



CHICAGO LAKESIDE - CANDIDATE REFERRAL FORM

Section A					
Date:			Referral Source/Org:		
Section B					
Completion of this form places information and employment history into the Employment Database. It does not guarantee employment. Incomplete information in Section B will delay processing.					
*NAME:		*SOCIAL SECURITY #:		*18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*ADDRESS:			*CITY:	*STATE:	*ZIP:
*PHONE (Day):		(Eve):		(Cell):	
*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		*Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other			
*Public Housing Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, which Development:			Section 8 <input type="checkbox"/>
Section C					
Education:	Name of School	Location	Courses Studied	Graduated	Year
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprentice School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section D					
List Work Experience:					
Employer Name	Position Held	Contact Name	Telephone Number	Start Date	End Date
1.					
List duties and skills used on job:					
2.					
List duties and skills used on job:					
3.					
List duties and skills used on job:					
Section E					
Check all NON-CONSTRUCTION related industries you have experience and/or interest in:					
Experience	Interest	Industry	Experience	Interest	Industry
		Accounting/Bookkeeping			Inventory
		Administrative, Clerical, and Support Services			Law Enforcement and Security
		Automotive/Motor Vehicle/Parts			Legal Administration
		Banking			Management
		Building and Grounds Maintenance			Manufacturing
		Computers and Information Technology			Marketing
		Customer Services and Call Center			Oil/Gas/Utilities
		Education and Child Care			Parking - Valet Services
		Entry Level - New Grad			Personal Care and Services
		Government			Publishing - Printing
		Grocery			Restaurant - Food Services
		Healthcare - CNAs/Aids/MAs/Home Health			Retail
		Healthcare - Laboratory/Pathology Services			Sales
		Healthcare - LPN/LVN/RN			Telecommunication
		Hotel / Hospitality			Transportation
		Human Resources			Warehouse
		Installation/Maintenance/Repair			

PLEASE TURN OVER TO COMPLETE SIDE 2

Section F

Fill out this section if you have experience and/or interest in the construction industry:

Union Affiliate(s) Yes No Union Local Name(s): _____ Union Local Number(s): _____

Trade Status (if applicable): Apprentice ___ First Year ___ Second Year ___ Third Year | Journeyworker Laborer

Current Certifications: Flagger OSHA Scaffolding Other (please list): _____

List equipment operated: _____

Do you have: A valid Driver's License? Yes No A valid Commerical Driver's License? Yes No

Section G

Check all CONSTRUCTION related trades/crafts you have experience and/or interest in:

Experience	Interest	Trade/Craft	Experience	Interest	Trade/Craft
		Asbestos Worker			Heat and Frost Insulator
		Boilermaker			Heavy Equipment Operator
		Brick and Stone Mason - Terazzo			Iron Worker - Machinery Moving and Rigging
		Carpenter - Construction			Iron Worker - Ornamental
		Carpenter - Flooring			Iron Worker - Reinforcing
		Carpenter - Interior Systems			Iron Worker - Structural
		Carpenter - Lather			Laborer - Skilled
		Carpenter - Mill-Cabinet			Laborer - Unskilled
		Carpenter - Millright			Painter - Decorator
		Carpenter - Pile Driver			Plasterer
		Cement Mason			Roofer
		Ceramic Tile Finisher			Sheet Metal
		Ceramic Tile Layer			Surveyor
		Drywall Finisher			Trucker
		Electrical Worker			Tuckpointer
		Elevator Constructor			Waterproofer
		Glazier			

Section H

List computer software used: _____ Typing Speed _____ wpm

List any special needs you may have: _____

Section I

I certify that all statements made on this form are true to the best of my knowledge.

Signature: _____ Date: _____

Please mail or fax to: Target Group Inc., 330 South Wells, Suite 400, Chicago, IL 60606, Fax Number: (312) 873-0299

***This information is required to comply with government recordkeeping and reporting.**