

VILLAGE OF ELK GROVE

CONTRACTOR'S PREQUALIFICATION
WORK HISTORY STATEMENT

Name of Company

Name / Title

being an authorized representative of said company hereby certifies that all statements made in this Work History Statement are made on behalf of the undersigned Contractor in support of its Prequalification Statement to perform

(List prequalification work items)

for the Village of Elk Grove Village.

I, _____, have carefully prepared, reviewed and checked this Work History Statement and certify that the statements contained in this Work History Statement are true and correct.

1. Nature of Business

State the nature of the Contractor's business:

2. Composition of Work

During the past five years, Contractor's work has consisted of:

___% Federal ___% As Contractor ___% Contractor's Forces
___% Other Public ___% As Subcontractor ___% Subcontractors
___% Private ___% Materials

3. Years in Business

State the number of years (_____) that contractor, under its current name and organization has been continuously engaged in the aforesaid business.

4. Predecessor Organizations

If Contractor has been in business for less than five years, list any predecessor organizations:

<u>NAME</u>	<u>ADDRESS</u>	<u>YEARS</u>
_____	_____	_____
_____	_____	_____

5. Business Licenses

List all business licenses currently held by Contractor:

<u>ISSUING AGENCY</u>	<u>TYPE</u>	<u>NUMBER</u>	<u>EXPIRATION</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Related Experience

List three public improvement projects within the prequalification areas that have been completed by Contractor, or its predecessors, in the past five years including the names of the municipal references:

PROJECT ONE

Municipality Name: _____

Address: _____

Reference Name: _____

Title: _____

Phone Number: _____

Type of Work: _____

Awarded Amount: _____

Final Amount: _____

Contract
Completion Date: _____

Date Completed: _____

PROJECT TWO

Municipality Name: _____

Address: _____

Reference Name: _____

Title: _____

Phone Number: _____

Type of Work: _____

Awarded Amount: _____

Final Amount: _____

Contract
Completion Date: _____

Date Completed: _____

PROJECT THREE

Municipality Name: _____

Address: _____

Reference Name: _____

Title: _____

Phone Number: _____

Type of Work: _____

Awarded Amount: _____

Final Amount: _____

Contract
Completion Date: _____

Date Completed: _____

7. Contract Quantitative Experience

List the cumulative contract amounts of work completed over the past five years of business:

2005: _____ 2006: _____ 2007: _____

2008: _____ 2009: _____

8. Proposed Subcontractors

List subcontractors which may be used to complete the work:

<u>Subcontractor Name</u>	<u>Class of Work</u>	<u>% of work</u>	<u>IDOT Qualified Yes/No</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATED this _____ day of _____, 2010

CONTRACTOR:

By: _____

Title: _____

Company: _____

Address: _____

Phone: _____

FAX: _____

E-mail: _____