

Office of the Secretary of State  
 Department of Personnel



# Employment Application

This application is for permanent, intermittent or temporary employment **only**. Complete this application in detail; previous applications will not be reconsidered. A separate application is required for each title for tests consisting of an evaluation of training and experience. Mail completed applications for training and experience tests to: Secretary of State, Department of Personnel, 196 Howlett, Springfield, IL 62756, or 17 N. State St., Ste. 1276, Chicago, IL 60602. Incomplete applications may be rejected. Bring a completed application and photo identification with each visit to the test site for written/performance examinations.

**PRINT OR TYPE ONLY**

Title of Position Applied For		I will accept: Intermittent <input type="checkbox"/> Temporary <input type="checkbox"/>		OFFICE USE	
				TEST MONITOR	
Social Security Number	Date of Birth (optional)			OFFICE USE	
				DRIVER'S LICENSE <input type="checkbox"/> PHOTO ID <input type="checkbox"/>	
Last Name		First Name		Initial	
Street Address			County of Residence		
City		State	ZIP Code		Work Co. or Cook Co. Zone Preference 1. _____ 2. _____ 3. _____ Statewide: _____ No statewide referrals will be made unless lists for other counties are exhausted. <b>Must be marked for sworn law enforcement titles.</b>
Primary Telephone Number		Alternate Telephone Number			
( )		( )			
<b>DRIVER'S LICENSE</b>					
State Issued:	Class Rating — Non-CDL:	Class Rating — CDL:	Driver's License Number:		Date Expires:
					MO DY YR

**APPLICATIONS WILL NOT BE ACCEPTED UNLESS ALL QUESTIONS ARE ANSWERED AND REQUIRED ATTACHMENTS ARE SUBMITTED**

1. Have you ever pleaded guilty, been found guilty or been convicted of any criminal offense other than a minor traffic violation? (If "YES," attach detailed explanation as indicated on Instruction Sheet.)\* YES  NO
2. Have you ever been discharged from a job? Layoff/downsizing does not apply. (If "YES," attach detailed explanation as indicated on Instruction Sheet.) YES  NO
3. Are you currently in default on repayment of any state education loan?\*\*\* YES  NO
4. Is any member of your family employed by the Office of the Secretary of State?\*\*\* (If "YES," indicate Name of Employee \_\_\_\_\_, Relationship \_\_\_\_\_) YES  NO

\* Pursuant to Illinois law, all applicants, except those seeking employment in law enforcement positions, **are not obligated to disclose** an arrest or conviction record that has been expunged or sealed.  
 \*\* State law requires an employee in default on repayment of any education loan for 6 months or more and in the amount of \$600 or more shall, as a condition of employment, make satisfactory repayment arrangements with the maker or guarantor of the loan.  
 \*\*\* Family Member includes a person who has established a civil union pursuant to the law.

**VETERANS POINTS AND PREFERENCE** **DEPARTMENT OF PERSONNEL USE ONLY**

- I wish to claim Veterans Preference: Attach U.S. Veterans Affairs award letter or a legible copy of a certified DD214/215.
  - I wish to claim Veterans Preference as a member of the Illinois National Guard or U.S. Armed Forces Reserves: Attach letter from unit personnel indicating service under honorable conditions or a legible copy of a certified NGB 22.
  - I have already established Veterans Preference with the Office of the Secretary of State.
- To claim Veterans Preference as a surviving spouse or parent of an unmarried veteran who suffered service-connected death or disability, attach completed **Spouse/Parent Eligibility for Veterans Preference** form.

I understand that I may be required to submit proof of previous employment, education, or any other statement(s) in this application. I hereby authorize the release of this and associated information covering job-related factors for purposes of verification and determination of suitability for State employment by means of a background check. I certify that the information on this application is true and accurate to the best of my knowledge, and understand that misrepresentation of any information herein may result in ineligibility or be grounds for discipline, up to and including discharge.

Written Signature of Applicant (original signature required) \_\_\_\_\_ Date \_\_\_\_\_

**THE OFFICE OF THE SECRETARY OF STATE IS AN EQUAL OPPORTUNITY EMPLOYER.**







**Failure to fully complete the following information will result in no credit given for this work experience.**

Name, Address and Phone Number of Employer:		Payroll Title:	
( ) -			
If this position was supervisory, indicate number of employees supervised for each type:			
Manual/Trades	Clerical/Office	Technical/Paraprofessional	Professional Administrative/Managerial
<b>Failure to fully complete the following information will result in no credit given for this work experience.</b>			
Dates of Employment:		Monthly Salary:	
From: Mo Yr	To: Mo Yr	Starting:	Ending:
Total: Years:	Months:	Average hours worked per week:	
Describe your duties and responsibilities. <b>Be specific.</b>			
			<b>Office Use Only</b>
Reason for leaving:			Level Amount

**SECTION III—Professional or Technical Licensure:**

Type:	Certification Number:	Date Issued:	Expiration Date:	State Issued In:
		Mo Yr	Mo Yr	
		Mo Yr	Mo Yr	
		Mo Yr	Mo Yr	

**SECTION IV—Business, Trade, Technical or Other Coursework:**

List below coursework or classes taken which cannot be credited toward a college or university degree program. Failure to indicate course length may result in no credit given.

Name, Address and Phone Number of Business, Trade, Technical or other School	From: Mo/Yr	To: Mo/Yr	Course Length: Hours/Days/Weeks	Subject(s)	Certificate Earned
	/	/	/ /		
	/	/	/ /		

**SECTION V—Education Report:**

List college/university education credits accurately and completely. Proof of education claimed may be required during the hiring process. **A copy of a certified transcript/degree MUST be submitted to obtain credit for educational achievement.** List college undergraduate and graduate hours separately. **Include courses only once.**

High School Graduate: YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>OR</b>	Years Completed:				GED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
		1	2	3	4		
Name, Address and Phone Number of College/University	Hours Earned: Sem Qtr	Major:	Minor:	Dates Attended: Mo/Yr Mo/Yr		Level	Degree Earned: Date: Mo/Yr
Undergraduate:				/	/		/
				/	/		/
Graduate:				/	/		/

(Continued on next page)

**SECTION V—Education Report (continued):**

Field of Study	Undergraduate		Graduate		Field of Study	Undergraduate		Graduate	
	Number of Hours Sem Hrs	Qtr Hrs	Number of Hours Sem Hrs	Qtr Hrs		Number of Hours Sem Hrs	Qtr Hrs	Number of Hours Sem Hrs	Qtr Hrs
Accounting					Health/Public Health				
Afro-American Studies					History				
Agriculture					Home Economics				
Agronomy					Humanities				
Animal Science					Human Services				
Architecture					Industrial Arts				
Art					Insurance				
Audiovisual Instruction					Journalism				
Bacteriology					Law (specify)				
Biochemistry					Law Enforcement				
Biology					Library Science				
Botany					Mngmt. Info. Systems				
Business Admin.					Marketing				
Business Mngmnt.					Mathematics				
Chemistry					Microbiology				
Computer Science					Nursing (specify)				
Conservation					Pharmacy				
Crim. Justice Admin.					Physics				
Criminology					Political Science/Govt.				
Demography					Programming				
Dietetics/Nutrition					Psychology				
Economics					Public Administration				
Education (specify)					Radio-Television				
Engineering (specify)					Recreation				
Engineering Tech.					Secretarial Science				
English					Social Work				
Environmental Studies					Sociology				
Finance					Speech/Drama				
Fire Science					Statistics				
Forensic Science					Therapy (specify)				
Forestry					Toxicology				
Geography					Urban Studies				
Geology					Zoology				
Guidance/Counseling					Other (specify)				

**SECTION VI—Foreign Language:**

I am proficient (speak, write and translate) in the following languages (do not include English):

\_\_\_\_\_

DEPARTMENT OF PERSONNEL USE ONLY					
Title	Code	Written	Keyboarding	Vet Points	Final Grade
EDUCATION _____	Entry Date: _____		EDUCATION:		
A _____			Qual Approved _____ Rejected _____		
B _____					
C _____	Exam Date (MM/DD/YR) _____ Center _____		By _____ Date _____		
TOTAL _____					
VET POINTS _____					
FINAL GRADE _____					
Remarks:					