

LIST AND DESCRIBE YOUR WORK EXPERIENCE. BEGIN WITH PRESENT POSITION AND WORK BACKWARDS. IF YOU HAD SUPERVISORY RESPONSIBILITIES INDICATE THE NUMBER OF MONTHS INVOLVED AND THE NUMBER AND JOB TYPE OF PERSONNEL SUPERVISED (i.e. CLERICAL, TECHNICAL, PROFESSIONAL, ADMINISTRATIVE, ETC.)

EMPLOYMENT HISTORY

EMPLOYED BY: _____

DATES OF EMPLOYMENT: from _____ to _____
mo/yr mo/yr

ADDRESS: _____

HOURS WORKED PER WEEK:

PAYROLL TITLE:

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

EMPLOYED BY: _____

DATES OF EMPLOYMENT: from _____ to _____
mo/yr mo/yr

ADDRESS: _____

HOURS WORKED PER WEEK:

PAYROLL TITLE:

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

EMPLOYED BY: _____

DATES OF EMPLOYMENT: from _____ to _____
mo/yr mo/yr

ADDRESS: _____

HOURS WORKED PER WEEK:

PAYROLL TITLE:

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

ATTACH SEPARATE SHEET IF MORE SPACE IS NEEDED.

OFFICE USE ONLY:

STATEMENT BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

_____ MEETS THE QUALIFICATION REQUIREMENTS FOR THE
POSITION OF _____ AS DEFINED IN THE "CERTIFIED LOCAL HEALTH DEPARTMENT CODE", 77 ILL.
ADM. CODE 600 SUBPART C: PERSONNEL REQUIREMENTS

DATE: _____

IPLAN ADMINISTRATOR, ILLINOIS DEPARTMENT OF PUBLIC HEALTH