

Date: _____

Position Applying For: _____

Applicant Print Name: _____
Last First Middle Initial



EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

Please complete this application, fully answering each part or section that is applicable to you. Previous applications will not be considered. Any misrepresentation may be grounds for ineligibility/or termination of employment. Please print in ink.

PERSONAL INFORMATION

Social Security Number: _____ DL# _____

Restrictions: _____ Class: _____ State Issued: _____ Exp. Date: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

ADDRESS: _____
No. STREET CITY ZIP CODE

HOME PHONE: _(_____)_____ OTHER PHONE: _(_____)_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY AND/OR MISDEMEANOR?
A conviction is not an automatic bar to employment. Each case will be considered on its individual circumstances.
You are not obligated to disclose convictions for which the records have been sealed or expunged.

YES _____ No _____

IF YES, EXPLAIN: _____

CITIZENSHIP: CHECK BELOW

____ U.S. CITIZEN IF ALIEN INDICATE: _____
____ PERMANENT RESIDENT ALIEN ALIEN REG. NO. _____
____ NON- IMMIGRANT ALIEN VISA TYPE: _____

POSITION DESIRED

(COMPLETE ONE APPLICATION FOR EACH COUNTY AND EACH POSITION YOU ARE APPLYING FOR)

TITLE OF POSITION APPLIED FOR: _____

LOCATION / COUNTY DESIRED: _____

ARE YOU AVAILABLE TO WORK:

____ FULL TIME ____ PART TIME ____ SHIFT WORK ____ TEMPORARY

HAVE YOU BEEN EMPLOYED BY THE ILLINOIS TOLLWAY BEFORE? ____ Yes ____ No

IF YES, PROVIDE DATES OF EMPLOYMENT AND TITLE OF POSITION HELD.

POSITION _____ DATE OF EMPLOYMENT: FROM _____ To _____

PLEASE LIST ANY RELATIVES WORKING FOR THE ILLINOIS TOLLWAY: _____

UNITED STATES MILITARY SERVICE

BRANCH: _____ Mo /Yr: _____ FROM _____ To _____

RATING AT DISCHARGE OR SEPARATION: _____

EMPLOYMENT RECORD

LIST AND DESCRIBE YOUR WORK EXPERIENCE IN THE LAST TEN YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY. LIST IN ORDER STARTING WITH PRESENT OR MOST RECENT EXPERIENCE. INCLUDE ANY RELEVANT VOLUNTEER WORK EXPERIENCE.

PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN **DETAIL**

EMPLOYER: _____ **ADDRESS:** _____

EMPLOYED:
FROM: Mo./Yr. _____ TO: Mo./Yr. _____ TITLE HELD: _____

SUPERVISOR'S NAME: _____ HIGHEST SALARY: _____ PER: Yr./Mo./Wk. _____

REASON FOR LEAVING: _____

___ FULL TIME ___ PART TIME ___ VOLUNTEER

EMPLOYER: _____ **ADDRESS:** _____

EMPLOYED:
FROM: Mo./Yr. _____ TO: Mo./Yr. _____ TITLE HELD: _____

SUPERVISOR'S NAME: _____ HIGHEST SALARY: _____ PER: Yr./Mo./Wk. _____

REASON FOR LEAVING: _____

___ FULL TIME ___ PART TIME ___ VOLUNTEER

EMPLOYER: _____ **ADDRESS:** _____

EMPLOYED:
FROM: Mo./Yr. _____ TO: Mo./Yr. _____ TITLE HELD: _____

SUPERVISOR'S NAME: _____ HIGHEST SALARY: _____ PER: Yr./Mo./Wk. _____

REASON FOR LEAVING: _____

___ FULL TIME ___ PART TIME ___ VOLUNTEER

LIST 3 REFERENCES — DO NOT INCLUDE FAMILY.

NAME	AFFILIATION	PHONE	HOW LONG HAVE YOU KNOWN THEM
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PROFESSIONAL 1

PROFESSIONAL 2

PERSONAL

I AGREE TO ALLOW THE ILLINOIS TOLLWAY TO CONTACT PREVIOUS EMPLOYERS AND/OR PERSONS I HAVE LISTED AS REFERENCES ON THIS APPLICATION. I ALSO AGREE NOT TO HOLD ANY REFERENCES LISTED ON THIS APPLICATION LIABLE FOR DAMAGES RELATING TO ANY TRUTHFUL INFORMATION THEY PROVIDE REGARDING MY QUALIFICATIONS FOR EMPLOYMENT AT THE ILLINOIS TOLLWAY.

Signature: _____

EDUCATION

Circle highest grade completed: 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 7 +

Last High School attended: _____ City: _____ State: _____

Attendance Dates: _____ to _____ Date of Diploma/Certification _____

Names of Colleges or Universities Attended (Last school first)	Dates of Attendance Month/Year	Major Field of Study	Graduated ____ Yes ____ No	Type of Degree Earned
Name of Business, Trade or Correspondence School	Dates of Attendance Month and Year	Subject Areas Studies	Completed ____ Yes ____ No	Certificate Received

Title of Professional and/or Occupational Licenses: _____

Reg. Number: _____ Issuing Authority: _____ Expiration Date: _____

CERTIFICATION OF APPLICANT Read Before Signing

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand employment is conditioned upon my submission to and satisfactory passage of a medical examination and background checks.

I understand as condition of employment I will be finger printed and I agree to take polygraph tests at any time when requested to do so by the Illinois Tollway.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of pay provisions, be terminated at any time without prior notice and without cause.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer, to continue to employ me in the future.

I am aware that in evaluating my application, the Illinois Tollway, an equal opportunity employer, will make no decisions based on race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental handicap or unfavorable discharge from military service.

Signature: _____ Date: _____

1) In case of emergency notify: Name _____ Primary Phone No. _____

Alternate Phone No. _____ Address _____ City _____ St. _____

2) In case of emergency notify: Name _____ Primary Phone No. _____

Alternate Phone No. _____ Address _____ City _____ St. _____

SUPPLEMENTAL

NAME: _____ SOCIAL SECURITY: _____

POSITION TITLE: _____

THE ILLINOIS STATE TOLL HIGHWAY AUTHORITY is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this form is optional.

Please circle the ONE letter that applies to you:

Female	Male	
G	A	White not Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
H	B	Black not Hispanic Origin. A person having origins in any of the black racial groups of Africa.
I	C	Hispanic A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origins, regardless of race.
J	D	Asian American A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. The Indian subcontinent takes in the countries of India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.
K	E	Native American A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.
L	F	Other.

Completion of this form is optional