

Application for Employment
 An Equal Opportunity Employer/Affirmative Action Employer
Illinois Department of Agriculture - 2020 Seasonal Hires

Human Resources, 801 East Sangamon Avenue, Springfield, Illinois 62702
 Telephone: 217-785-5099 Fax: 217-557-5887 www.agr.illinois.gov TTY: 866-287-2999

PLEASE ANSWER ALL QUESTIONS COMPLETELY. Type or print answers, using additional pages as needed.
Form must be signed and dated where indicated or application is not valid and will not be processed.

Name			Social Security Number
Last	First	Middle	
Address			Primary Telephone
Street			
City	State	Zip Code	Secondary Telephone
Email Address		Dates Available for Employment: (Month/Day/Year)	
		From:	To:

Driver's License # or ID#

PLEASE NOTE: The Illinois Department of Agriculture does not participate in E-verify or similar systems and will not sponsor student or potential employees where such sponsorship is necessary for an employee to work lawfully in the United States.

Are you authorized to work lawfully in the United States?	If applicable, Visa Type and Number	Dates Valid
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Education – Circle number of years completed and check appropriate box(es)

HIGH SCHOOL					GED		COLLEGE / UNIVERSITY									
0	1	2	3	4	Grad. <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No	0	1	2	3	4	5	6	7	8	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No

If your answer to the following question is "yes," please attach a signed detailed explanation.

Are you currently in default on the repayment of any state educational loan? YES NO

State law provides that any employee who is in default on the repayment of any education loan for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

Selective Service As a condition of employment, State law requires that every male less than 27 years old, shall submit documentation, at the time of appointment, evidencing his registration with the Federal Selective Service System (20 ILCS 415/8d.1)

Are you currently registered with the Selective Service System? YES NO N/A
 Reg.#: _____

If your answer to any of the following questions is "yes", attach a detailed statement.

1. Have you ever been discharged from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any relatives employed by the Illinois Department of Agriculture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you presently working for the State of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the name of the Department: _____	
4. Are you receiving State of Illinois Retirement Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you previously worked for the Illinois Department of Agriculture? Yes No

If yes, please list your dates of employments and briefly describe your responsibilities.

(Previous employment with the Illinois Department of Agriculture will only be considered if dates of employment and description of responsibilities are listed below.)

EMPLOYED FROM: MONTH _____ YEAR _____	EMPLOYED TO: MONTH _____ YEAR _____
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EMPLOYMENT QUESTIONNAIRE

The Illinois Department of Agriculture is hiring temporary seasonal employees for the areas listed below. Please place a check mark next to each area for which you are applying. Please respond to **all** questions by selecting “Yes” or “No” for each area to which you are applying.

Please place a check mark next to the State Fair(s) to which you are applying: Springfield (8/13/20 – 8/23/20) DuQuoin (8/28/20 – 9/7/20)

Are you available to work the two (2) weeks of the Fair? (Springfield 8/13/20 – 8/23/20) (DuQuoin 8/28/20 – 9/7/20) Yes No

	Area	Questions	Yes	No
<input type="checkbox"/>	Buildings & Grounds Maintenance	Do you have the ability to lift and carry up to 50 pounds?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience operating a weed eater, push lawn mower, and/or power washer?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience operating a zero-turn lawn mower?	<input type="checkbox"/>	<input type="checkbox"/>
		Are you able to complete maintenance work for 6.5 hours or more in a work day?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	State Fair Customer Service	Do you have experience with customer service (providing information and assistance to customers)?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience answering telephones in a workplace, taking messages, and providing information to callers?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience working with computer software such as Microsoft Internet Explorer, Word, Excel, Google Chrome?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience filing and maintaining records?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	State Fair Cashier /Clerk/Ticket Sales	Do you have experience with customer service (providing information and assistance to customers)?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience taking orders from customers?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience receiving payments from customers by cash, credit cards, debit cards, or checks?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience counting money in cash drawers and ensuring amounts are correct?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience processing and preparing documents by inputting data and reviewing entries for accuracy?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Grandstand Ticket Takers	Do you have experience with customer service (providing information and assistance to customers)?	<input type="checkbox"/>	<input type="checkbox"/>
		Are you comfortable working with large crowds and long lines of customers?	<input type="checkbox"/>	<input type="checkbox"/>
		Are you able to stand for periods of 6 – 8 hours?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience working with barcode scanners?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience settling disputes or helping resolve other customer concerns?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	State Fair Security	Are you able to remain attentive and focused on a work assignment during a 12-hour shift that may include overnight hours?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience with customer service (providing information and assistance to customers)?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience monitoring premises to prevent theft, violence, or infractions of rules?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience informing visitors of rule infractions or violations?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience calling police, fire department, or paramedics in cases of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DuQuoin State Fair Parking	Are you able to work an 8-hour shift standing outside with limited shade?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have experience receiving payments from customers by cash, credit cards, debit cards, or checks?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	DuQuoin Tram Operators	Are you able to drive a tractor?	<input type="checkbox"/>	<input type="checkbox"/>
		Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETION OF THE INFORMATION IN THIS SECTION IS NOT REQUIRED

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. Check the ONE letter and ANY of the numbers which are appropriate.

FEMALE	MALE	
<input type="checkbox"/> A	<input type="checkbox"/> G	White not of Hispanic Origin. A person having origins in any of the peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> B	<input type="checkbox"/> H	Black or African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> C	<input type="checkbox"/> J	American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> D	<input type="checkbox"/> K	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> E	<input type="checkbox"/> L	Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
<input type="checkbox"/> P	<input type="checkbox"/> Q	Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Are you an individual with a Disability? Yes No

<input type="checkbox"/> 1. Blind / difficulty seeing even when wearing glasses	<input type="checkbox"/> 2. Deaf / serious difficulty hearing	<input type="checkbox"/> 3. Serious difficulty walking/climbing stairs
<input type="checkbox"/> 4. Difficulty dressing / bathing	<input type="checkbox"/> 5. Serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition	<input type="checkbox"/> 6. Difficulty doing errands such as visiting a doctor's office or shopping due to a physical, mental or emotional condition
<input type="checkbox"/> 7. Other (Examples: epilepsy, heart condition, mental illness, multiple sclerosis, muscular dystrophy)		

APPLICATION MUST BE SIGNED AND DATED BELOW

I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for State employment. I certify that the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

The Illinois Department of Agriculture requests disclosure of information that is necessary to accomplish its obligations, primarily the statutory purposes outlined under the Personnel Code (20 ILCS 415). Social Security numbers are used in the application and employment processes to identify and differentiate between candidates and/or employees. Confidentiality of Social Security numbers obtained through this form will be preserved as prescribed by 5 ILCS 179 et seq.

Written Signature

Date

HR OFFICE USE ONLY			
Previous employees		Ranking Sheets:	Date Received
Rehire Status:		<input type="checkbox"/> 5/18/2020	Hired ranking sheet: _____ Hired score: _____ Hired ranking: _____ PI #: _____
Evaluation Rating:		<input type="checkbox"/> 6/17/2020	
Application Area(s):	Score:	<input type="checkbox"/> 6/30/2020	
<input type="checkbox"/> Buildings & Grounds Maintenance		<input type="checkbox"/> 7/17/2020	
<input type="checkbox"/> State Fair Customer Service		<input type="checkbox"/>	
<input type="checkbox"/> State Fair Cashier/Clerk/Ticket Sales		<input type="checkbox"/>	
<input type="checkbox"/> Grandstand Ticket Takers		<input type="checkbox"/>	
<input type="checkbox"/> State Fair Security		<input type="checkbox"/> _____	
<input type="checkbox"/> DuQuoin State Fair Parking			
<input type="checkbox"/> DuQuoin Tram Operators			

This form can be completed on-line, saved and printed.