

COOK COUNTY BOARD OF REVIEW
118 NORTH CLARK ST CHICAGO, IL 60602
PHONE: 312.603.5542
www.cookcountyboardofreview.com

EMPLOYMENT APPLICATION

Please type or print legibly

Name (Last)	(First)	(M. I.)
<hr/>		
Address	City	County
	State	Zip
<hr/>		
Telephone	E-Mail Address	

Do you have the legal right to work in the USA according to the regulations of the Immigration and Naturalization Service? Yes No

Did you serve in the US Armed Forces? Branch of Service Dates of Service Rank at Discharge Type of Discharge
 Yes No From: To:

Social Security Number Date of Birth Marital Status

Name the employees of CCBOR with whom you are acquainted or related. If related, please indicate relationship.

EDUCATION

Name and Location of Institution	Years Attended	Subject	Diploma/Degree Received	Grade Average
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High School	From:			
	To:			

Undergraduate/Technical	From:	Major:	Degree Type
	To:	Minor:	

Graduate/Post Graduate	From:	Degree Type
	To:	

Please list language proficiency other than English: _____

Special Skills, technical abilities, and professional designations: _____

Have you ever been employed by Cook County Government? If so when? _____

EMPLOYMENT HISTORY

(List most recent or present job first)

Company Name	Phone Number	Dates Employed From:	Job Title/Major Duties
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_____ To: _____

Address, City & State

Supervisor's Name & Title

Reason for Leaving

May we contact your present employer? Yes No

Company Name	Phone Number	Dates Employed From:	Job Title/Major Duties
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_____ To: _____

Address, City & State

Supervisor's Name & Title

Reason for Leaving

Company Name	Phone Number	Dates Employed From:	Job Title/Major Duties
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_____ To: _____

Address, City & State

Supervisor's Name & Title

Reason for Leaving

Check Box if Resume is attached

References

Note: No references to any political sponsorships or recommendation may be included in any and all application materials submitted to the Cook County Board of Review.

Name	Company/School Address	Occupation/Relationship	Phone Number
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Name	Company/School Address	Occupation/Relationship	Phone Number
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Employment Statement:

I understand that employment is at will and may be terminated by either party for any lawful reason at any time. I understand further that any false answers or statements made by me in the application or resume will be sufficient grounds for discharge.

Probationary Period Clause: Every new hire or re-hired employee shall be on probation for the first ninety (90) days of such employment. At any time during the probationary period, an employee may be discharged for any reason. The probationary period doesn't change the At-Will employment relationship. Applicant

Signature _____ Date _____

BACKGROUND DISCLOSURE & AUTHORIZATION FORM

I voluntarily consent to a thorough investigation of my past employment and activities.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Office of The Cook County Board of Review to continue to employ me.

I understand that any false answers or statements made by application or in connection with the above mentioned investigation will be sufficient grounds for discharge.

Applicant's Signature _____

Date _____

COOK COUNTY BOARD OF REVIEW

The Cook County Board of Review prohibits any discrimination against any applicant or employee on the basis of race, color, age, sex, national origin, disability, or any other characteristic prohibited by law.

In order to comply with government record keeping, reporting, and other requirements, please provide the following information. Note, submission of this information is voluntary and refusal to participate will not subject the applicant or employee to any adverse treatment. The data is for analysis and EEO purposes only and will be used only in accordance with appropriate government regulations. The data will be kept confidential.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires this employer to determine this information by visual survey and/or other available information.

Please check all items that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian (Not Hispanic or Latino) |
| <input type="checkbox"/> Gender Non-conforming | <input type="checkbox"/> Black or African American
(Not Hispanic or Latino) |
| | <input type="checkbox"/> Hispanic or Latino |
| | <input type="checkbox"/> White (not of Hispanic or Latino origin) |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
(Not Hispanic or Latino) |