



**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first for the last 5 years. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary)

Name of Employer (enter below)	Employment Dates		Describe Duties performed	Exact Reason for Leaving
	FROM (MM/YY)	TO (MM/YY)		
Present or Last Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Title or Position	Your Title or Position		<input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain:
Address:				
City, State, Zip Code				
Telephone #:				
Name & Title of last Supervisor:				
<b>Name of Employer (enter below)</b>	<b>Employment Dates</b>		<b>Describe Duties performed</b>	<b>Exact Reason for Leaving</b>
	FROM (MM/YY)	TO (MM/YY)		
Present or Last Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Title or Position	Your Title or Position		<input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain:
Address:				
City, State, Zip Code				
Telephone #:				
Name & Title of last Supervisor:				
<b>Name of Employer (enter below)</b>	<b>Employment Dates</b>		<b>Describe Duties performed</b>	<b>Exact Reason for Leaving</b>
	FROM (MM/YY)	TO (MM/YY)		
Present or Last Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Your Title or Position	Your Title or Position		<input type="checkbox"/> Discharged <input type="checkbox"/> Layoff <input type="checkbox"/> Resignation Explain:
Address:				
City, State, Zip Code				
Telephone #:				
Name & Title of last Supervisor:				

Please explain fully any gaps in your employment (50 words or less):

**INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ, AND/OR WRITE:**

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**PERSONAL REFERENCES**

List name address and telephone number of three (3) business/work references who are not related to you. If not applicable, list one school or personal references who are not related to you.

Name	Occupation	Address (Street, City, State)	Telephone Number	Years Known

**APPLICANT'S STATEMENT & AGREEMENT**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all reference (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 180 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time with or without prior notice, except as might be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant Initials

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

Interviewer: Do not write any notes on this document.

Administrative Offices:

Community Action Partnership of Lake County  
2424 Washington Street, Suite 207 • Waukegan, Illinois 60085 • PHONE: 847.249.4330 • FAX: 847.625.6328  
Mailing Address: P.O. Box 9059, Waukegan, IL 60079-9059  
• Housing • LIHEAP Weatherization • Youth & Family Services