

**STATE OF ILLINOIS
EXECUTIVE ETHICS COMMISSION**

Human Resources
401 South Spring Street, Room 515
Springfield, Illinois 62706

Phone: 217-558-5411

Fax: 217-558-1399

www.illinois.gov/eec

Employment Application

PLEASE ANSWER ALL QUESTIONS COMPLETELY. Type or print answers, using additional pages as needed.
Form must be dated and signed where indicated or application is not valid.

PERSONAL	NAME		Last	First	Middle	
	ADDRESS				HOME TELEPHONE	
	Street				()	
	City		State	Zip Code	WORK TELEPHONE	
					()	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever worked for the Illinois Executive Ethics Commission?		E-mail address	
					CELL TELEPHONE	
					()	
	How did you hear about us?					
	CITIZENSHIP			If applicable, Visa Type and Number		Dates Valid
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you authorized to work in the United States?						
WORK PREFERENCES						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to relocate?		<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a car available for your use?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to travel?		<input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept temporary employment?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license?						
WORK LOCATION PREFERENCE						
<input type="checkbox"/> Chicago <input type="checkbox"/> Springfield <input type="checkbox"/> Other (Field Based)						
If your answer to the following question is "yes" please attach a signed detailed explanation.						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently in default on the repayment of any state educational loan?						
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.						
POSITION	POSITION(S) APPLIED FOR					Bid ID #
	1.					
	2.					
	3.					
	4.					
EDUCATION	SCHOOL	INDICATE # OF YEARS COMPLETED	NAME OF SCHOOL	CITY, STATE	MAJOR OR FIELD	DIPLOMA OR DEGREE
	High School					
	College or University					
	Graduate					
	Other (Voc., Tech., etc.)					
OTHER	OTHER LICENSES, CERTIFICATES, EXPERIENCES AND COMPUTER KNOWLEDGE					
	Indicate additional information regarding any education, related experiences, activities, special abilities and knowledge you may possess.					

Please complete all areas of work history in detail beginning with your current or last employer. All fields MUST be completed for consideration. If additional space is needed, you may attach a separate sheet following the same format.

WORK HISTORY	LAST OR PRESENT EMPLOYER		EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.	
	ADDRESS		STARTING SALARY \$	ENDING SALARY \$	
	POSITION TITLE		NAME/TITLE OF SUPERVISOR		
	DESCRIPTION OF DUTIES:				
	Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	REASON FOR LEAVING	
	May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
	LAST OR PRESENT EMPLOYER		EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.	
	ADDRESS		STARTING SALARY \$	ENDING SALARY \$	
	POSITION TITLE		NAME/TITLE OF SUPERVISOR		
	DESCRIPTION OF DUTIES:				
	Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	REASON FOR LEAVING	
	May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
	LAST OR PRESENT EMPLOYER		EMPLOYED FROM Mo. Yr.	EMPLOYED TO Mo. Yr.	
	ADDRESS		STARTING SALARY \$	ENDING SALARY \$	
	POSITION TITLE		NAME/TITLE OF SUPERVISOR		
	DESCRIPTION OF DUTIES:				
Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	REASON FOR LEAVING		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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ADDRESS		STARTING SALARY \$	ENDING SALARY \$		
POSITION TITLE		NAME/TITLE OF SUPERVISOR			
DESCRIPTION OF DUTIES:					
Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify the number of staff you directed/evaluated. _____	REASON FOR LEAVING		
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Please do not list relatives. College students include faculty references.			
	NAME OF REFERENCE	TITLE/INSTITUTION	TELEPHONE
REFERENCES	1.		
	2.		
	3.		
SIGNATURE	<p><i>I authorize the persons, schools, employers and other organizations named in the application to provide the Illinois Executive Ethics Commission any relevant information that may be required to arrive at an employment decision.</i></p> <p><i>I understand and agree that any material misrepresentation or deliberate omission of a fact in my application may be justification for voiding of my application, or if employed, termination from the Illinois Executive Ethics Commission.</i></p>		
	_____		_____
	Date	Signature of Applicant	