



# METROPOLITAN PIER AND EXPOSITION AUTHORITY

## Application For Employment

Managing McCormick Place Complex and Navy Pier

The Metropolitan Pier and Exposition Authority ("Authority") considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

Position applied for: \_\_\_\_\_

Location: Corporate Center  McCormick Place  Navy Pier

How did you become interested in MPEA?  Referred by employee (Name): \_\_\_\_\_

Employment Agency  Advertisement (Publication): \_\_\_\_\_

Other: \_\_\_\_\_  
(Please specify)

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### PERSONAL DATA

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(Please Print)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Have you ever used another name and if so, please provide name(s): \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(evening): \_\_\_\_\_

Have you filed an application with the Authority before? \_\_\_Yes \_\_\_No Date \_\_\_\_\_

Have you ever been employed by the Authority? \_\_\_Yes \_\_\_No Date \_\_\_\_\_

If yes, position held, department: \_\_\_\_\_

Are you under 18 years of age? \_\_\_Yes \_\_\_No

Do you have relative or friends who work here? \_\_\_Yes \_\_\_No

If yes, give name and relationship: \_\_\_\_\_

Check appropriate box for type of employment:  Full-time  Part-time  Temporary/Seasonal

Shift Availability:  Days  Evenings  Nights

If applying for part-time work, what hours are you available? \_\_\_\_\_

Please provide any additional information about yourself which will aid in evaluating this application.

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**"We Are An Equal Opportunity Employer"**

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## GENERAL INFORMATION

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Have you ever been convicted of a felony or misdemeanor charge? Applicants seeking employment are not obligated to disclose any arrest or conviction record(s) that have been expunged or sealed or any expunged juvenile record(s).       Yes     No      What state? \_\_\_\_\_

Please explain: \_\_\_\_\_

Answer below only if applying for a job which requires you to operate a motor vehicle.

Do you have a valid U.S. Driver's License?     Yes     No    State: \_\_\_\_\_

Type:     Chauffeur's     Drivers     CDL

Has it ever been suspended or revoked?     Yes     No    If yes, explain: \_\_\_\_\_

How many vehicle accidents have you had in the past 5 years? \_\_\_\_\_

If hired, can you provide identification such as a U.S. Passport, Driver's License, Photo I.D., Birth Certificate, Social Security Card, Certificate of U.S. Citizenship or verification of your legal right to work in the U.S.  
 Yes     No

Have you ever been dismissed or asked to resign from any employment?     Yes     No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## EMPLOYMENT HISTORY

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Please list your four most recent employers starting with current or most recent position.

### 1. Employer

\_\_\_\_\_

Address (Street, City, State & Zip)

Dates Employed (Month/Year)

From \_\_\_\_\_ to \_\_\_\_\_

Position Title

Starting Salary

\_\_\_\_\_

Final Salary

\_\_\_\_\_

Name, title and phone number of immediate supervisor \_\_\_\_\_

\_\_\_\_\_

Description of Duties \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Employer**

Address (Street, City, State & Zip)

Dates Employed (Month/Year)

Position Title

From \_\_\_\_\_ to \_\_\_\_\_

Starting Salary

Final Salary

Name, title and phone number of immediate supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**3. Employer**

Address (Street, City, State & Zip)

Dates Employed (Month/Year)

Position Title

From \_\_\_\_\_ to \_\_\_\_\_

Starting Salary

Final Salary

Name, title and phone number of immediate supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**4. Employer**

Address (Street, City, State & Zip)

Dates Employed (Month/Year)

Position Title

From \_\_\_\_\_ to \_\_\_\_\_

Starting Salary

Final Salary

Name, title and phone number of immediate supervisor \_\_\_\_\_

Description of Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Please circle the number of any employer whom you do not want contacted at this time.

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## EDUCATION HISTORY

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School	Name & Location	Graduated (Yes/No)	Type of Degree or Diploma
H.S.			
College			
Graduate			

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use such as calculators, printing or graphics equipment, computer equipment, programming languages, and types of software and hardware. \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information about yourself that will aid in evaluating your application:

\_\_\_\_\_

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## PROFESSIONAL REFERENCES

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(Do not include relatives)

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_
4. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

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## APPLICANT'S CERTIFICATION

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**Each application requires current date and original signature**

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I certify that the information given is true and complete. I understand that any falsification, misrepresentation or omission of information will be sufficient grounds for denial of employment and, if hired, dismissal.

I authorize the Authority to investigate all statements contained in this application as may be necessary in arriving at an employment decision. I further authorize the listed employers, schools and personal references to give the Authority (without further notice to me) information about my previous employment or education.

I waive and release my current and former employers from any liability that may result from providing information to the Authority and waive and release the Authority from any liability for any action taken due to information provided by any current or former employer, and agree not to file a claim for any damages that may result from furnishing or using such information.

In the event of employment, I understand that I am required to abide by all rules and regulations of the Authority and that I have the right, as does the Authority, to terminate the employment relationship at any time for any reason, with or without prior notice.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_