



UPWARD MOBILITY PROGRAM

PROMOTIONAL EMPLOYMENT APPLICATION

Complete this application in detail; previous applications will not be considered. Omissions, variations or misstatements of material facts may cause forfeiture of rights to promotion in the service of the State of Illinois. Applications without necessary information will be returned. **PLEASE TYPE OR PRINT IN BLACK.**

A separate application is required for each position and option. Staple all attachments, including official copies of college transcripts, to the reverse side of this application. The Bureau of Personnel cannot assume responsibility for unattached documents. Mail completed application to: Upward Mobility Program, Sangamo Building, 1021 North Grand Avenue East, Springfield, IL 62702.

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:	OPTION	LEAVE BLANK - (POS. CODE)
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SOCIAL SECURITY NUMBER	OFFICE USE ONLY - Exam Date at Test Center MONTH DAY YEAR CENTER	BIRTH DATE (Optional) MONTH DAY YEAR
LAST NAME	FIRST NAME	MI
STREET ADDRESS	COUNTY	
CITY	STATE	ZIP CODE
	AREA CODE	TELEPHONE NUMBER

CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE)	CURRENTLY EMPLOYED IN	(LEAVE BLANK)
	AGENCY	(AGENCY)
	DIVISION (OR INSTITUTION)	(DIVISION)
MAILING ADDRESS OF WORK SITE:	COUNTY WHERE EMPLOYED:	(COUNTY)

WORK LOCATION PREFERENCE:
List 1, 2, or 3 counties in which you will consider selection.

1. _____	
2. _____	
3. _____	

The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this information is not required. Circle **ONE** letter and, if applicable, check the appropriate box.

FEMALE	MALE	
A	G	White , not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
B	H	African American , not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	Native American . A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.
D	K	Asian . A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
E	L	Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

DISABILITY

Yes No

For certain positions it is a job requirement that employees be able to communicate with individuals who are not fluent in English. If you do not know a language other than English, DO NOT COMPLETE the following section.

I certify that I am able to speak, write and understand the following language(s):

DO NOT WRITE IN FOLLOWING BOXES — FOR BUREAU OF PERSONNEL USE ONLY	Qual Unqual	Wri	Typ	Dict	Final Grade	Signed: _____
						Date: _____

EDUCATION AND EXPERIENCE REPORT: Previous applications will not be considered. Do not submit resumes. List information accurately and completely so we may properly evaluate your application. **INCLUDE ALL TITLE CHANGES (WITH DATES) and pertinent military experience.**

CIRCLE NO. HIGH SCHOOL		OR		CIRCLE NO. COLLEGE - UNIVERSITY					
YEARS COMPLETED 0 1 2 3 4 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		RECEIVED GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION		FROM		TO		SUBJECTS	LENGTH OF COURSE	COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		MO.	YR.	MO.	YR.				FULL
IL DRIVERS LICENSE CDL: A B	ENDORSEMENT X N	RESTRICTION	CLASS RATINGS - (CIRCLE BELOW) NON CDL: A B C D L M		LICENSE NUMBER		DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL / PROFESSIONAL LICENSE		NUMBER		STATE IN WHICH ISSUED		DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF INTERNSHIP		FACILITY NAME - CITY AND STATE				DATE - FROM MO. YR.	TO MO. YR.		
NAMES OF COLLEGES OR UNIVS. ATTENDED UNDERGRADUATE: (NAME/CITY/STATE)		TOTAL NO. OF HOURS EARNED		NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		LEVEL OF DEGREE EARNED	DATE DEGREE AWARDED MO. YR.
		SEM. HRS. (OR)	QRT. HRS. (OR)			UNITS	FROM MO. YR.		
GRADUATE: (NAME/CITY/STATE)						/	/		/
						/	/		/

List and describe your work experience separately by title. Begin with your present position and work backwards, listing both State and non-State experience. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month, and describe fully the duties performed so appropriate credit can be given.

LIST EACH CHANGE IN PAYROLL TITLE AND THE APPROPRIATE DATES OF EMPLOYMENT FOR EACH TITLE.

CURRENTLY EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
LEAVE BLANK Level _____ Amount _____	

EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
LEAVE BLANK Level _____ Amount _____	

EMPLOYED BY: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ MO. YR. MO. YR.
ADDRESS: _____	TOTAL: YEARS _____ MONTHS _____
PAYROLL TITLE: _____	HOURS WORKED PER WEEK _____
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____	MONTHLY SALARY: STARTING _____ ENDING _____
REASON FOR LEAVING: _____	
LEAVE BLANK Level _____ Amount _____	

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE.

<p style="text-align:center;">OFFICE USE ONLY</p> <p>Ed _____ Rej. Qual. _____</p> <p>A _____</p> <p>B _____ By _____</p> <p>C _____ Date _____</p> <p>Total: _____ Grade: _____</p>	<p>I understand I may be required to submit proof of previous employment, education, or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification. I certify that the information on this application is true and correct to the best of my knowledge, and misrepresentation of any material fact may be grounds for ineligibility or termination of employment.</p> <p style="text-align:right;">_____ WRITTEN SIGNATURE</p> <p style="text-align:right;">_____ DATE</p>
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UPWARD MOBILITY PROGRAM

Sangamo Building
1021 North Grand Avenue East
Springfield, IL 62702

REQUIRED DOCUMENTATION FOR CREDENTIAL TITLES

TITLE	DOCUMENTS
Accounting & Fiscal Admin. Career Trainee	College Transcript
Activity Therapist	College Transcript
Bank Examiner I	College Transcript
Behavioral Analyst I	College Transcript
Chemist I	College Transcript
Child Protective Associate Specialist	College Transcript
Child Welfare Associate Specialist	College Transcript
Child Welfare Specialist	College Transcript
Correctional Counselor I	College Transcript
Corrections Assessment Specialist	College Transcript
Corrections Identification Technician	IDOC or DJJ Experience Required
Corrections Leisure Activities Specialist I	College Transcript
Corrections Medical Technician	LPN License
Corrections Nurse I	College Transcript & CPR Certification/License
Corrections Parole Agent	College Transcript
Day Care Licensing Representative I	College Transcript
Day Care Licensing Representative II	College Transcript
Dietitian	College Transcript
Disability Claims Adjudicator I	College Transcript
Environmental Protection Engineer I	College Transcript
Financial Institutions Examiner I	College Transcript
Financial Institutions Examiner Trainee	College Transcript
Habilitation Program Coordinator	College Transcript
Human Services Caseworker	College Transcript
Information Services Intern	College Transcript
Internal Auditor Trainee Option 1,2	College Transcript
Juvenile Justice Specialist Intern	College Transcript
Juvenile Justice Supervisor	College Transcript
Juvenile Justice Youth & Family Specialist Option 1	College Transcript
Laboratory Associate I	College Transcript
Liability Claims Adjuster Trainee	College Transcript
Licensed Practical Nurse I	College Transcript/License
Licensed Practical Nurse II	College Transcript/License
Life Science Career Trainee Option A,E,J,K,M	College Transcript
Pharmacist Technician	Copy of License Required
Psychologist I	College Transcript
Psychologist II	College Transcript
Registered Nurse I	College Transcript/License
Rehabilitation Counselor Trainee Option F,H,V	College Transcript
Revenue Auditor Trainee	College Transcript
Revenue Tax Specialist Trainee	College Transcript
Social Worker I	College Transcript
Social Worker II	College Transcript
Veterans Nursing Assistant - Certified	College Transcript/ Certificate

The college transcript must be official and show the degree and date conferred.

**UPWARD MOBILITY PROGRAM
INSTRUCTIONS TO APPLY FOR A CREDENTIAL TITLE**

To receive a promotional grade through the Upward Mobility Program:

- 1) You must complete the enclosed Upward Mobility Program Promotional Employment Application in its entirety. The promotional application cannot be accepted if the target title (including the option) is not listed. You must also identify the counties (maximum of 3) in which you would be willing to accept a position. A separate UMP promotional application must be submitted for each title and option for which you are applying.

- 2) Please reference the guide stating the required documentation that must accompany the promotional application submitted for each title. Email the promotional application and the required documentation to:

CMS.UMP100@illinois.gov

If you are unable to email the promotional application and all required documentation, please contact UMP for further directions at:

**1-833-452-4836, TDD 1-800-526-0844
Springfield Centrex 4-1073, TDD 1-217-785-3979**

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Springfield, IL 62702**