



ECP Candidate Demographic Information

Date: _____

Please note: After receiving email confirmation of ECP eligibility through IDDES; forward email confirmation, resume and this form to Patty Ross; pross@getipass.com any questions, call 630-864-8249.

Section A - Contact/Personal Information

First, Middle Initial, Last Name: _____ Last 4 #'s of S.S.: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone# () - _____

Email: _____ Valid Driver's License: Yes No

Section B - Tollway Diversity Information

Gender: Male Female Undisclosed Veteran: Yes No *Ex-Offender: Yes No

Ethnicity: Asian African American Caucasian Hispanic Other (please specify): _____

**An Ex-Offender is defined as a person who has been convicted of a crime or of an offense, that is not a crime of violence as defined in Section 2 of the Crime Victims Compensation Act, a Class X, or a non-probationable offense, or a violation of Article 11 or Article 12 of the Criminal Code of 1961, but who has not been convicted more than twice of a felony.*

Section C - Education/Training/Experience

Name of referral source and/or training partner: _____

Training Program: _____ Date Completed: _____

High School Graduate/GED: Yes No Name: _____

College: Yes No Name: _____

Trade School: Yes No Name: _____

Apprentice School: Yes No Name: _____

CDL License: Yes No If Yes, please check: Class A Class B Class C Date Issued: _____

CDL Permit only: Yes No Permit Class A Permit Class B Permit Class C Date Permit Expires: _____

Trade Experience (check all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Carpenter | <input type="checkbox"/> Iron Worker Ornamental | <input type="checkbox"/> Pipefitter |
| <input type="checkbox"/> Cement/Asphalt | <input type="checkbox"/> Iron Worker Structural | <input type="checkbox"/> Plumber |
| <input type="checkbox"/> Draftsperson/Blueprints | <input type="checkbox"/> Laborer | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Driver CDL | <input type="checkbox"/> Machine Operator | Other: _____ |
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Operating Engineer | |
| <input type="checkbox"/> Foreman | <input type="checkbox"/> Painter | |

Please add below, any additional training or experience you've had, that may apply to the construction industry: