Print Form

OFFICE OF EXECUTIVE INSPECTOR GENERAL
For the Agencies of the Illinois Governor
EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

1. **TITLE OF POSITION APPLYING FOR** _____ **LOCATION: Springfield** ☐ **Chicago** ☐

2. **NAME** _____ _____ _____
Last First Middle

3. **ADDRESS** _____ **COUNTY** _____ **BIRTHDATE** _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **HOME PHONE** _____ Optional

WORK PHONE _____ **DRIVERS LICENSE NUMBER** _____ **STATE** _____ **EXP. DATE** _____

4. **If your answer to any of the following questions is "yes" please attach a signed detailled explanation.**

A. Have you ever been fired from a job? Yes ☐ No ☐

A. Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? Yes ☐ No ☐
Pursuant to Public Act 93-0211, effective January 1, 2004, (20 ILCS 2630/12(a)) and Public Act 93-0912, Effective August 12, 2004, (705 ILCS 405/5-915(8a)), respectively, applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record. Employers may not ask if an applicant has had records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Corrections, State's Attorneys.

C. Are you currently in default on the repayment of any state educational loan? Yes ☐ No ☐
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.

5. TECHNICAL/PROFESSIONAL LICENSE _____ NUMBER _____

STATE ISSUED _____ **DATE ISSUED (MO/YR)** _____ **EXPIRATION DATE (MO/YR)** _____

6. **EDUCATION REPORT: LIST YOUR EDUCATION ACCURATELY AND COMPLETELY. Proof of education/training will be required during the hiring process.**

NAME AND ADDRESS OF HIGH SCHOOL/COLLEGE/UNIVERSITIES/ BUSINESS/TRADE SCHOOL	MAJOR (DO NOT ABBREVIATE)	DATES ATTENDED From MO/YR	To MO/YR	LEVEL AND DATE OF DEGREE EARNED LEVEL	MO/YR

Rev. 08/08

7. **WORK HISTORY(Since high school/college):** Complete this section in detail. Begin with the most recent payroll title and work backward. **An unsigned or incomplete application will adversely affect potential candidacy.** If you have an extensive work history with one employer list each change in payroll title separately including duties and dates associated with each. If additional space is needed, attach a separate sheet following the same format.

EMPLOYER **ADDRESS**

TELEPHONE **TITLE** **EMPLOYMENT DATES:** MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING **FINAL SALARY**

EMPLOYER **ADDRESS**

TELEPHONE **TITLE** **EMPLOYMENT DATES:** MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING **FINAL SALARY**

EMPLOYER **ADDRESS**

TELEPHONE **TITLE** **EMPLOYMENT DATES:** MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING **FINAL SALARY**

EMPLOYER **ADDRESS**

TELEPHONE **TITLE** **EMPLOYMENT DATES:** MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING **FINAL SALARY**

8. **PERSONAL STATEMENT:**

The position for which you have applied ***requires*** submission of a written personal statement of no more than one (1) page on the following topic:

The OEIG is responsible for ensuring and maintaining integrity in state government, please explain what integrity means to you and how your skills and/or experiences will help this office achieve its mission. Please attach the statement to your application.

Failure to submit a personal statement renders your application incomplete.

9. I understand that I may be required to submit proof of previous employment, 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 certify that the information on this application is true and accurate andunderstand that any misrepresentation may be grounds for ineligibility or termination of employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

WRITTEN SIGNATURE REQUIRED **DATE**

ADDITIONAL INFORMATION:

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 Office of Executive Inspector General does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the Office of Executive Inspector General at 312/814-5600 (voice) or 888/261-2734 (TTY).

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following. Completion of this information **IS NOT REQUIRED.** This information is being requested solely for purposes of complying with state and federal affirmativeaction laws. Circle **ONE** letter and, if applicable check the appropriate box.

FEMALE	MALE	
☐ A	☐ G	**White** not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
☐ B	☐ H	**African American** not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
☐ C	☐ I	**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	☐ J	**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.
☐ E	☐ K	**Hispanic**. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.

DISABILITY ☐ Yes ☐ No