



# Intro to Business Management for Construction

Please complete and return application via fax or email to: **312-575-0389** or **msmith@haciaworks.org**

**PLEASE PRINT**

Company Name \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Business Organization: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Contact Name \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Where did you hear about the program \_\_\_\_\_

Name of Company Representative Participating in the Training Program:

Highest Level of Education Completed

Name \_\_\_\_\_

Check one:

Title \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ 8th Grade or less \_\_\_\_\_ Associate Degree

\_\_\_\_ High School \_\_\_\_\_ Bachelor's Degree

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

\_\_\_\_ GED \_\_\_\_\_ Master's Degree

Ethnicity/Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_ Some College \_\_\_\_\_ Doctoral Degree

\_\_\_\_ Certificates

Annual gross revenue for the last three years: 2018 \$ \_\_\_\_\_ 2017 \$ \_\_\_\_\_ 2016 \$ \_\_\_\_\_

Number of full-time employees \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

Please provide below a brief description of your company's principal business activities:

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

What is your objective for taking this training?

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

Certifications & Designations: Is your company certified with or at these agencies (check all that apply).

MBE CERTIFICATIONS	EXPIRATION DATE	WBE CERTIFICATIONS	EXPIRATION DATE	OTHER CERTIFICATIONS	EXPIRATION DATE
<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> City of Chicago	_____	<input type="checkbox"/> SBA/8A	_____
<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> Cook County	_____	<input type="checkbox"/> ILUCP/DBE	_____
<input type="checkbox"/> DuPage County	_____	<input type="checkbox"/> DuPage County	_____	<input type="checkbox"/> BEP/CMS	_____

By signing this commitment you and your participant staff commit to the following:

1. Commit to attend at least 75% of the training hours & complete all assignments and projects.
2. Commit to providing HACIA with all required documentation.
3. Commit to participating in the evaluation to be conducted by HACIA and College of DuPage.
4. Participants will be required to register with the College of DuPage at no cost.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date