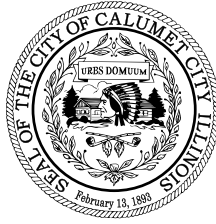


Thaddeus M. Jones
Mayor, City of Calumet City



DATE OF APPLICATION

Deston Dorchack
Personnel Director

204 Pulaski Road, Calumet City, IL 60409

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS: PRINT, USE INK. Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term 'N/A' if the question does not apply. Be certain to list the area code for each telephone number requested.

POSITION APPLIED FOR

PERSONAL DATA

NAME (FIRST)	(MIDDLE)	(LAST)	SOCIAL SECURITY NUMBER
STREET			HOME PHONE
CITY	STATE	ZIP	CELL PHONE
COUNTY			E-MAIL

DATE OF BIRTH	PLACE OF BIRTH (CITY, STATE, & ZIP CODE)
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1. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)

RESIDENCES

2. LIST YOUR ADDRESSES FOR THE LAST FIVE YEARS, STARTING WITH PRESENT ADDRESS.

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE, & ZIP CODE

EDUCATION AND TRAINING

3. LIST THE VARIOUS SCHOOLS YOU HAVE ATTENDED AND OTHER INFORMATION REQUESTED.

NAME & ADDRESS OF SCHOOL <i>(INCLUDE CITY, STATE & ZIP CODE)</i>	NO. OF YEARS COMPLETED	DATE(S) ATTENDED	FULL TIME	PART TIME	GRADUATE	
					YES	NO
GRAMMAR SCHOOLS						
HIGH SCHOOLS						
COLLEGE OR UNIVERSITY						
EXTENSION OR CORRESPONDENCE COURSES						

4. COLLEGE	COURSE OF STUDY		DEGREE(S) ATTAINED
	MAJOR	MINOR	

5. WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF "YES" EXPLAIN
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6. LIST ANY OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES	
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7. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES YOU HOLD OR HAVE HELD	
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8. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK
	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK

MILITARY

9. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.? YES NO IF "YES" WHAT BRANCH

10. GIVE DATE & LOCATION OF DISCHARGE (CITY & STATE)

DRIVING HISTORY

11. CAN YOU OPERATE AN AUTOMOBILE? YES NO

12. DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ILLINOIS? YES NO

IF "YES" DATE OF EXPIRATION

DRIVER'S LICENSE NUMBER

EMPLOYMENT HISTORY

13. LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.

1	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	
2	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	
3	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	
4	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	

5	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	
6	FROM	TO	MOST RECENT OR CURRENT EMPLOYER	PHONE
	IMMEDIATE SUPERVISOR & TITLE		ADDRESS	CITY, STATE, ZIP
	JOB TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		REASON FOR LEAVING	
14. INDICATE BY NUMBER ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT, EXPLAIN				

15. HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTRY OR MUNICIPAL HIRING BOARD? YES <input type="checkbox"/> NO <input type="checkbox"/>	AGENCY	APPROX. EXAM DATE	POS. ON LIST	STATUS
	IF "YES" EXPLAIN			
16. ARE YOU NOW OR HAVE YOU EVER BEEN ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER OR CORPORATE MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF "YES" EXPLAIN		

REFERENCES

17. FILL IN BELOW THE NAMES OF FIVE ADULTS NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

1	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION / PROFESSION	YEARS KNOWN
2	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION / PROFESSION	YEARS KNOWN
3	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION / PROFESSION	YEARS KNOWN
4	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION / PROFESSION	YEARS KNOWN
5	NAME	ADDRESS		HOME PHONE
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION / PROFESSION	YEARS KNOWN

EMERGENCY CONTACT

18. PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY.

NAME	ADDRESS	HOME PHONE	RELATIONSHIP
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19. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OR FALSIFICATIONS IN THIS QUESTIONNAIRE, AND ALL MY ANSWERS ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION OR OMISSION BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED.

I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT TIME. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

SIGNATURE OF APPLICANT	DATE
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