City/State: _____ Did you graduate? Yes No

College and/or Vocational School: _____

City/State: _____ Degree/Field of Study: _____

Other Training or Degrees: _____

REFERENCES

Name: _____ Relationship: _____

Phone Number: _____ Company/Job Title: _____

Length of time you've know individual: _____

Name: _____ Relationship: _____

Phone Number: _____ Company/Job Title: _____

Length of time you've know individual: _____

Name: _____ Relationship: _____

Phone Number: _____ Company/Job Title: _____

Length of time you've know individual: _____

EMPLOYMENT HISTORY

(Please list your most recent employment first).

Employer: _____ Address: _____

Job Title: _____ Phone Number: _____

Supervisor: _____ Employment Dates: from _____ to _____

Duties: _____

Reason for Leaving: _____

If this is your present employer, may we contact them? Yes No

Employer: _____ Address: _____

Job Title: _____ Phone Number: _____

Supervisor: _____ Employment Dates: from _____ to _____

Duties: _____

Reason for Leaving: _____

Employer: _____ Address: _____

Job Title: _____ Phone Number: _____

Supervisor: _____ Employment Dates: from _____ to _____

Duties: _____

Reason for Leaving: _____

Have you ever been employed by Mason County, including MCHD? Yes No

If yes, please provide the facility name and dates of employment: _____

APPLICANT STATEMENT & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in my disqualification or termination if employed. I authorize Mason County Health Department to verify any information provided and conduct a background check if required.

I understand that any employment offered is at-will, meaning that either the employer or I may terminate the employment relationship at any time, with or without notice or cause. This employment relationship is not for a fixed duration and does not alter the at-will nature of employment.

Signature of Applicant: _____ Date: _____