

STATE OF ILLINOIS
NOTICE OF INTEREST IN VACANCY FORM



POSTED INFORMATION: Notice and CMS-100 should be submitted directly to the contact person named on the posting

POSTING ID #: _____ BARGAINING UNIT: _____
POSITION TITLE APPLIED FOR: _____ OPTION (if applicable): _____
WORK LOCATION _____ COUNTY: _____
Agency/Bureau Division/Facility

CURRENT INFORMATION:

NAME: _____ SSN: _____
CURRENT POSITION TITLE _____ OPTION (if applicable): _____
CURRENT WORK LOCATION _____ WORK COUNTY _____
Agency/Bureau Division/Facility
WORK LOCATION ADDRESS: _____
SECTION/UNIT (if applicable): _____ SHIFT (if applicable): _____ BARGAINING UNIT: _____
WORK PHONE: () _____ EXT _____ HOME/CELL PHONE: () _____
HOME ADDRESS: _____

I understand that promotional bidders must have submitted a CMS-100B Promotional Application or taken the required written/performance exam for the above position classification title **before** the end of the posting period. Promotional Applications (CMS-100B) are to be submitted to: 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 mark the appropriate following statement.

- I have a current promotional grade for this title.
- I have submitted a CMS-100B Promotional Application to Central Management Services for the above title on or about _____(date); however, I have not yet received a grade notice.
- I took the appropriate written/performance examination on _____(date) based upon the competitive promotional program requirements.

I hereby apply for (check one):

- | | |
|---|--|
| <input type="checkbox"/> Job Assignment/Shift Preference (same title) | <input type="checkbox"/> Voluntary Reduction |
| <input type="checkbox"/> Upward Mobility Promotion | <input type="checkbox"/> Parallel Pay Grade |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Transfer | |

EMPLOYEE'S SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY AGENCY PERSONNEL

DATE NOTICE 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 FULLTIME (F) OR PART TIME (P) _____