

# **APPLICATION FOR EMPLOYMENT**

Community and Economic Development Association of Cook County, Inc. (CEDA) is an equal opportunity employer. Community and Economic Development Association of Cook County, Inc. (CEDA) does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, or military status.

### **PERSONAL INFORMATION**

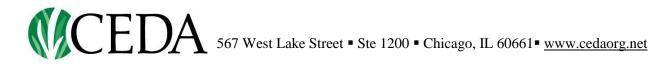
Incomplete information could disqualify you from further consideration. Please complete all fields.

Location: Date:			
Name:			
Address:			
E-mail Address:	City	State	Zip
Home Phone #:		Mobile Phone #:	
Are you eligible to work i (Proof of citizenship or in		o equired upon employment	.)
Are you at least 18 years ☐ Yes □ No	or older? (If no, you may	be required to provide auth	norization to work.)
Have you ever been termi $\Box$ Yes $\Box$ No, If yes, ple	· ·	or asked to resign by an em nes and details:	ployer?
Are you available to work	:: 🗆 Days 🗆 Nights 🗆 We	ekends 🗆 Full Time 🗆 If	you cannot work full time,

please explain:

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



Preferred Job Status: 
□ Full-time 
□ Part-time 
□ Seasonal 
□ As Needed

Can you work overtime, including weekends?  $\Box$  Yes  $\Box$  No

Have you previously been employed by CEDA?  $\Box$  Yes  $\Box$  No If yes, when? At which locations?

Have you previously volunteered at CEDA?  $\Box$  Yes  $\Box$  No If yes, when? At which locations?

Do you know anyone or have any relatives who work for CEDA?  $\Box$  Yes  $\Box$  No If yes, who?

Employee	Relationship	Employee	Relationship
	orm the essential function odation? □Yes □No	ns of the job for which you ar	e applying, with or without a
EMPLOYMENT I	DESIRED		
Date you can start: _		Hourly Rate/Salary desire	ed:
Position desired:			
Are you currently er	nployed? I	f so, may we inquire of your	present employer?
<b>REFERRAL SOUI</b> (Check the appropri			
How did you hear al	oout us? 🗆 Walk-in 🗆	Advertisement 🗆 Website	
□ College Fair:		Employment Agency:	Name
□ Staffing Agency:		□ Other:	Name
EDUCATION			Name
Circle highest grad	le completed: 1 2 3 4	5 6 7 8 9 10 11 12	College: 1 2 3 4
Advance Degree:	🗆 Yes 🗆 No Type	of degree(s):	
License(s) and/or o	certification(s):		
Name of last school	ol(s) attended:		



Other training/trade schools:
Computer Skills (please describe):
Which languages can you speak?
Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

### MILITARY

Are you a veteran? $\Box$ Yes $\Box$ No	
Duty/specialized training:	Dates of Service:

## **EMPLOYMENT HISTORY**

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration*.

From: To:	Employer Name:			
Position Held:	Address:			
		City	State	Zip
Telephone:	immediate supervisor and title:			
Summarize the nature of the	work performed and job responsibilities:			
Reason for leaving:				
May We Contact Yes 🗆	No 🗆			
From: To: _	Employer Name:			
Position Held:	Address:			
		City	State	Zip
Felephone:	immediate supervisor and title:			
Revised 03/2020				

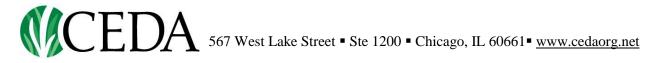
# CEDA 567 West Lake Street • Ste 1200 • Chicago, IL 60661• www.cedaorg.net

Summarize the nature of the work performed and job responsibilities:

Reason for leaving	:				
May We Contact	Yes 🗆 No 🗆				
From:	To:	Employer Name:			
Position Held:		Address:	City	State	7:0
Telephone:		immediate supervisor and title:			-
		erformed and job responsibilities:			
Reason for leaving May We Contact					
Reason for leaving May We Contact From:	: Yes □ No □ To:	Employer Name:			
Reason for leaving May We Contact From:	: Yes □ No □ To:				
Reason for leaving May We Contact From: Position Held:	: Yes □ No □ To:	Employer Name:	City	State	Zip
Reason for leaving May We Contact From: Position Held: Telephone:	: Yes □ No □ To:	Employer Name: Address: immediate supervisor and title:	City	State	Zip
Reason for leaving May We Contact From: Position Held: Telephone:	: Yes □ No □ To:	Employer Name: Address:	City	State	Zip
Reason for leaving May We Contact From: Position Held: Felephone:	: Yes □ No □ To:	Employer Name: Address: immediate supervisor and title:	City	State	Zip
Reason for leaving May We Contact From: Position Held: Telephone:	: Yes □ No □ To:	Employer Name: Address: immediate supervisor and title:	City	State	Zip
Reason for leaving May We Contact From: Position Held: Telephone: Summarize the nati	•Yes □ No □ Yes □ No □ To: ure of the work p	Employer Name: Address: immediate supervisor and title:	City	State	Zip

# CEDA 567 West Lake Street • Ste 1200 • Chicago, IL 60661• <a href="http://www.cedaorg.net">www.cedaorg.net</a>

From:	To:	Employer Name:			
Position Held:		Address:	City	State	Zip
		immediate supervisor and title:			
Summarize the natu	are of the work	x performed and job responsibilities:			
Reason for leaving:					
May We Contact	Yes 🗌 No 🛛				
From:	То:	Employer Name:			
Position Held:		Address:	City	State	Zip
Telephone:		immediate supervisor and title:	-		
		a performed and job responsibilities:			
Reason for leaving:		Hourly Rat	te/Salary: _		
May We Contact	Yes 🗆 No 🗆				
From:	To:	Employer Name:			
Position Held:		Address:	City	State	Zip
Telephone:		immediate supervisor and title:	-		



Summarize the nature of the work performed and job responsibilities:

Reason for leaving:		 
May We Contact Yes □	No 🗆	
REFERENCES		

### (Give the names of three persons not related to you, whom you have known at least three (3) years.)

Name	Address, Phone,	Email Company	Job Title	Years Acquainted
1				
2				
3.				

### PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment or discharge. I understand that nothing contained in this application, or the granting of an interview, is intended to be a contract of employment. I also understand that employment with Community and Economic Development Association is "at will" and that either of us may terminate the relationship at any time, for any reason, with or without cause.

I authorize CEDA to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment-related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against CEDA and agree to indemnify CEDA, and other persons or entities for any loss or injury I may sustain as a result of any disclosure made related to this employment application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_