

**City Colleges of Chicago**  
**Personal Service Contractor's and Contractor's Key Personnel Data Form**

Name \_\_\_\_\_

Date of Contract \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Social Security Number \_\_\_\_\_

or Tax ID Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

Alternative Number (cell) \_\_\_\_\_

Alternative Number (pager) \_\_\_\_\_

Are you authorized to work in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

State that issued license: \_\_\_\_\_

Have you ever been employed with City Colleges? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Do you have any relatives who are employed with City Colleges? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state name and relation \_\_\_\_\_

Have you ever been convicted of, or pled guilty to any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state: Date, place and nature of offense \_\_\_\_\_

College/University Attended: \_\_\_\_\_ Highest Education Level: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Please list prior contract/work experience (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK REFERENCES**

Please provide name/address/phone number for each:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**In Case of Emergency, Contact:**

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship: \_\_\_\_\_

**IMPORTANT:** City Colleges of Chicago requires that no employee or Board of Trustee may have a special interest in any contract paid with funds belonging to or administered by the Board of Trustees. If you/your firm has such a relationship, attach a separate sheet explaining that relationship.

All transactions are governed by the laws of the State of Illinois, the Illinois Public Community College Act, and Board of Trustees Rules for the Management and Government of the City Colleges of Chicago.

I hereby certify that the information supplied herein is correct.

\_\_\_\_\_  
Name and Title (Please print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date