

Complete the application in detail. Previous applications will NOT be considered. Omissions, variances or misstatements of material facts may cause forfeiture of rights to promotion in the service of the State of Illinois. Applications without necessary information or which are illegible will not be processed. It is preferred that all documents be completed using a personal computing device. Use ink if completing this document by hand. DO NOT USE THIS FORM TO APPLY FOR TRAINEE TITLES.

A separate application is required for each position title and option for which a grade is being sought. Attachments must be stapled to the back of this document. CMS cannot assume responsibility for unattached documents. Submit completed applications to the contact listed on the posting.

Beginning September 1, 2019, CMS will grade new promotional applications only if they are for a specific, posted vacancy.

Enter complete Position Title and Vacancy Posting Number applied for:

Office Use Only Leave Blank	Position Code _____	Exam Date _____
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Vacancy Posting Number _____

Position Title _____

Option _____

Last Name _____

First Name _____

MI _____

SSN _____

Address _____

County _____

City _____

State _____

Zip _____

Main Phone _____

Other Phone _____

Email Address (required for communication about opportunities)

Only State employees currently employed under the jurisdiction of the Illinois Personnel Code may apply. Do not use this form for Trainee titles. Appointments from competitive promotional eligible lists may only be made for employees in a lesser title at the at the time of promotion. Indicate your current status by checking only one of the boxes below.

I currently hold a position in which I am certified, or held certified status during my period of continuous service.

I am currently in Trainee status and received my appointment in accordance with open competitive standards.

Current Payroll Title (include Option if applicable) _____

Current Agency _____

Office Use Only Leave Blank	Agency _____	County _____
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SIGNATURE SECTION

I understand that 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 the purpose of verification. I certify that **all** 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.

Type your name to sign and agree to the statement above

Date

Official Use Only Leave Blank				
Ed: _____	A: _____	B: _____	C: _____	Total: _____
Rej. Qual: _____	Typing: _____	By: _____	Date: _____	Ed: _____

HIGH SCHOOL

High School Graduate or GED? Yes No

BUSINESS, TRADE, CORRESPONDENCE SCHOOL

Business, Trade, Correspondence School: Name and Address	Number of Years Attend	Time Full/Part	Subjects	Course Length	Completed Yes/No

TECHNICAL/PROFESSIONAL LICENSE

Technical/Professional License	Number	State Issued	Date Issued MM/YYYY	Expiration Date MM/YYYY

14. EDUCATION REPORT: List your education accurately and completely. A copy of college transcripts/degrees may be required. The number of credit hours you have earned may be needed to meet the minimum requirements for some titles. This information is also useful for career counseling purposes.

All degrees and coursework will be validated using either a copy of the applicant's Official Transcripts or a copy of their diploma. The applicant will be responsible for submitting either a copy of their Official Transcripts or a copy of their diploma.

Name and Address (City & State) of Colleges/ Universities Attended	Hours Earned		Major	Minor	Number of Years	Level of Degree Earned
	SEM	QTR	Do Not Abbreviate	Do Not Abbreviate	Attended	

* LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY
 * DO NOT INCLUDE COURSES MORE THAN ONCE

Fields Of Study		Undergrad Hours		Graduate Hours		Fields of Study		Undergrad Hours		Graduate Hours		Fields of Study		Undergrad Hours		Graduate Hours	
List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr	List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr	List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr
Accounting						Actuarial Science						Afro-American Studies					
Agriculture						Agronomy						Animal Science					
Architecture						Art						Atmospheric Science					
Audiovisual Instruction						Bacteriology						Biochemistry					
Biology						Biostatistics						Botany					
Business Admin/Mgmt						Cell/Molecular Biology						Chemistry					
Computer Science						Conservation						Criminal Justice Admin					
Criminology						Demography						Dietetics, Nutrition					
Divinity/Theology						Early Childhood Dev.						Economics					
Education (Specify)						Engineering (Specify)						Engineering Technology					
Environmental Science						English						Entomology					
Environmental Health						Epidemiology						Finance					
Fire Science						Fish Management						Food Service Management					
Foreign Language (Specify)						Forensic Science						Forestry					
Geography						Geology						Genetics					
Guidance and Counseling						Health/Public Health						History					
Home Economics						Humanities						Human Services					
Hydrology						Industrial Arts						Industrial Hygiene					
Insurance						Journalism						Law (Specify)					
Law Enforcement						Library Science						Limnology					
Mgmt. Info. Systems						Marketing						Mathematics					
Medical Records						Medical Technology						Medicine					
Microbiology						Nursing (Specify)						Park Management					
Pastoral Counseling						Pharmacy						Physics					
Political Science/Govt						Programming						Psychology					
Public Administration						Radio - Television						Recreation					
Rehab Counseling/Admin						Risk Assessment						Secretarial Science					
Social Work						Sociology						Soil Science					
Speech and Drama						Statistics						Therapy (Specify)					
Toxicology						Urban Studies						Wildlife Management					
Zoology																	

Comment area to further specify the Fields of Study where noted in the previous table

WORK HISTORY: LIST EACH CHANGE IN PAYROLL TITLE SEPARATELY AND THE DATES OF EMPLOYMENT FOR EACH TITLE. Begin with your present position and work backwards, listing both State and non-State experience. Related volunteer experience for which no salary was received may 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. If you were temporarily assigned to another State position title, verification of this assignment from the agency central human resources office must be attached in order to receive experience credit. If reporting military experience, you must report each military rank held (e.g., E-4; E-5; O-2; etc.).

Current (or last) Employer _____

Street Address _____ City _____ State _____

Position Title _____

Average Number of Hours Worked Per Week _____

Dates of Employment Month Year To Month Year Total Years Months

Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:

Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____

Describe in detail the duties you performed in this position title:

Reason for Leaving: _____

OFFICE USE - Leave Blank	Level: _____ Amt: _____
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Past Employer _____

Street Address _____ City _____ State _____

Position Title _____

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OFFICE USE - Leave Blank	Level: _____	Amt: _____
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- State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation or default in payment.
- As a condition of employment, state law requires that “every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at time of appointment, evidencing his registration with the Federal Selective Service System.”
- In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the Department of Central Management Services at 217/782-7100 (voice) or the Illinois Relay Center at 800/526-0844.
- Pursuant to Public Act 93-0211, effective January 1, 2004, (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective August 12, 2004, (705 ILCS 405/5-915 (8)(a)), respectively, applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record. Employers may not ask if an applicant has had records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Corrections, State's Attorneys or other prosecutors.
- Central Management Services requests disclosure of information that is necessary to accomplish its obligations, primarily the statutory purposes outlined under the Personnel Code (20 ILCS 415). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination on eligibility or employment. 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 application process will be preserved as prescribed by 5 ILCS 179 et seq.

This application may be utilized as the actual test for some titles. Completed application should be submitted to the contact listed on the posting.

Drivers License No. _____ State _____ Month/Year Expires _____

Restrictions _____ Non-CDL A B C D L M CDL A B ENDR X N

The following section is optional.

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. Check **ONE box** and, if applicable, check the appropriate Disability box.

Female		Male		Ethnicity
<input type="checkbox"/>	<input type="checkbox"/>	White	not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.	
A	G			
<input type="checkbox"/>	<input type="checkbox"/>	Black or African American	not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.	
B	H			
<input type="checkbox"/>	<input type="checkbox"/>	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.	
C	J			
<input type="checkbox"/>	<input type="checkbox"/>	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.	
D	K			
<input type="checkbox"/>	<input type="checkbox"/>	Hispanic or Latino.	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.	
E	L			
<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander.	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
P	Q			
<input type="checkbox"/>		Prefer Not to Answer		
Z				

Are you an Individual with a Disability? Yes No Prefer Not to Answer