



OFFICE OF THE COOK COUNTY ASSESSOR

118 N. Clark, 3rd Floor Chicago, IL 60602

EMPLOYMENT APPLICATION

Please type or print legibly

Name (Last)	(First)	(Middle)	(E-Mail)	
Address (Number) (Street) (Apt. No.)				Home Telephone Area ()
(City)	(State)	(County)	(Zip Code)	Business Telephone Area ()
Do you have the legal right to work in the USA according to the regulations of the immigration and Naturalization Service? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of service	Dates of service From: To:		Rank at discharge Type of discharge
Driver's License Number	State of Issue	Please list language proficiency other than English		
Name employees of the Office the Cook County Assessor with whom you are acquainted or related. If related, please list relationship.		Aware of job opportunity at Office of Cook County Assessor by: <input type="checkbox"/> Job Posting <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> College Recruiting <input type="checkbox"/> Other		

POSITION OBJECTIVE

Notice of Job Availability title: _____

Earliest date available: _____

EDUCATION

Name and location of school	Years Attended	Subject	Diploma / Degree Received	Grade Average
High School	From			
	To			
Undergraduate / Technical	From	Major		
	To	Minor		
Graduate	From	Major		
	To	Minor		

If you are studying now, please list concentration: _____ Diploma / Degree expected? _____ When? _____

Honors: _____

Special Skills, technical abilities, and professional designations: _____

The Office of the Cook County Assessor is an Equal Opportunity Employer which hires and promotes based on applicant qualifications and merit. The use of political factors as a condition of employment for the above job opportunity is *prohibited*. Any violation of this policy should be reported to the CCAO Legal Department at 312-603-7528.

EMPLOYMENT HISTORY
(List most recent or present job first)

Company Name	Phone Number	Dates Employed From: To:	Job Title / Major Duties
Address		Starting Monthly Salary	
Supervisor's Name & Title		Last Monthly Salary	
Another person familiar with your work (name, title)		Reason for Leaving May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Phone Number	Dates Employed From: To:	Job Title / Major Duties
Address		Starting Monthly Salary	
Supervisor's Name & Title		Last Monthly Salary	
Another person familiar with your work (name, title)		Reason for Leaving	
Company Name	Phone Number	Dates Employed From: To:	Job Title / Major Duties
Address		Starting Monthly Salary	
Supervisor's Name & Title		Last Monthly Salary	
Another person familiar with your work (name, title)		Reason for Leaving	

REFERENCES

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

NAME	COMPANY / SCHOOL ADDRESS	OCCUPATION / RELATIONSHIP	PHONE
			Home
			Business
			Home
			Business
			Home
			Business

Have you ever been convicted of a misdemeanor or felony? If yes, explain. _____

Employment Statement:

I voluntarily consent to a thorough investigation of my past employment and activities. I give the Office of the Cook County Assessor, Cook County or any of its agents the right to investigate my background and I release from all liability and responsibility all persons, companies or corporation supplying such information.

I consent to any medical examination required by the Office of the Cook County Assessor, or Cook County at any time to determine my ability to perform the duties of my job. I consent to and understand that I may be required to satisfactorily complete a drug screening as a condition of employment.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Office of the Cook County Assessor, or Cook County to continue to employ me, and that employment is at will and may be terminated by either part, for any lawful reason, at any time.

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

APPLICANT'S SIGNATURE _____

DATE _____



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The office 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 help us comply with government record keeping, reporting, and other requirements, please provide the following information. Note that this information is provided on a strictly voluntary basis 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 in a Confidential File separate from the Employment Application.

Please check all items below that apply to you:

Female

Male

American Indian or Alaskan Native

Asian or Pacific Islander

Black (not of Hispanic origin)

Hispanic

White (not of Hispanic origin)

Date of Birth: _____

NAME: _____

DATE: _____