

EXAMINING/EMPLOYMENT APPLICATION (CMS100)

CMS administers civil service testing for agencies under the jurisdiction of the Governor; however, actual employment decisions are made by the hiring agencies. Pencil copies of applications will not be accepted. Legible photocopies are accepted. PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

| 1. POSITION TITLE | | | | | | | | | | | | OPTIC | N | L | EAVE | BLAN | К |
|--|---|-----------|---|--|-------|--------|--------|----------|------------|----------------------------|---------------------------|----------|------------|-------------------------|-------------|---------------------|------------------|
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| 2. LAST NAME | | | FIR | RST NAME | | | | N | /II | | 3. SOCIAL SECURITY NUMBER | | | | | | |
| | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | COUNTY | | | | | | 4. BIRTHDATE (OPTIONAL) | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| CITY STATE | | | | ZIP CODE 5. HOME TELEPHON | | | | | ONE | | | WORK | TELEPHO | ONE | | | |
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| 6. DRIVERS LICENSE NUMBER | | | STATE | MO/YR EX | | | IRES | | RESTRICTIO | | | NON-CDL | | | CI | DL | ENDR |
| | | | | / | | | | | | | ABCDL | | LM | Α | B | X N | |
| 7. COUNTY CHOICE | 7. COUNTY CHOICE COUNTY C | | | ZONE LEA | | | E BL | LANK COU | | COUN | OUNTY COOK/Z | | LONE | L | LEAVE BLANK | | |
| (Select one or two) | | i i | | | | | | | | | | i. | | | | | |
| 8. AVAILABILITY (Check one) | will n | ot accept | ermanent er temporary must choose | employr | | В. | | | for perma | | | | | wailable fo mploymen | | orary | |
| 9. If your answer to | any of the follo | wing qu | estions is | "yes" p | | | h a si | gned, | detailed | explan | ation. | | | VEG | | | 10 |
| A. Have you ever be | | | | | 11 | | hou th | | non troff | ia violat | ion? | | | YES YES | | | 40 10 |
| B. Have you ever p Pursuant to Pub | | | | | | | | | | | | 0912, | | 1125 | | | NO |
| effective August of Illinois are no | | | | | | | | | | | | | | | | | |
| expunged juveni | lle record. Em | ployers | may not a | sk if a | n app | licant | has h | nad rec | ords ex | punged | or se | aled. | Neither | | | | |
| Public Act appli | | | - | _ | | | | ections | s, State' | 's Attor | neys o | or othe | r prosec | | | <u> </u> | |
| C. Are you currently State law provide | | | | | | | | educatio | on loan f | for a per | iod of | six mo | nths or me | YES | the am | | NO * \$600 or |
| 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. | | | | | | | | | | | | | | | | | |
| 10. VETERANS PREFERENCE: For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844 (TTY only). | | | | | | | | | | | | | | | | | |
| | | | | | | | | C D | D014/01 | - (TC | | | | | | | |
| I wish to claim Ve disability, also inc | | | | | | | opy of | r my D | D214/21 | 5. (II c | laimin | g servic | e-connec | ted | | | |
| 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 | | | | | | | | | | | | | | | LEAVE BLANK | | |
| | | | | narried spouse or one parent of an unmarried veter- from qualifying for civil service employment. | | | | | | an who suffered a service- | | | e- | | | | |
| I have submitted required military documentation to CMS after January 01, 2000 and have already established Veterans | | | | | | | | | | | | | | | | | |
| Preference with CM | IS. | | | | _ | | | | | | | | | | | | _ |
| 11. HIGH SCHOOL | HIGH SCHOOL GRADUATE YES NO NUMBER OF YRS COMPLETED 0 1 2 3 4 GEI | | | | | | GED | Y | ES | NO | | | | | | | |
| 12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL: NAME AND ADDRESS | | | | FR | OM | T | 0 | TIME | | SU | | SUBJECTS | | COURSE | | COM | IPLETED |
| SCHOOL. NAME AND ADDRESS | | | | MO | YR | MO | YR | FULL | PART | | | | | LEN | GTH | YES | S NO |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 13. TECHNICAL/PROFESSIONAL LICENSE | | | | | | NUMI | BER | | | STATE | ISSU | ED | MO | ISSUED YR | | I RATI IO | ON DATE YR |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | FOR | CMS U | JSE ON | LY | | | 1 | | | | |
| | | | | EXAM DATE | | | | | TI | EST CE | NTER | | | | | | |
| CMS 100 (Rev. 01/07) Printed on Recycled Paper | | | | MONTH DAY YEAR | | | | | | | | | | | | | |

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.

| NAME AND ADDRESS OF COLLEGES/UNIVERSITIES ATTENDED | | EA | DURS RNED QTR | MAJOR (DO NOT TR ABBREVIATE | | MINOR (DO NOT ABBREVIATE) | F | ATES ATTI FROM IO/YR | ENDED I TO MO/YR | EVEL AND DEGREE | | | |
|---|-----------------|-----------------|---|-----------------------------------|---|---------------------------------|---|----------------------------|---|--------------------|------------------------------------|--|--|
| Undergraduate: | | | | | | | | / | / | | | | |
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| Graduate: | | | 1 | | | | | / 1 | / | | $\mathbf{I}_{i} = -\mathbf{I}_{i}$ | | |
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| • LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY | | | • INDICATE THE ACTUAL NUMBER OF SEMESTER OR QUARTER HOURS EARNED | | | | | | DO NOT INCLUDE COURSES MORE THAN ONCE | | | | |
| FIELDS OF STUDY UNDERGRAI | | RADUATE | DUATE GRADUATE | | | FIELDS OF STUDY | | | RADUATE | GRADUATE | | | |
| LIST ACTUAL CREDIT HOURS | # OF SEM HRS | # OF QTR HRS | # OF SEM HRS | # OF QTR HRS | LIST ACTUAL CREDIT HOURS | | | # OF SEM HRS | # OF QTR HRS | # OF SEM HRS | #OF QTR HRS | | |
| Accounting | | | | | Humanities | | | | | | | | |
| Actuarial Science | | | | | | Services | | | | | L | | |
| Afro-American Studies | | | | | Hydrol | | | | | | | | |
| Agriculture | | | | | Industri | | | | | | | | |
| Agronomy Animal Science | | | | | Industri | al Hygiene | | | | | | | |
| Animal Science Architecture | | | | | Journal | | | | | | | | |
| Art | | | | | Law (s | | | | | | | | |
| Atmospheric Science | | | | | | nforcement | | | | | | | |
| Audiovisual Instruction | | | | | | Science | | | | | <u> </u> | | |
| Bacteriology | | | | | Limnology | | | | | | | | |
| Biochemistry | | | | | Mgmt Info Systems | | | | | | | | |
| Biology | | | | | Marketing | | | | | | | | |
| Biostatistics | | | | | Mathematics | | | | | | | | |
| Botany | | | | | Medical Records | | | | | | | | |
| Business Admin/Mgmt | | | | | Medical Technology | | | | | L | | | |
| Cell/Molecular Biology | _ | | | | Medicine | | | | | | | | |
| Chemistry Commuter Science | _ | | | | Microbiology | | | | | | | | |
| Computer Science Conservation | _ | | | | Nursing (specify) | | | | | | | | |
| Criminal Justice Admin | | | | | Park Management Pastoral Counseling | | | | | | | | |
| Criminology | | | | | Pharma | | | | | | | | |
| Demography | | | | | Physics | <u> </u> | | | | | | | |
| Dietetics, Nutrition | | | | | | 1 Science/Govt | | | | | | | |
| Divinity/Theology | | | | | Program | nming | | | | | | | |
| Early Childhood Development | | | | | Psycho | | | | | | | | |
| Economics | | | | | Public Administration | | | | | | | | |
| Education (specify) | | | | | | Television | | | | | | | |
| Engineering (specify) | | | | | Recrea | | | | | | | | |
| Engineering Technology Environmental Science | | | | | Rehab Counseling/Admin Risk Assessment | | | | | | | | |
| Environmental Science English | | | | | | | | | | | | | |
| Entomology | | | | | Secretarial Science Social Work | | | | | | + | | |
| Environmental Health | | | | | Sociology | | | | | 1 | | | |
| Epidemiology | | | | | Soil Science | | | | | | 1 | | |
| Finance | | | | | Speech and Drama | | | | | <u> </u> | | | |
| Fire Science | | | | | Statistics | | | | | | | | |
| Fish Management | | | | | Therapy (specify) | | | | | | | | |
| Food Service Mgmt | | | | | Toxicology | | | | | | | | |
| Foreign Language (specify) | | | | | Urban Studies | | | | | | | | |
| Forensic Science | | | | | Wildlife Management | | | | | | | | |
| Forestry | | | | | Zoolog | У | | | | | | | |
| Geography Geology | | | | | Other: | | | | | | | | |
| Genetics | | | | | | | | | | | | | |
| Guidance and Counseling | | | | | | | | | | | | | |
| Health/Public Health | | | | | | | | | | | | | |
| History | | | | | | | | | | | | | |
| Home Economics | | | | | | | | | | | L | | |

15. WORK HISTORY: Complete this section in detail. All fields <u>MUST</u> 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. Unsigned or incomplete applications will be returned. If additional space is needed, attach a separate sheet following the same format as below. Resumes submitted must be in same format as the application. Place additional sheets/resumes inside 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

| - Ke | sperience including dates and nours worked | | | | | | | | | | |
|--|--|--|-------------------|--------|-----------------------|------------|------------|-------------|--|--|--|
| CURRENT (OR LAST) EMPLOYE | POSITION TITLE | | | | | | | | | | |
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| STREET ADDRESS | | AVERAGE # OF HOURS WORKED PER WEEK FULL-TIME OR PART-TIME WEEKLY OR MONTHLY OR ANNUALLY | | | | | | | | | |
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| CITIV | STATE | D | | | | • | | Φ | | | |
| CITY | MONTH | YEA | EMPLOYI R TO | MONTH | YEAR YEAR | | MONTHS | | | | |
| | | month | ILA | | | TEAK | TEARS | | | | |
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| SUPERVISORY RESPONSIBILITY: | MANUAL/TRADES | CLERIC | AL | | CAL/PARA- | PROFESSION | AL ADM | INISTRATIVE | | | |
| LIST THE <u>NUMBER</u> OF EMPLOYEES YOU | | | PROFES | | | | | | | | |
| SUPERVISED IN THE APPROPRIATE BOX(ES) | | | | | | | | | | | |
| DESCRIBE DUTIES AND RESPONSIBILITIES FO | R EACH POSITIO | N TITLE SEP | ARATEL | Y: | | | | | | | |
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| REASON FOR LEAVING: | | | | | | | | | | | |
| EMPLOYER | | | | | POSITION | TITLE | | | | | |
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| STREET ADDRESS | | AVERAGE # 0 | | SWODKE | D DED WEEK | CUDDE | NT OR LAST | SALADV | | | |
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| CITY | STATE | DA | TES OF | EMPLOY | AENT | Ψ | TOTAL | Ψ | | | |
| CITI | SIAIL | MONTH | YEA | | MONTH | YEAR | YEARS | MONTHS | | | |
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| SUPERVISORY RESPONSIBILITY: | MANUAL/TRADES | CLERIC | AL | | CAL/PARA- SSIONAL | PROFESSION | AL ADM | INISTRATIVE | | | |
| LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | | | | TROPE | SIGNAL | | | | | | |
| SUPERVISED IN THE AFFROF KIATE BOA(ES) | | | | | | | | | | | |
| DESCRIBE DUTIES AND RESPONSIBILITIES FO | R EACH POSITIO | N TITLE SEP | ARATELY | Y: | | | | | | | |
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| REASON FOR LEAVING: | | | | | | | | | | | |
| EMPLOYER | | | | | POSITION | TITLE | | | | | |
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| STREET ADDRESS | | AVERAGE # 0 | | SWODKE | D DED WEEK | CUDDE | NT OR LAST | SALADV | | | |
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| СІТҮ | STATE | D | TES OF | EMPLOY | MENT | Ψ | TOTAL | φ | | | |
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| SUPERVISORY RESPONSIBILITY: | MANUAL/TRADES | CLERIC | AL | | CAL/PARA- SSIONAL | PROFESSION | AL ADM | INISTRATIVE | | | |
| LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | | | | TROTE | SIGULE | | | | | | |
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| DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY: | | | | | | | | | | | |
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| REASON FOR LEAVING: | | | | | | | | | | | |

| EMPLOYER | POSITION TITLE | | | | | | | | |
|---|---|--|---------------------------|-------------------------|--------------------|-------------------------|-----------------------------------|---------------------------|--|
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| STREET ADDRESS | AVERAGE # OF HOURS WORKED PER WEEK CURRENT OR LAST SALARY | | | | | | | | |
| | | FULL-TIM | E OR | PARI | - TIME | | MONTHLY OF | \$ | |
| CITY | CITY STATE | | | DATES OF EMPLOYMENT TO | | | | | |
| | | | YEAR | | | YEAR | YEARS | MONTHS | |
| | | | | | | | | | |
| SUPERVISORY RESPONSIBILITY: LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | CLERICA | CLERICAL TECHNICAL/PARA- PROFESSIONAL PROFESSIONAL ADMI | | | | | INISTRATIVE | | |
| DESCRIBE DUTIES AND RESPONSIBILITIES FO | R EACH POSITIO | N TITLE SEPA | RATELY: | | | | | | |
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| REASON FOR LEAVING: | | | | | | | | | |
| EMPLOYER | | | | | POSITION | FITLE | | | |
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| STREET ADDRESS | | | | | | | | | |
| | | AVERAGE # O | | | | | NT OR LAST | | |
| | | AVERAGE # O FULL-TIM | | | PER WEEK - TIME | WEEKLY OR | NT OR LAST MONTHLY OF | RANNUALLY | |
| СІТУ | STATE | FULL-TIM | | PARI | - TIME | WEEKLY OR | MONTHLY OF | | |
| | STATE | FULL-TIM | E OR | PARI | - TIME | WEEKLY OR | * MONTHLY OF \$ | RANNUALLY | |
| | STATE | FULL-TIM DAT | E OR | PART | - TIME ENT | WEEKLY OR \$ | MONTHLY OF \$ TOTAL | ANNUALLY \$ | |
| СІТҮ | STATE MANUAL/TRADES | FULL-TIM DAT | E OR ES OF EMI YEAR | PART | ENT MONTH | WEEKLY OR \$ | MONTHLY OF S TOTAL YEARS | ANNUALLY \$ | |
| CITY SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU | MANUAL/TRADES | FULL-TIM DAT MONTH CLERICA | E OR ES OF EMI YEAR | PARI PLOYMI TO TECHNICA | ENT MONTH | WEEKLY OR \$ YEAR | MONTHLY OF S TOTAL YEARS | ANNUALLY S MONTHS | |
| CITY SUPERVISORY RESPONSIBILITY: LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | MANUAL/TRADES | FULL-TIM DAT MONTH CLERICA | E OR ES OF EMI YEAR | PARI PLOYMI TO TECHNICA | ENT MONTH | WEEKLY OR \$ YEAR | MONTHLY OF S TOTAL YEARS | ANNUALLY S MONTHS | |
| CITY SUPERVISORY RESPONSIBILITY: LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | MANUAL/TRADES | FULL-TIM DAT MONTH CLERICA | E OR ES OF EMI YEAR | PARI PLOYMI TO TECHNICA | ENT MONTH | WEEKLY OR \$ YEAR | MONTHLY OF S TOTAL YEARS | ANNUALLY S MONTHS | |
| CITY SUPERVISORY RESPONSIBILITY: LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | MANUAL/TRADES | FULL-TIM DAT MONTH CLERICA | E OR ES OF EMI YEAR | PARI PLOYMI TO TECHNICA | ENT MONTH | WEEKLY OR \$ YEAR | MONTHLY OF S TOTAL YEARS | ANNUALLY S MONTHS | |
| CITY SUPERVISORY RESPONSIBILITY: LIST THE <u>NUMBER</u> OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES) | MANUAL/TRADES | FULL-TIM DAT MONTH CLERICA | E OR ES OF EMI YEAR | PARI PLOYMI TO TECHNICA | ENT MONTH | WEEKLY OR \$ YEAR | MONTHLY OF S TOTAL YEARS | ANNUALLY S MONTHS | |

- 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 217/785-3979 (TTY).

16. This application may be utilized as the actual test for some titles. If the title for which you wish to test is a closed exam or an exam based only on training and experience, mail completed application to: Central Management Services, Examining and Counseling, Room 500, Stratton Office Building, 401 South Spring Street, Springfield, Illinois 62706. Applications for a closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

17. 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 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.

18. 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.

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. Circle **ONE** letter and, if applicable, check the appropriate box.

| FEMALE | MALE | | DISABILITY |
|--------|------|--|------------|
| А | G | White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East. | Yes |
| В | Н | African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa. | No |
| С | J | Native American . A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community. | |
| D | К | Asian . 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. | |
| Ε | L | Hispanic . A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race. | |

APPLICANT INFORMATION CONCERNING COOK COUNTY ZONES

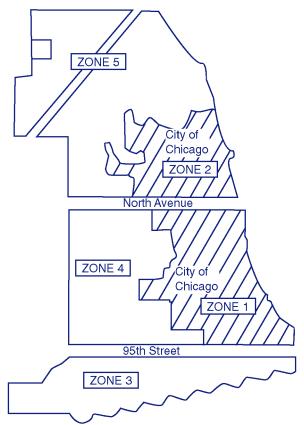
Cook County is divided into five **zones** for the position titles listed below for the purpose of administering eligible lists. To explain the **zones**, the map is an outline of Cook County with the central and northern portions of the City of Chicago shown crosshatched. A more detailed map is available on our website at http://www.cms.illinois.gov under Employment, Frequently Asked Questions.

The open competitive position titles to which Cook County zones apply are:

Automotive Mechanic Child Development Aide III Cook I Heavy Construction Equip Operator Highway Maintainer Highway Maintainer Lead Worker Laborer (Maintenance) Licensed Practical Nurse I and II Office Aide Office Assistant

Office Clerk Security Officer Stores Clerk Storekeeper I Support Service Worker

- **Zone 1** is the area within the city limits of Chicago between North Avenue and 95th Street.
- **Zone 2** is the area within the city limits of Chicago north of North Avenue.
- Zone 3 is Cook County and the area including the City of Chicago which is south of 95th Street.
- **Zone 4** is Cook County outside the City of Chicago between North Avenue and 95th Street.
- **Zone 5** is Cook County outside the City of Chicago north of North Avenue.



STATE OF ILLINOIS ASSESSMENT CENTERS

CHAMPAIGN (by appointment only) Central Management Services State Regional Office Building 2125 South First Street Champaign, Illinois 61820 Phone: 217-278-3435 Illinois Relay Center: 800-526-0844 (TTY only)

CHICAGO

Central Managment Services James R. Thompson Center - Suite 3-300 100 W. Randolph Street Chicago, Illinois 60601 Phone: 312-793-3565 312-814-4458 (TTY only)

ROCKFORD (by appointment only) Central Management Services E. J. "Zeke" Giorgi Center 200 South Wyman Street Rockford, Illinois 61101 Phone: 815-987-7004 Illinois Relay Center: 800-526-0844 (TTY only)

MARION (by appointment only) Central Management Services State Regional Office Building 2309 West Main Street, Suite 126 Marion, Illinois 62959 Phone: 618-993-7005 Illinois Relay Center: 800-526-0844 (TTY only)

SPRINGFIELD

Central Management Services Capital City Center 130 West Mason Street Springfield, IL 62702 Phone: 217-557-6885 217-785-3979 (TTY only)

Walk in test centers are located in Springfield and Chicago. Office hours are Monday-Friday 8 a.m. - 5 p.m. Chicago and Springfield multiple choice automated testing is held Monday, Tuesday, Wednesday and Thursday. Check in time for clerical and non-clerical tests is anytime between 8 a.m. and 1:30 p.m. in Chicago and 8 a.m. and 2 p.m. in Springfield. You must arrive and be ready to test no later than 12:30 p.m. for HR Trainee, HR Assistant, HR Associate, Revenue Tax Specialist Trainee, Insurance Analyst II, Telecommunicator Trainee and Dictation exams.

IDENTIFICATION IS REQUIRED AT THE TIME OF TESTING AT ALL ASSESSMENT CENTERS.

Visit our website for more information at http://www.cms.illinois.gov or for general information regarding testing and career counseling contact CMS Examining and Counseling Division, Room 500 Stratton Building, Springfield, IL 62706 (217) 782-7100 (voice) (217) 785-3979 (TTY)

<u>Career Services</u> Career counselors are available at all of the assessment center locations by appointment only. A completed CMS application is required at the time of the appointment for review by the counselor. After reviewing your completed application and discussing your education and work experiences, the counselor will recommend job titles and provide descriptions of the job requirements. Call in advance to make an appointment. Phone numbers are listed above for the specific locations.

<u>Testing Information</u> There are approximately 950 position titles used by the state agencies under the jurisdiction of the Governor. To be considered as an eligible applicant for one of these titles, the applicant must participate in either an automated multiple-choice test (AT); or submit the application for a review of the training and experience (TX) listed on the application. A grade is given for each of these exam types. The position titles are separated into Group A and Group B.

<u>Group A</u> - titles are tested for continuously. The Group A titles requiring an automated multiple-choice exam (AT) are administered at any of the assessment centers listed above. The Group A titles requiring review of the applicant's training and experience (TX) should be sent to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706, for grading.

<u>Group B</u> - titles are closed exams. Send applications for **any** Group B title to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706. Applications for a Group B closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

- Information on the position titles may be obtained from any Assessment Center or by viewing the Web site.
- NOTE: A separate application is usually required for each title and option for which you test. Some exceptions: You may use one application to apply for a TX grade for multiple options for Public Service Administrator (PSA) and Senior Public Service Administrator (SPSA). Use one application for all selected options for each title for the Information Services Specialist (ISS) and the Information Systems Analyst (ISA).
- Many AT tests in the same series require only one application. Check with any assessment center for specifics.

<u>Veterans Preference</u> is awarded to veterans after CMS receives appropriate documentation and verifies eligibility. For more information contact the Veterans Outreach Office at 800-643-8138; Illinois Relay Center 800-526-0844 (TTY only).

Highway Maintainer Examination requires the possession of a valid commercial drivers license, Class "A," with endorsements of "N" (Tankers) or "X" (Tankers with hazardous materials) and non-restrictive air brakes, before an applicant can participate in the examination.

Automotive Mechanic Examination Opt. 1, 2 and 3 and Maintenance Equipment Operator Examination require the possession of a valid Class "A" or "B" commercial drivers license before an applicant can participate in the examination.

If you are an individual with a disability and need accommodated testing assistance, please contact the Disabled Workers Program in Springfield at (217) 785-1985 (voice) or (217) 524-1383 (TTY only) before the date of the test.