

**ILLINOIS DEPARTMENT OF
CENTRAL MANAGEMENT SERVICES**

Complete this application in detail. 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 will be returned **PLEASE TYPE OR PRINT IN BLACK INK.**

A separate application is required for each position. Staple all attachments to reverse side of this application. The Bureau of Personnel cannot assume responsibility for unattached documents. Mail completed application to: CMS Bureau of Personnel, Examining and Counseling Division, William G. Stratton Building, Room 500, Springfield, Illinois 62706.

PROMOTIONAL EMPLOYMENT APPLICATION (I)

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:	OPTION	LEAVE BLANK – (POS. CODE)
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NOTE: Individuals may NOT be promoted into Trainee titles.

OFFICE USE ONLY – Exam Date at Test Center			
MONTH	DAY	YEAR	CENTER

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

STREET ADDRESS

COUNTY

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NUMBER

BIRTH DATE (Optional)

MONTH DAY YEAR

Only State employees currently employed under the jurisdiction of the Illinois Personnel Code may apply.

Indicate your current status by marking only **one** of the boxes shown below.

Applications for promotional examinations will be accepted **only** from eligible State employees who are **currently**:

1. **Certified, or who have held certified status during their current period of continuous service,** Yes No
- or
2. **In Trainee status who received appointments in accordance with open competitive standards.** Yes No

Appointments from competitive promotional eligible lists may be made only for employees who are in a lesser title at time of promotion.

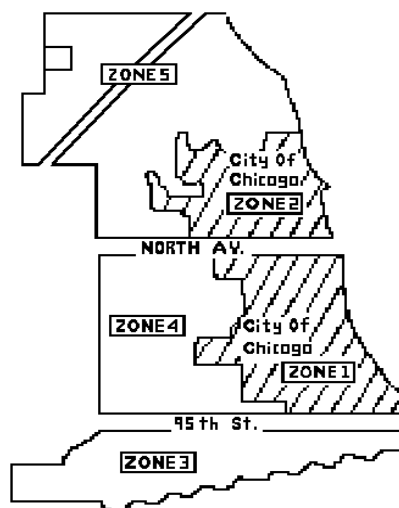
CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE):	CURRENTLY EMPLOYED IN:	(LEAVE BLANK)
	AGENCY	(AGENCY)
	DIVISION (OR INSTITUTION)	(DIVISION)
MAILING ADDRESS OF WORK SITE:	COUNTY WHERE EMPLOYED:	(COUNTY)
	IF EMPLOYED IN COOK COUNTY, ALSO LIST ZONE, (SEE MAP BELOW.)	

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 part is not required. Circle the ONE letter and, if applicable, the appropriate number(s).

FEMALE MALE

- | | | |
|---|---|---|
| A | G | White , not of Hispanic Origin. A person having origins in any of the original people of Europe, North Africa or the Middle East. |
| B | H | Black , not of Hispanic Origin. A person having origins in any of the black racial groups of Africa. |
| C | J | Native American . A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community. |
| D | K | Asian American . A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. |
| E | L | Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race. |

- | | |
|----------------------------------|-----------------------------------|
| 1. blindness / visual impairment | 6. nervous system disorder |
| 2. deafness / hearing impairment | 7. respiratory related impairment |
| 3. orthopedic impairment | 8. loss of limbs |
| 4. cardiovascular disorder | 9. other (specify) _____ |
| 5. mental disorder | |



COOK COUNTY ZONE MAP

For certain positions it is a job requirement that employees be able to communicate with individuals who are not fluent in English.

If you do not know a language other than English, DO NOT COMPLETE the following section.

I certify that I am able to speak, write and understand the following language(s):

Signed: _____

Date: _____

DO NOT WRITE IN FOLLOWING BOXES — FOR BUREAU OF PERSONNEL USE ONLY	Qual Unqual	Wri	Typ	Dict	Final Grade

EDUCATION AND EXPERIENCE REPORT: Previous applications will not be considered. Do not submit resumes. List information accurately and completely so we may properly evaluate your application. **INCLUDE ALL TITLE CHANGES (WITH DATES) and pertinent military experience.**

CIRCLE NO. HIGH SCHOOL		OR		CIRCLE NO. COLLEGE - UNIVERSITY					
YEARS COMPLETED 0 1 2 3 4 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO		RECEIVED GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO		YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION			FROM MO. YR. TO MO. YR. TIME FULL PART		SUBJECTS				
					LENGTH OF COURSE				
					COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IL DRIVERS LICENSE CDL: A B		ENDORSEMENT X N	RESTRICTION	CLASS RATINGS - (CIRCLE BELOW) NON CDL: A B C D L M		LICENSE NUMBER	DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TECHNICAL / PROFESSIONAL LICENSE		NUMBER		STATE IN WHICH ISSUED			DATE ISSUED MO. YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF INTERNSHIP		FACILITY NAME - CITY AND STATE					DATE - FROM MO. YR. TO MO. YR.		
NAMES OF COLLEGES OR UNIVS. ATTENDED UNDERGRADUATE: (NAME/CITY/STATE)		TOTAL NO. OF HOURS EARNED		NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED		LEVEL OF DEGREE EARNED	DATE DEGREE AWARDED MO. YR.
		SEM. HRS. (OR) QRT. HRS. (OR) UNITS				FROM MO. YR.	TO MO. YR.		
						/	/		/
GRADUATE: (NAME/CITY/STATE)						/	/		/
						/	/		/

List and describe your work experience separately by title. Begin with your present position and work backwards, listing both State and non-State experience. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will 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.

LIST EACH CHANGE IN PAYROLL TITLE AND THE APPROPRIATE DATES OF EMPLOYMENT FOR EACH TITLE.

CURRENTLY EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MO. YR. MO. YR.

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
MO. YR. MO. YR.

PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MO. YR. MO. YR.

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
MO. YR. MO. YR.

PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MO. YR. MO. YR.

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____
MO. YR. MO. YR.

PAYROLL TITLE: _____ HOURS WORKED PER WEEK _____
 MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:	LEAVE BLANK
	Level _____ Amount _____

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE.

<p style="text-align: center;">OFFICE USE ONLY</p> <p>Ed _____ Rej. Qual. _____</p> <p>A _____</p> <p>B _____ By _____</p> <p>C _____ Date _____</p> <p>Total: _____ Grade: _____</p>	<p>I understand 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 purposes of verification. I certify that the information on this application is true and correct to the best of my knowledge, and misrepresentation of any material fact may be grounds for ineligibility or termination of employment.</p> <p style="text-align: right;">_____ WRITTEN SIGNATURE</p> <p style="text-align: right;">_____ DATE</p>
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