



Des Plaines Chamber of Commerce & Industry's
Resume Bank Program

JOB INFORMATION FORM

PLEASE PRINT

Today's Date _____

| | | | |
|------------------------|------------|------------------------|----------|
| _____ | | | |
| Last Name | First Name | Middle Initial | |
| _____ | | | |
| Address | City | State | Zip Code |
| _____ | | | |
| Home Phone w/area code | | Cell Phone w/area code | |

| | | | |
|--|--|--|--|
| _____ | | | |
| Specific Position Applying For (must be a specific position, not in general) | | | |
| Date available to work: ____/____/____ | | | |
| Are you available to work: ____ Full time ____ Part time ____ Temporary | | | |
| Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No | | | |
| Can you travel if a job required it? ____ Yes ____ No | | | |

| | | | |
|---|--|--|--|
| Describe any specialized training, apprenticeship, skills: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Describe any job-related training received in United States military: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills (skills/equipment operated):

State any additional information you feel may be helpful for us to know:

EDUCATION

Name & Location of School

High School: _____

Location: _____

Course of Study: _____

No. Years Completed: _____

Diploma/Degree _____

Trade School: _____

Location: _____

Course of Study: _____

No. Years Completed: _____

Diploma/Degree: _____

WORK EXPERIENCE – start with your present or last job.

EMPLOYER: _____

Address: _____

City/State/Zip _____

Phone Number w/area code: _____

Dates Employed: From _____ To _____

Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor: _____

Reason for Leaving: _____

EMPLOYER: _____

Address: _____

City/State/Zip _____

Phone Number w/area code: _____

Dates Employed: From _____ To _____

Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor: _____

Reason for Leaving: _____

EMPLOYER: _____

Address: _____

City/State/Zip _____

Phone Number w/area code: _____

Dates Employed: From _____ To _____

Job Title: _____

Hourly Rate/Salary: Starting _____ Final _____

Supervisor: _____

Reason for Leaving: _____

Your signature below acknowledges that all information provided on this form is true and accurate to the best of your knowledge, and that you grant permission to the Des Plaines Chamber of Commerce & Industry to share this information as part of its ongoing Resume Bank Program.

Name (please print): _____

Signature: _____ Date _____