



OFFICE OF INSPECTOR GENERAL
City of Chicago

EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

1. **TITLE OF POSITION APPLYING FOR** _____

2. **NAME** _____
Last First Middle

3. **ADDRESS** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

DRIVERS LICENSE NUMBER _____ **STATE** _____ **EXP. DATE** _____

4. **If your answer to any of the following questions is “yes” please attach a signed detailed explanation.**

- a. Have you ever been fired from a job or asked to resign after the age of 18? Yes No
- b. Have you ever pled guilty to or been convicted of any criminal offense (other than a minor traffic violation) after the age of 18? Yes No
- c. Do you have any past due debts to the City? Yes No

5. **TECHNICAL/PROFESSIONAL LICENSE** _____ **NUMBER** _____

STATE ISSUED _____ **DATE ISSUED (MO/YR)** _____ **EXPIRATION DATE (MO/YR)** _____