

CMS administers civil service testing for agencies under jurisdiction of the Governor; however, actual employment decisions are made by each hiring agency. Information provided on the CMS100 application is used to determine your eligibility for appointment to a State of Illinois position title. **It is critical that all information requested be provided accurately and completely.** Applications submitted without signature or with omissions, inaccurate or inconsistent information will not be processed or returned to the applicant and may result in the issuance of an ineligible grade for the position title.

A separate application is required for each position title and option for which a grade is being sought. It is preferred that all documents be completed using a personal computing device. Use ink if completing this document by hand. Legible photocopies are accepted. Attachments must be stapled to the back of this document. CMS cannot assume responsibility for unattached documents. Completed applications should be submitted to the contact listed on the posting.

1. Position Title \_\_\_\_\_ Option \_\_\_\_\_ Bid ID# \_\_\_\_\_

2. SSN \_\_\_\_\_ 3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

4. Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 5. Main Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

6. Email Address (required for communication about opportunities): \_\_\_\_\_

7. County Choice \_\_\_\_\_ County Choice 1: \_\_\_\_\_ County Choice 2: \_\_\_\_\_  
Select 1 or 2

8. Availability  A. Available for permanent employment; will not accept temporary employment. Trainee titles must choose A.  B. Available for permanent employment; will accept temporary employment.  C. Available for temporary employment only.  
(Check one)

**9. VETERANS PREFERENCE:**

For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844.

- I wish to claim Veterans Preference; attached is the most recent certified copy of my DD214/215. (If claiming **service-connected disability, also include a copy** of U.S. Veterans Affairs award letter issued within one year of the current date.)
- I wish to claim Veterans Preference as an **IL** National Guard/Reservist. Attached is a letter from my unit personnel indicating I am currently serving under **honorable** conditions or a copy of my NGB22 stating my discharge was under **honorable** conditions.
- I wish to claim Veterans Preference as a surviving unremarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents the veteran from qualifying for civil service employment.
- I have submitted required military documentation to CMS after **January 01, 2000** and have already established Veterans preference with CMS.

**SIGNATURE SECTION**

I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application. 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 state that I have not submitted an application for this written and/or performance examination within the last 30 days.** 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.

Completing this application may result in your name being placed on an eligibility list. Names placed on an eligibility list may be released to the public without further notice to the applicant.

\_\_\_\_\_  
Type your name to sign and agree to the statement above \_\_\_\_\_  
Date

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

10. If your answer to either or both of the following questions is “yes”, please provide a detailed explanation of the circumstances in the space provided.

A. Have you ever been fired from a job? (Downsize/layoff is not applicable.)

Yes  No

B. 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.

11. HIGH SCHOOL

High School Graduate or GED? Yes  No

12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL

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

13. 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	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

**15. WORK HISTORY:** Complete this section in detail. All fields **MUST** be completed to be considered for grading. Begin with most recent position title and work backward. If you have an **extensive** work history with one employer, **list each change in position title separately** including duties and dates associated with each. Resumes submitted must be in same format as the application. Attach additional sheets/resumes to the application.

- INCLUDE THE FOLLOWING INFORMATION:
- College internships/practicums successfully completed
  - Military experience including dates, listing each change in rank and title
  - Related volunteer experience including dates and hours worked

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 \_\_\_\_\_

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:

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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 \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_

Dates of Employment Month  Year  To Month  Year  Total Years  Months

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Position Title \_\_\_\_\_

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Past Employer \_\_\_\_\_

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Past Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Title \_\_\_\_\_

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Past Employer \_\_\_\_\_

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Past Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Title \_\_\_\_\_

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Past Employer \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position Title \_\_\_\_\_

Average Number of Hours Worked Per Week \_\_\_\_\_

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

Reason for Leaving: \_\_\_\_\_

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.

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

**17.** 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"/>	<b>White</b> 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"/>	<b>Black or African American</b> 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"/>	<b>American Indian or Alaska Native.</b> 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"/>	<b>Asian.</b> 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"/>	<b>Hispanic or Latino.</b> 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"/>	<b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
P	Q			
<input type="checkbox"/>		<b>Prefer Not to Answer</b>		
Z				

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