



AT-TAKAFUL ISLAMIC SOCIETY INC.

ISLAMIC CENTER OF CHICAGO (ICC)

3333 W. Peterson Ave, Chicago, IL 60659 TEL: 773-267-6167 FAX:773-267-6168



EMPLOYMENT APPLICATION

Islamic Center of Chicago ICC Elementary School ICC Sunday School Other _____

APPLICANT INFORMATION

Last Name		First		M.I.	D.O.B
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>	
				NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you physically fit to work?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Doctor's certificate attached	YES <input type="checkbox"/>
					NO <input type="checkbox"/>

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PLEASE LIST THREE PROFESSIONAL REFERENCES.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisors for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that all the above information is true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result immediate termination.

Signature	Date
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FOR OFFICE USE ONLY

Interviewed by	Date:
Assessment Note:	
Identification Verification:	Verified By :Name:
Date:	Signature:
Appointment Date:	Title :
Start Date:	Salary :
Signature:	Title: Date: