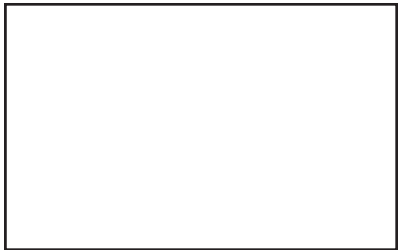




State of Illinois  
Office of the Secretary of State  
**DEPARTMENT OF PERSONNEL**



**Student Worker Employment Application**

**Section I – PRINT OR TYPE ONLY**

Social Security Number		Date of Birth (Optional)		
Last Name		First Name		Middle Initial
Street Address				County of Residence
City		State	ZIP Code	<b>List the location in which you wish to work: (see attached list)</b> 1. _____ 2. _____ 3. _____  You <b>MUST</b> list a locality preference to be considered for this program.
Primary Telephone Number (    )		Alternate Telephone Number (    )		
Email				
<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 been discharged from a job? YES \_\_\_ NO \_\_\_  
(If "YES," attach detailed explanation; layoff/downsizing does not apply.)
2. Have you ever pled guilty, been found guilty or been convicted of any criminal offense other than a minor traffic violation? (If "YES," attach statement with date(s), charge(s) and sentence(s). Expunged or sealed convictions need not be disclosed.) 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? YES \_\_\_ NO \_\_\_  
(If "YES," please state: NAME OF EMPLOYEE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_)

\*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.

**IMPORTANT NOTICE:** To be eligible for the Student Worker Program you **MUST** be enrolled as a student for the following school year. **APPLICANT MUST** indicate below where he/she is enrolled or intends to enroll for continued education.

I am currently enrolled in:  High School     College

In September, I will be enrolled in:  High School     College

Name of School/College: \_\_\_\_\_

**Your application will be returned if this information is not provided.**

I authorize release of any information supplied on this application for purposes of verification and determination of suitability for Student Worker employment through a background check. I certify that the information, education and work experience listed on this application is true and accurate to the best of my knowledge, and I understand that misrepresentation of any material may be grounds for ineligibility or termination of employment.

\_\_\_\_\_  
**Written Signature of Applicant (REQUIRED)**

\_\_\_\_\_  
**Date**

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

**SECTION I—Employment Information:**

**Child support obligations:** State law requires that you provide certain information about child support obligations at the time of hire. The possibility of employment is not affected by a child support obligation or default in payment.

**Selective Service Registration:** 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.”

**Disclosure of Information:** The Office of the Secretary of State requests disclosure of information that is necessary to accomplish the statutory purpose as outlined under 15 ILCS 310/10. Disclosure of this information is REQUIRED; failure to provide any information may result in rejection of this form.

**SECTION II—Experience Report:**

Fully describe **ALL** of your work experience beginning with your present position. If you held several positions with one employer, list each position separately. Incomplete information may negatively affect your grade for examinations consisting of training and experience. Resumé format is not acceptable, but additional sheets may be attached. Additional sheets **MUST** include all information requested below.

<b>List and describe any volunteer or paid work experience. Begin with your most recent position and work backward.</b>				
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:				
From: Mo	Yr	To: Mo	Yr	
Total:	Years:	Months:	Average hours worked per week:	
Describe your duties and responsibilities. <b>Be specific.</b>				
Reason for leaving:			<b>Office Use Only</b>	
			Level	Amount

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From: Mo	Yr	To: Mo	Yr	
Total:	Years:	Months:	Average hours worked per week:	
Describe your duties and responsibilities. <b>Be specific.</b>				
Reason for leaving:			<b>Office Use Only</b>	
			Level	Amount

**RETURN COMPLETED APPLICATION TO:**

Secretary of State  
 Department of Personnel  
 196 Howlett Building  
 Springfield, IL 62756

Secretary of State  
 Department of Personnel  
 17 N. State St., Ste. 1300  
 Chicago, IL 60602