UPWARD MOBILITY PROGRAM

PROMOTIONAL EMPLOYMENT APPLICATION

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. **Staple** all attachments, including official copies of college transcripts, to the reverse side of this application. The Bureau of Personnel cannot assume responsibility for unattached documents. Mail completed application to: Upward Mobility Program, 503 Stratton Building, Springfield, IL 62706.

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:	OPTION	LEAVE BLANK – (POS. CODE)

OFFICE USE ONLY – Exam Date at Test Center

___ ___ ___ MONTH ___ DAY ___ YEAR ___ CENTER

___ ___ ___ SOCIAL SECURITY NUMBER

___ LAST NAME ___ FIRST NAME ___ MI

BIRTH DATE (Optional) ___ MONTH ___ DAY ___ YEAR

___ STREET ADDRESS ___ COUNTY

___ CITY ___ STATE ___ ZIP CODE ___ AREA CODE ___ TELEPHONE NUMBER

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

WORK LOCATION PREFERENCE:
List 1, 2, or 3 counties in which you will consider selection.

1. ___
2. ___
3. ___

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	
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	**Black or African American**, not of Hispanic Origin. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can also be used in addition to "Black" or "African American".
C	J	**American Indian or Alaska Native**. A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliation or community attachment.
D	K	**Asian**. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
E	L	**Hispanic or Latino**. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
P	Q	**Native Hawaiian or Other Pacific Islander**. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

DISABILITY

☐ **Yes** ☐ **No**

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):

___, ___, ___

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

Signed: ___

Date: ___

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**.

HIGH SCHOOL			GED			COLLEGE – UNIVERSITY	
CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED? ☐ YES ☐ NO	OR		RECEIVED GED CERTIFICATE ☐ YES ☐ NO			CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 5 6 7 8 GRADUATED? ☐ YES ☐ NO	

BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION	FROM MO.	FROM YR.	TO MO.	TO YR.	TIME FULL	TIME PART	SUBJECTS	LENGTH OF COURSE	COMPLETED?
					☐	☐			☐ YES ☐ NO

IL DRIVERS LICENSE	ENDORSEMENT	RESTRICTION	CLASS RATINGS – (CIRCLE BELOW)	LICENSE NUMBER	DATE ISSUED	CURRENT?
CDL: A B	X N		NON CDL: A B C D L M		MO. YR.	☐ YES ☐ NO

TECHNICAL / PROFESSIONAL LICENSE	NUMBER	STATE IN WHICH ISSUED	DATE ISSUED	CURRENT?
			MO. YR.	☐ YES ☐ NO

TYPE OF INTERNSHIP	FACILITY NAME – CITY AND STATE	DATE – FROM	TO
		MO. YR.	MO. YR.

NAMES OF COLLEGES OR UNIVS. ATTENDED UNDERGRADUATE: (NAME/CITY/STATE)	TOTAL NO. OF HOURS EARNED SEM. HRS. (OR) QRT. HRS. (OR) UNITS	NAME OF MAJOR	NAME OF MINOR	DATES ATTENDED FROM	DATES ATTENDED TO	LEVEL OF DEGREE EARNED	DATE DEGREE AWARDED
				MO. YR. /	MO. YR. /		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 <u>EACH</u> CHANGE IN PAYROLL TITLE AND THE APPROPRIATE DATES OF EMPLOYMENT FOR EACH TITLE.

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

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

_____ HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

_____

_____

_____ LEAVE BLANK

REASON FOR LEAVING: _____ Level _____ Amount _____

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

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

_____ HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

_____

_____

_____ LEAVE BLANK

REASON FOR LEAVING: _____ Level _____ Amount _____

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

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

_____ HOURS WORKED PER WEEK _____

PAYROLL TITLE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

_____

_____

_____ LEAVE BLANK

REASON FOR LEAVING: _____ Level _____ Amount _____

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

OFFICE USE ONLY

Ed _____ Rej. Qual. _____

A _____

B _____ By _____

C _____ Date _____

Total: _____ Grade: _____

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.

_____ WRITTEN SIGNATURE _____ DATE

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.