

**UPWARD MOBILITY PROGRAM
INSTRUCTIONS TO APPLY FOR A CREDENTIAL TITLE**

To receive a promotional grade through the Upward Mobility Program:

- 1) You must complete the enclosed Upward Mobility Program Promotional Employment Application in its entirety. The promotional application cannot be accepted if the target title (including the option) is not listed. You must also identify the counties (maximum of 3) which you would be willing to accept a position.

- 2) Please reference the guide on page 2 stating the required documentation that must accompany the application submitted for each title. Email the promotional application and the required documentation to:

CMS.UMP100@illinois.gov

If you are unable to email the promotional application and all required documentation, please mail or fax to:

Upward Mobility Program
1021 North Grand Ave East
Springfield, IL 62702

Fax: 217-557-9635
Phone: 1-833-452-4836, TDD 1-800-526-0844
1-800-442-1300, TDD 1-800-526-0844
Springfield Centrex 4-1073, TDD 1-217-785-3979

A legible scanned copy of your official college transcripts indicating degree and date conferred must accompany this application. Emailed transcripts from outside entities will not be accepted.

If you have questions regarding the Upward Mobility Program, please email CMS.UMPCounselor@illinois.gov.

UPWARD MOBILITY PROGRAM

Sangamo Building

1021 North Grand Avenue East

Springfield, IL 62702

REQUIRED DOCUMENTATION FOR CREDENTIAL TITLES

| TITLE | DOCUMENTS |
|--|---------------------------------------|
| Accounting & Fiscal Admin. Career Trainee | College Transcript |
| Activity Therapist | College Transcript |
| Bank Examiner I | College Transcript |
| Behavior Analyst I | BCBA or BCBA-D Certification |
| Chemist I | College Transcript |
| Child Protective Associate Specialist | College Transcript |
| Child Welfare Associate Specialist | College Transcript |
| Child Welfare Specialist | College Transcript |
| Corrections Assessment Specialist | College Transcript |
| Correctional Counselor I | College Transcript |
| Corrections Identification Technician | College Transcript Only If Applicable |
| Corrections Leisure Activities Specialist I | College Transcript |
| Corrections Nurse I | College Transcript |
| | CPR Certification/License |
| Corrections Parole Agent | College Transcript |
| Day Care Licensing Representative I | College Transcript |
| Day Care Licensing Representative II | College Transcript |
| Dietitian | College Transcript |
| Disability Claims Adjudicator I | College Transcript |
| Environmental Protection Engineer I | College Transcript |
| Financial Institutions Examiner I | College Transcript |
| Financial Institutions Examiner Trainee | College Transcript |
| Habilitation Program Coordinator | College Transcript |
| Human Services Caseworker | College Transcript |
| Information Services Intern | College Transcript |
| Internal Auditor Trainee, Options 1,2 | College Transcript |
| Juvenile Justice Specialist Intern | College Transcript |
| Juvenile Justice Supervisor | College Transcript |
| Juvenile Justice Youth and Family Specialist, Option 1 | College Transcript |
| Laboratory Associate I | College Transcript |
| Liability Claims Adjuster Trainee | College Transcript |
| Licensed Practical Nurse I | College Transcript/License |
| Licensed Practical Nurse II | College Transcript/License |
| Licensed Practical Nurse Corrections | College Transcript/License |
| Life Science Career Trainee, Options A,E,J,K,M | College Transcript |
| Pharmacist Technician | Copy of License Required |
| Psychologist I | College Transcript |
| Psychologist II | College Transcript |
| Registered Nurse I | College Transcript/License |
| Rehabilitation Counselor Trainee, Options F,H,V | College Transcript |
| Revenue Auditor Trainee | College Transcript |
| Revenue Tax Specialist Trainee | College Transcript |
| Social Worker I | College Transcript |
| Social Worker II | College Transcript |
| Veterans Nursing Assistant - Certified | College Transcript/Certificate |

A copy of official college transcripts for all colleges/universities attended are required.

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1021 North Grand Avenue East
Springfield, IL 62702

Complete this application in detail; previous applications will not be considered.

Omissions, variations 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.**

A separate application is required for each position and option. Email each application and all required documentation, including copies of official college transcripts, to CMS.UMP100@illinois.gov. Please sign and date the signature section on the application. If you are unable to email the application and all required attachments, please mail the application packet to Upward Mobility Program, 1021 North Grand Avenue East, Springfield, IL 62702 or fax to 217-557-9635.

PROMOTIONAL EMPLOYMENT APPLICATION

Select the Title of the Position Applied For:

| | | | |
|--|--------------------------------|-----------|---------------|
| | Office Use Only Leave Blank | Exam Date | Position Code |
|--|--------------------------------|-----------|---------------|

POSITION/CONTACT INFORMATION

Last Name _____ First Name _____ MI _____ SSN _____

Street Address _____ County _____ Personal Phone: _____

City _____ State _____ Zip Code _____ Work Phone: _____

Email Address: _____

Drivers License _____ State _____ Month/Year Expires _____

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

| CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE) | CURRENTLY EMPLOYED IN AGENCY | DIVISION (OR INSTITUTION) |
|---|---------------------------------|---------------------------|
| | | |
| MAILING ADDRESS OF WORK SITE: | COUNTY WHERE EMPLOYED: | |
| | | |

| | | | |
|--------------------------------|----------|------------|--------|
| Office Use Only Leave Blank | (AGENCY) | (DIVISION) | County |
| | | | |

WORK LOCATION PREFERENCE:

List 1, 2, or 3 counties in which you will consider selection. 1 County _____ 2 County _____ 3 County _____

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.

Type your name to sign and agree to the statement above

Date

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

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 call the Department of Central Management Services at 217 782-6921 or TDD 217 524-1383.

EDUCATION

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 |
|--------------------------------|--------|--------------|---------------------|-------------------------|
| | | | | |
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EDUCATION REPORT

List your education accurately and completely. A copy of official college transcripts for all colleges/universities attended are 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 a copy of the applicant's official transcripts. The applicant will be responsible for submitting a copy of their official transcripts.

| 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 | |
| | | | | | | |
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WORK HISTORY

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 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.

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

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: _____ |
|--------------------------|--------------|------------|

Past Employer _____
Street Address _____ City _____ State _____
Position Title _____

Average Number of Hours Worked Per Week _____

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