Date		



PERSONAL INFORMATION = Name: Last First Middle Email: Present Address: Street City State Zip Permanent Address: Street State Zip Primary Phone: Are you 18 years or older? **Yes** □ **No** Are you legally permitted to be employed by the Park District under current State and Federal law? Yes \Box No \Box **EMPLOYMENT DESIRED** Date you can start: Desired salary: Position: Are you currently employed? **Yes** \square **No** \square If so, may we inquire of your present employer? **Yes** \square **No** \square Have you applied to CHPD before? **Yes** □ **No** □ Where? Referred by: **EDUCATION** Years Did You **Level of Education** Name and Location of School **Subject Studied Graduate? Attended** Yes 🗌 No 🗌 **Grammar School** Yes ☐ No ☐ **High School** Yes 🗌 No 🗌 College Trade, Business or Yes 🗆 No 🗀 **Correspondence School** GENERAL -Subjects of special study or research work:

Present membership in National Guard or reserves:

Exclude organizations, the name of which indicated the race, creed, sex, age, marital status, color or nation of origin of its members.

Rank:

Special skills:

Activities (civic, athletic, etc.):

U.S. Military/Naval Service:

Date	Name and	I Address of Employer	Positio		Passon	for Leaving
Month and Year	Name and	Address of Employer	FUSILIC	ori	Keasuii	Tor Leaving
From:						
To:						
From:						
To:						
From: To:						
Which of these jobs did yo	ou like best?					
What did you like most ab	out this job?					
REFERENCES Give the names of three persons Name		hom you have known at least one year. Email			Phone	Years Acquainted
1.						
2.						
3.						
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