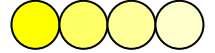




Lake County Housing Authority  
33928 North U.S. Highway 45  
Grayslake, IL 60030



## EMPLOYMENT APPLICATION

The Lake County Housing Authority is an equal opportunity employer and will ensure that all applicants are considered equally without regard to race, color, religion, age, sex, national origin, disability status, protected veteran status or sexual orientation.

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Former Names)

Address: \_\_\_\_\_  
(Street Address) (City) (ST) (Zip)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
(Home) (Work)

Optional Check One:  Male  Female Optional Check one:  White  Black  Hispanic  Alaskan Native  American Indian/  
 Asian/Pacific Islander  Filipino

**If additional space is needed for any field, please use extra blank sheet(s) to be attached as needed**

Which position(s) are you applying for?

What is the minimum salary you will accept?

Desired Status:  Full-Time  Part-Time  Temporary  Seasonal

What date are you available to start work? \_\_\_\_\_ Are you on layoff and subject to recall?  Yes  No

Were you ever employed by the Lake County Housing Authority?  Yes  No  
If yes, give: Dates: \_\_\_\_\_  
Position(s) held: \_\_\_\_\_

Are you a veteran of the U.S. Military Service?  Yes  No  
If yes, give: Dates of Duty \_\_\_\_\_ to \_\_\_\_\_  
Branch \_\_\_\_\_  
Type of Discharge \_\_\_\_\_

Office Skills:  
Do you type?  Yes  No If yes, speed \_\_\_\_\_  
Do you take shorthand or speedwriting?  Yes  No If yes, speed \_\_\_\_\_

Other office machines which you operate:

Do you hold any elective or appointed federal, state or local office?  Yes  No  
If yes, explain in detail: \_\_\_\_\_

Are you related to anyone currently employed with the Housing Authority?  Yes  No  
If yes, whom? \_\_\_\_\_

## EDUCATIONAL RECORD

	Elementary	High School	College/University	Graduate/Professional
School Name				
Circle Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course(s) of Study				

Honors and/or Awards Received: \_\_\_\_\_

What specialized training have you completed? \_\_\_\_\_

Give names, addresses and telephone numbers of two professional and one personal reference who is not related to you and are not previous employers:

Name	Address	Telephone No.	Years Known

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_

Date of Expiration \_\_\_\_\_

### NOTICE

The driving record of any employment candidate for a position involving continuous or periodic driving on a frequent basis will be examined before or as a condition of hiring.

Any one of the following motor vehicle records (MVRs) may prevent employment of the applicant:

1. A DUI/DWI conviction within the last three (3) years.
2. A hit-and-run conviction within the last three (3) years.
3. Any combination of four (4) accidents and/or moving violations within the last three (3) years.
4. Two (2) accidents, or a combination of one (1) accident plus two (2) moving violations within the last one (1)-year period.
5. Any license suspension or revocation within the last three (3) years.

## EMPLOYMENT HISTORY

Give details of your last five employers and, where necessary, list other previous positions that will account for your employment record over the past ten years. List present or most recent positions first and account for all lapses of time. Include details of military service where service specialties or duties are relevant to the job or position you are seeking.

Company Name/Address/Phone:				
Title:				
Employment Dates:	/	to	/	Reason for Leaving:
	mo/yr		mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:				Supervisor:
Briefly Describe Your Duties:				

Company Name/Address/Phone:				
Title:				
Employment Dates:	/	to	/	Reason for Leaving:
	mo/yr		mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:				Supervisor:
Briefly Describe Your Duties:				

Company Name/Address/Phone:				
Title:				
Employment Dates:	/	to	/	Reason for Leaving:
	mo/yr		mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:				Supervisor:
Briefly Describe Your Duties:				

Company Name/Address/Phone:				
Title:				
Employment Dates:	/	to	/	Reason for Leaving:
	mo/yr		mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:				Supervisor:
Briefly Describe Your Duties:				

Company Name/Address/Phone:				
Title:				
Employment Dates:	/	to	/	Reason for Leaving:
	mo/yr		mo/yr	(Be Specific: Quit, Layoff, Discharge, etc.)
Type of Business:				Supervisor:
Briefly Describe Your Duties:				

