



County of Will

Additional Employment History Sheet

Equal Opportunity Employer

Human Resources Department

501 Ella Avenue

Joliet, IL 60433

(815) 727-8699

Fax: (815) 727-8526

Website: www.willcountyhealth.org

Applicant Name:

Please continue listing full-time and part-time employment record and go back a minimum of ten (10) years. Do not omit any employment during that time. Answer each question completely; **"See Resume" is not acceptable.**

PRINT YOUR NAME:

Name and Address of Employer	Dates of Employment	Pay Rate	List Job Responsibilities:
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title: () _____	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)	
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title: () _____	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)	
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title: () _____	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)	
	From: / /	To Start: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Position Held/Job Title: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	To: / /	Upon Leaving: \$ _____ <input type="checkbox"/> HR. <input type="checkbox"/> WK. <input type="checkbox"/> YR.	
Supervisor's Name & Title: () _____	Work Telephone: () _____	Reason for Leaving: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary (Please explain)	

(Certification on Page 1 must be signed and applies to this additional employment history sheet)

