Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, veteran status, disability, or any other basis prohibited by the law. We are an Equal Opportunity Employer.

PERSONAL BACKGROUND

Please answer all questions and print clearly.

**NAME:** FIRST       MIDDLE       LAST

**MAIDEN NAME** *(or other name formerly used):*       DATE LAST USED (MM/YYYY)

**CURRENT ADDRESS:** STREET       FLOOR/APT. NUMBER

CITY       STATE       ZIP

**TELEPHONE NUMBER:** AREA CODE             **ALTERNATE TELEPHONE NUMBER:** AREA CODE

**E-MAIL ADDRESS:**

EMPLOYEMENT DESIRED

Please answer all questions and print clearly.

**POSITION APPLIED FOR:**       **DATE AVAILABLE:**

**ARE YOU PRESENTLY EMPLOYED:** [ ]  Yes [ ]  No **ARE YOU OVER THE AGE OF 18:** [ ]  Yes [ ]  No

**ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES WITHOUT RESTRICTION?** [ ]  Yes [ ]  No

(Proof of identity and employment eligibility will be required upon hire.)

**CAN YOU AND ARE YOU WILLING TO TRAVEL IF YOUR JOB REQUIRES IT?** [ ]  Yes [ ]  No

**IF EMPLOYMENT IS OFFERED, DO YOU INTEND TO HAVE ANY TYPE OF SECONDARY EMPLOYMENT
OR SELF-EMPLOYMENT?** [ ]  Yes [ ]  No

**ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?** [ ]  Yes [ ]  No

**IF REQUIRED, WOULD YOU BE WILLING TO WORK (PLEASE CHECK ONE BOX IN EACH CATEGORY)
Overtime** [ ]  Yes [ ]  No **Holidays** [ ]  Yes [ ]  No **Saturdays/Sundays** [ ]  Yes [ ]  No

**INDICATE THE DAYS OR NIGHTS YOU ARE NOT AVAILABLE TO WORK, IF ANY:**

**HAVE YOU EVER APPLIED TO THIS COMPANY?** [ ]  Yes [ ]  No  **IF YES, WHEN?:**

**HAVE YOU EVER BEEN EMPLOYED TO THIS COMPANY?** [ ]  Yes [ ]  No  **IF YES, WHEN?:**

**DO YOU HAVE ANY RELATIVES EMPLOYED AT THIS COMPANY?** [ ]  Yes [ ]  No  **IF YES, WHO?:**

REFERRAL SOURCE

Please answer all questions and print clearly.

**HOW DID YOU LEARN ABOUT OUR ORGANIZATION?**  [ ]  Walk-in [ ]  Agency, please list agency:

[ ]  Advertisement [ ]  Friend [ ]  Employee Referral, please list name:

[ ]  Other, please specify:

DRIVING RECORD

Please answer all questions and print clearly.

If you are applying for a position that involves driving on the job, please answer the following questions:

**DO YOU HAVE A VALID UNEXPIRED LICENSE TO DRIVE A VEHICLE?** [ ]  Yes [ ]  No

**DO YOU HAVE AUTO INSURANCE COVERAGE?** [ ]  Yes [ ]  No

**HAS YOUR LICENSE BEEN REVOKED OR SUSPENDED DURING THE PAST FIVE (5) YEARS?** [ ]  Yes [ ]  No

If yes, please explain:

EDUCATION & TRAINING

Please answer all questions and print clearly.

**INDICATE THE HIGHEST LEVEL OF EDUCATION COMPLETED:** HIGH SCHOOL (GRADE):[ ]  9 [ ]  10 [ ]  11 [ ]  12

COLLEGE / UNIVERSITY (YEARS):[ ]  1 [ ]  2 [ ]  3 [ ]  4GRADUATE SCHOOL (YEARS):[ ]  1 [ ]  2 [ ]  3

TECHNICAL/TRADE SCHOOL:[ ]  1 [ ]  2 [ ]  Other

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SCHOOL/COLLEGE NAME | LOCATION (CITY/STATE) | COURSE STUDY | YEARS COMPLETED | GRADUATED | DEGREE |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

LIST ADDITIONAL EDUCATION, VOCATION, TRADE, AND/OR PROFESSIONAL INFORMATION AND/OR CERTIFICATIONS AND/OR LICENSES:

COMPUTER SKILLS (LIST SOFTWARE):

OTHER MACHINES, TRADES, SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS RESIDENCES

Please answer all questions and print clearly.

List the city, country and state of all your previous residences in the last seven years (use additional sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CITY | COUNTY | STATE | FROM (MM/YY) | TO (MM/YY) |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

ILLEGAL USE OF DRUGS

Please answer all questions and print clearly.

**DO YOU CURRENTLY ENGAGE IN THE ILLEGAL USE OF DRUGS (MARIJUANA, COCAINE, HEROIN, CRACK, SPEED, LSD, OR USE OF PRESCRIPTION DRUGS WRITTEN FOR SOMEONE ELSE, ETC.)?** [ ]  Yes [ ]  No

**ARE YOU WILLING TO BE TESTED FOR THE ILLEGAL USE OF DRUGS?** [ ]  Yes [ ]  No

EMPLOYMENT HISTORY

Please answer all questions and print clearly.

If applying for a Driver position with Chicagoland Access Services, you are not required to complete the Employment History on the Employment Application form. You will be asked to do so on a separate Driver Application.

Listing the most recent position first, provide the following information regarding your previous employment. Please complete all of the employment history in full. Incomplete information could disqualify you from further consideration. Attach your resume to this application.

**ARE YOU CURRENTLY BOUND BY ANY EMPLOYMENT AGREEMENT OR NON-COMPETE AGREEMENTS?** [ ]  Yes [ ]  No

**IF YES, PLEASE LIST:**

JOB 1

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY: |       | PHONE: |       |
| TYPE OF BUSINESS: |       | CITY: |       | STATE: |       |
| EMPLOYMENT START:  |       | EMPLOYMENT END: |       | POSITION/TITLE: |       |
| SUPERVISOR’S POSITION: |       | IMMEDIATE SUPERVISOR: |       |
| REASON FOR LEAVING: |       | MAY WE CONTACT:  |  [ ]  Yes [ ]  No |
| DESCRIPTION OF DUTIES: |       |

JOB 2

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY: |       | PHONE: |       |
| TYPE OF BUSINESS: |       | CITY: |       | STATE: |       |
| EMPLOYMENT START:  |       | EMPLOYMENT END: |       | POSITION/TITLE: |       |
| SUPERVISOR’S POSITION: |       | IMMEDIATE SUPERVISOR: |       |
| REASON FOR LEAVING: |       | MAY WE CONTACT:  |  [ ]  Yes [ ]  No |
| DESCRIPTION OF DUTIES: |       |

JOB 3

|  |  |  |  |
| --- | --- | --- | --- |
| COMPANY: |       | PHONE: |       |
| TYPE OF BUSINESS: |       | CITY: |       | STATE: |       |
| EMPLOYMENT START:  |       | EMPLOYMENT END: |       | POSITION/TITLE: |       |
| SUPERVISOR’S POSITION: |       | IMMEDIATE SUPERVISOR: |       |
| REASON FOR LEAVING: |       | MAY WE CONTACT:  |  [ ]  Yes [ ]  No |
| DESCRIPTION OF DUTIES: |       |

REFERENCES

Please answer all questions and print clearly.

Please list three professional references that are not related to you.

REFERENCE 1

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |       | TITLE: |       |
| COMPANY: |       |
| BUSINESS ADDRESS: |       |
| BUSINESS PHONE: |       | RELATIONSHIP: |       |
| ADDRESS: |       |

REFERENCE 2

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |       | TITLE: |       |
| COMPANY: |       |
| BUSINESS ADDRESS: |       |
| BUSINESS PHONE: |       | RELATIONSHIP: |       |
| ADDRESS: |       |

REFERENCE 3

|  |  |  |  |
| --- | --- | --- | --- |
| NAME: |       | TITLE: |       |
| COMPANY: |       |
| BUSINESS ADDRESS: |       |
| BUSINESS PHONE: |       | RELATIONSHIP: |       |
| ADDRESS: |       |

PLEASE READ CAREFULLY BEFORE SIGNING.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that either the Employer or I can terminate my employment at any time with or without any reason.

All of the information I have given to the Employer in considering me for employment is truthful. No other information has been concealed or intentionally omitted. I understand that the Employer may decide to conduct drug screenings and criminal background checks\*. I authorize, to the fullest extent permitted by law, any such drug screening and/or criminal background check as well as the investigation of all other matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, criminal background check and other investigated matter. I authorize the Employer to conduct the screening, background check or investigation directly or through its agents, and further authorize my former employers, references, physicians, and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from whom information is obtained, from any liability whatsoever resulting from the drug screening, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

\*Criminal background checks can only be conducted once the applicant has either been a) determined qualified for the position applied for and has been offered the opportunity to interview for the position, or b) after a contingent offer of employment has been made if an interview was not conducted.

Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

**DATE:**       **APPLICANT SIGNATURE:**

**FOR EMPLOYER USE ONLY**

Complete only after an interview has been scheduled or a contingent offer has been made.

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION: |       | LOCATION: |       |
| RATE: |       | EEO-1 CODE: |       |
| BIRTH DATE: |       | HIRING MANAGER: |       |
| INTERVIEW DATE: |       | START DATE: |       |
| CONTINGENT OFFER DATE: |       |