



CITY OF PARK RIDGE

505 BUTLER PLACE
PARK RIDGE, IL 60068
TEL: 847/ 318-5200
FAX: 847/ 318-5300
TDD:847/ 318-5252

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Applicants are considered for all positions without regard to race, creed, color, national origin, sex, age, disability, marital status, sexual orientation, citizenship or veteran status, or any other protected status under State or Federal law.

The City of Park Ridge does not discriminate on the basis of disability where such disability is unrelated to the ability to perform the essential functions of the position.

Personal Information

Full Legal Name: _____
 LAST FIRST MIDDLE

Present Address: _____
 NO. STREET CITY STATE ZIP CODE

Have you ever gone by a different name? Yes (specify): _____ No

Phone Number: _____ Other (specify): _____

Email address: _____

Position

Position applying for: _____ Salary Requirements: _____

Availability Full Time Part Time Seasonal Day & Hours Available: _____
 Holidays Nights/Weekends Travel

How were you referred to the City of Park Ridge?

City Website Employment Agency Walk-in Other: _____

Have you been previously employed by the City of Park Ridge? Yes No

When? _____ What position? _____

Education

	School Names & Locations	Did you graduate?	Course of Study	Degree
High School				
College				
Graduate School				
Business/Trade School				

Do you hold any certifications and/or Licenses? If yes, please list: _____

Have you served in the Armed Forces? If yes, provide Branch of Service: _____

Please use the space below to summarize any job-related qualification(s), training, (including military or apprenticeship), computer skills, and/or experience: _____

Employment History (Please begin with most recent employer)

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	
Description of work and type of business _____ _____	
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact your current supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	
Description of work and type of business _____ _____	
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	
Description of work and type of business _____ _____	
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

Name of Company _____	Dates employed mm/yr From _____ To _____
Address _____ Telephone _____	
Description of work and type of business _____ _____	
Your position(s) _____ Supervisor's name and title _____	
Reason for leaving _____	

May we contact this supervisor? Yes No

