

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. A separate application is required for each title that requires a training and experience evaluation; previous applications will not be reconsidered. Mail completed applications for training and experience testing to: Secretary of State, Department of Personnel, 196 Howlett, Springfield, IL 62756 or 17 N. State St., Ste. 1300, Chicago, IL 60602. **Incomplete applications may be rejected.** Bring a completed application and photo identification with each visit to a test site if this application is used 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		M.I.
Street Address				County of Residence	
City		State	ZIP Code		Work Co. or Cook Co. Zone Preference 1. _____ 2. _____ 3. _____
Primary Telephone Number ()		Alternate Telephone Number ()			
EMAIL					

Driver's License

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

- Have you ever pleaded guilty, been found guilty or been convicted of any criminal offense other than a minor traffic violation? YES NO
- Have you ever been discharged from a job? Layoff/downsizing does not apply. YES NO
 (If "YES," to 1 or 2 above attach **detailed explanation or complete Background Disclosure form.**)*
- Are you currently in default on repayment of any state education loan?*** YES NO
- Is any member of your family employed by the Office of the Secretary of State?*** YES NO
 (If "YES," Name of Employee _____ Dept. _____ Relationship _____)

* 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, or where you received supervision and successfully completed it.
 ** 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 party to a civil union or parties to a marriage 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 (signature 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.

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
Failure to fully complete the following information will result in no credit given for this work experience.				
Dates of Employment:				
From: Mo	Yr	To: Mo	Yr	
Total:	Years:	Months:	Average hours worked per week:	
Describe your duties and responsibilities. Be specific.				
Office Use Only				
Reason for leaving:			Level	Amount

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

* Any additional employment descriptions must include all information requested.

SECTION III—Professional/Technical Licensure or Certification:

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

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

List below coursework or classes taken that 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 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 for training and experience evaluated titles.**

High School Graduate: YES <input type="checkbox"/> NO <input type="checkbox"/> OR	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		Degree Earned: Level Date: Mo/Yr
Undergraduate:				/	/	/
				/	/	/
				/	/	/
Graduate:				/	/	/

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 _____						
B _____						
C _____						
TOTAL _____			Qual Approved _____ Rejected _____			
VET POINTS _____	Exam Date (MM/DD/YR) _____ Center _____					
FINAL GRADE _____			By _____ Date _____			
Remarks:						