

APPLICATION FOR EMPLOYMENT



CHICAGO BOTANIC GARDEN

1000 Lake Cook Road · Glencoe, Illinois 60022-0400

TODAY'S DATE
DATE AVAILABLE TO START WORK
HOW DID YOU HEAR ABOUT THIS POSITION?

PLEASE PRINT CLEARLY

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS		
MAILING ADDRESS	STREET	APT.	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	PREVIOUSLY WORKED AT THE CHICAGO BOTANIC GARDEN?	<input type="checkbox"/> NO	WHEN?	
			<input type="checkbox"/> YES		

POSITION INFORMATION

POSITION APPLIED FOR	REQUISITION #	SALARY REQUIREMENTS	APPLYING FOR	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> SEASONAL
				<input type="checkbox"/> PART TIME	<input type="checkbox"/> INTERNSHIP

WORK EXPERIENCE

MOST RECENT EMPLOYER	ADDRESS	STREET	CITY	STATE
KIND OF BUSINESS	EMPLOYED FROM:	TO:	STARTING SALARY	LAST SALARY
	MO YR	MO YR	PER	PER
JOB TITLE	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE YOUR JOB				PHONE NUMBER
NEXT MOST RECENT EMPLOYER	ADDRESS	STREET	CITY	STATE
KIND OF BUSINESS	EMPLOYED FROM:	TO:	STARTING SALARY	LAST SALARY
	MO YR	MO YR	PER	PER
JOB TITLE	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
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JOB TITLE	SUPERVISOR	REASON FOR LEAVING	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE YOUR JOB				PHONE NUMBER

Note: The legal name of the Chicago Botanic Garden is the Chicago Horticultural Society.

Please turn over

PROFESSIONAL

YOUR ANSWER TO THIS QUESTION IS VOLUNTARY. YOUR ANSWER SHOULD BE LIMITED TO ASSOCIATIONS WHICH ARE RELEVANT TO THE POSITION APPLIED FOR AND YOU ARE NOT REQUIRED TO LIST ASSOCIATIONS OR MEMBERSHIPS WHICH TEND TO REVEAL RACE, RELIGION, SEX, DISABILITIES, NATIONAL ORIGIN, ETC.

PROFESSIONAL AND VOLUNTEER ACTIVITIES AND ACHIEVEMENTS

MACHINES YOU CAN OPERATE AND BUSINESS SKILLS

EDUCATION

NAME & LOCATION OF SCHOOL

DEGREE/DIPLOMA
(YES OR NO)

COURSE OF STUDY

HIGH SCHOOL

COLLEGE

OTHER

AWARDS, HONORS & ACTIVITIES IN SCHOOL

LIST ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN THIS APPLICATION

GENERAL

ARE YOU A CITIZEN OR OTHERWISE LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

(PROOF OF IDENTITY AND AUTHORIZATION TO WORK WILL BE REQUIRED UPON EMPLOYMENT IN ACCORDANCE WITH RELEVANT LAW.)

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?
(A DESCRIPTION OF THE JOB FOR WHICH YOU ARE APPLYING IS AVAILABLE AT THE TIME OF APPLICATION.)

YES
 NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME? DO NOT INCLUDE CONVICTIONS THAT WERE SEALED, IMPOUNDED, OR EXPUNGED.
(A YES ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED A CANDIDATE FOR EMPLOYMENT.)

YES
 NO

IF YES, PLEASE EXPLAIN

Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, age, national origin, or physical or mental disability to the extent required by law. The institution also complies with all regulations relating to Vietnam era veterans and disabled veterans.

I understand that this employment application, and any other policies, procedures or handbooks that I might receive, do not constitute a contract of employment or any contractual commitment and no representative of the Chicago Horticultural Society other than the hiring authority has any authority to enter into any agreement to the contrary. If an employment relationship is established, I understand that neither I nor the Chicago Horticultural Society is bound to an employment contract or a commitment to employment for a definite period of time, and the right of either party to terminate the employment relationship at any time, for any reason, is not limited. Agree Disagree

I affirm that my answers to the foregoing questions are complete and true and that I have not knowingly withheld any information which could affect my application unfavorably. I further understand that misrepresentations or omissions on matters covered by this application could lead to refusal of employment or termination. Agree Disagree

I authorize an investigation of any matters referred to in this application and authorize all persons and employers listed herein to provide information about me as requested. Agree Disagree

SIGNATURE

DATE