



**Neighbor
Scapes**

3011 West 183rd Street, #257, Homewood, IL 60430

Tel/Fax: 1-877-214-6630 | www.neighborscapes.org

SERVICE FOR YOUR NEIGHBORHOOD

APPLICATION FOR INNOVATION HOUSES

Personal Information

Name:

Last First Middle

Street Address:

City: _____ State: _____ Zip Code:

Phone Number: (____) _____ Email Address:

Date of Birth: _____

Educational Background

High School _____ City _____ State

How many years were you there _____ Did you graduate?

Degree/Diploma Received_____

College/Technical School_____ City_____
State_____

How many years were you there _____ Did you graduate?

Degree/Diploma Received_____

Graduate School_____ City_____
State_____

How many years were you there _____ Did you graduate?

Degree/Diploma Received_____

Housing Desired

How did you hear about the Innovation Houses?

List any skills that you will bring to an innovation house.

List any professional, business or civic activities and offices held. You may exclude membership which reveal gender, race, religion, national origin, ancestry age, disability or any other protected status

Employment History

List below all present and past employers over the past ten years, starting with your most recent employer. Account for all periods of unemployment.

1. Employer _____ Start Date _____ End Date _____
Address _____
City _____ State _____ Zip Code _____
Phone number (_____) _____ Fax number (_____) _____
Job Title _____ Supervisor _____
Reason for leaving _____
Work performed _____

Salary Earned _____

2. Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip Code _____

Phone number (_____) _____ Fax number (_____) _____

Job Title _____ Supervisor _____

Reason for leaving _____

Work performed _____

Salary Earned _____

3. Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip Code _____

Phone number (_____) _____ Fax number (_____) _____

Job Title _____ Supervisor _____

Reason for leaving _____

Work performed _____

Salary Earned _____

4. Employer _____ Start Date _____ End Date _____

Address _____

City _____ State _____ Zip Code _____

Phone number (_____)_____ Fax number (_____)_____

Job Title _____ Supervisor _____

Reason for leaving _____

Work performed _____

Salary Earned _____

Skills and Qualifications Information

Are you currently employed?	Yes	No
If yes, may we contact your employer?	Yes	No
Are you currently on “lay off” status and subject to recall?	Yes	No
If you are under 18 years of age, can you provide proof of eligibility to work in the U.S.?	Yes	No
Have you been convicted of a felony within the last ten years?	Yes	No
If yes, please explain: _____		

List any languages other than English that you can speak, read or write:

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any job related training you received in the U.S. Armed Forces:

Identify what skills you possess that make you most suited for the position applied for on this application:
