

For use by currently certified employees covered by the Personnel Code and agencies under the Governor's jurisdiction.
Complete this form along with the most recent CMS-100 and submit directly to the contact person named in the posting.

Posted Information

Posting Identification Number: _____ Bargaining Unit: _____

Position Title Applied For: _____ Option, if applicable: _____

Agency/Bureau: _____ Division/Facility: _____ County: _____

Current Information

Name: _____ Last 4 Digits of Social Security Number: _____

Current Position Title: _____ Option, if applicable: _____

Agency/Bureau: _____ Division/Facility: _____ County: _____

Work Location Address: _____

Section/Unit/Shift, if applicable: _____ Bargaining Unit: _____

Work Phone Number: _____ Personal Phone Number: _____

Home Address: _____

I understand that promotional bidders must have submitted a Promotional Application (CMS-100B) or taken the required written and performance exam for the above position classification before the end of the posting period. Promotional Applications are to be submitted to the Division of Examining and Counseling, Department of Central Management Services, Room 500, Stratton Office Building, Springfield, Illinois 62706.

To facilitate the processing of bids and selection for the vacancy, it is requested that bidding employees select the appropriate following statement.

- I have a current promotional grade for the position.
- I have submitted a Promotional Application to the Department of Central Management Services for the above title, but have not yet received a grade notice.

I submitted the Promotional Application on or about: _____

- I have taken the appropriate written and performance examination based on the promotional program requirements.

I took the performance examination on: _____

I hereby apply for:

- Job Assignment/Shift Preference (same title)
- Promotion
- Voluntary Reduction
- Reinstatement
- Merit System Transfer
- Upward Mobility Promotion
- Lateral Transfer
- Parallel Pay Grade Movement

Signature: _____ Date: _____

To be completed by Agency Personnel Only

Date Received: _____ Post Marked by Post Office: _____

Seniority Date: _____ Position Number: _____

Grade: _____ Promotional Upward Mobility List Date: _____

Job Assigned within Last year? Yes No Certified? Yes No Full Time Part-time