



**DEPARTMENT OF MILITARY  
AFFAIRS-ILLINOIS**

**Mail application to:**  
**State Personnel**  
**1301 N. MacArthur Blvd.**  
**Springfield, IL 62702-2399**

**EMPLOYMENT APPLICATION**

**THIS APPLICATION IS FOR POSITIONS EXEMPT FROM THE PERSONNEL CODE. ILLINOIS NATIONAL GUARD MEMBERSHIP, ACTIVE OR RETIRED DEPENDING ON THE POSITION, IS A REQUIREMENT.** Complete this application in detail. Pencil copies of applications will not be accepted. Legible photocopies are accepted. Unsigned or incomplete applications will not be considered for interview.

**PLEASE TYPE OR PRINT**

<b>1. PRINT COMPLETE TITLE OF POSITION APPLIED FOR</b>			LEAVE BLANK		
<b>2. SOCIAL SECURITY NUMBER</b> _____ - ____ - _____		<b>3. BIRTH DATE (MM/DD/YY) Optional</b> ____/____/____		<b>EXAM DATE</b> ____/____/____ (MM/DD/YY)	
<b>3. LAST NAME</b> _____		<b>FIRST NAME</b> _____		<b>M</b> _____	
<b>4. STREET ADDRESS</b> _____			<b>COUNTY</b> _____		
<b>CITY</b> _____		<b>STATE</b> _____	<b>ZIP CODE</b> _____	<b>5. TELEPHONE NUMBER</b> _____	
<b>6. CITIZENSHIP; Check box below:</b>		<b>7. If your answer to any of the following questions is "Yes", attach a detailed statement.</b>			
<input type="checkbox"/> U.S. Citizen		Have you ever been discharged from a job?		Yes      No	
<input type="checkbox"/> Permanent Resident Alien Reg. No.: _____		Have you taken the exam for this title in the last 30 days?		Yes      No	
<input type="checkbox"/> Non-Immigrant Alien Visa Type: _____		Are you currently in default on the repayment of any State educational loan?		Yes      No	
<small>NOTE: State law provides that any employee who is in default on the repayment of any education loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.</small>					
<b>8. TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:</b>					
Active member of Illinois Army or Air National Guard: _____					
		UNIT	MOS/AFSC	RANK/GRADE	
Retired member of Illinois Army or Air National Guard: (Retired status requires 20 good years & retiring from _____					
		UNIT	MOS/AFSC	RANK/GRADE	DATE OF RETIREMENT
ING. Attach DD 214, DD 215, and/or NGB-22)					
Active Duty U.S. Armed Forces - eligible for Illinois National Guard Membership: _____					
		BRANCH	MOS/AFSC	RANK/GRADE	
I wish to Claim Veteran's Preference. I have attached my DD 214, DD 215, and /or NGB 22 for periods of service.					
<b>9. WORK LOCATION PREFERENCE:</b> List locations at which you will work.			<b>10. AVAILABILITY: (Select one)</b>		
1. _____			A. Available for permanent employment; will not accept temporary employment.		
2. _____			B. Available for permanent employment; will accept temporary employment.		
3. _____			C. Available for temporary employment only,		
<b>DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY</b>					
QUAL. _____ APPROVED BY _____					
_____ REJECTED DATE _____					

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List your education accurately and completely. Proof of education and training must be submitted at time of hire.

<b>11. HIGH SCHOOL GRADUATE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> CIRCLE NUMBER OF YEARS COMPLETED: 0 1 2 3 4														<b>GED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>12. DRIVERS LICENSE NUMBER</b>				STATE		MO/YR ISSUED		CURRENT		REST		NON-CDL		CDL	ENDR						
						/		Yes <input type="checkbox"/>	No <input type="checkbox"/>			A	B	C	D	L	M	A	B	X	N
<b>13. BUSINESS/TRADE/CORRESPONDENCE SCHOOL NAME AND LOCATION</b>				FROM		TO		TIME		SUBJECTS				COURSE LENGTH		COMPLETED					
				MO	YR	MO	YR	FULL	PART							YES	NO				
<b>14. TECHNICAL/PROFESSIONAL LICENSE</b>				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED		EXPIRATION DATE							
												MO	YR	MO	YR						
<b>15. NAMES OF COLLEGE/UNIVERSITIES ATTENDED</b>				TOTAL NO. HOURS EARNED				MAJOR		MINOR		DATES ATTENDED		TYPE OF DEGREE EARNED		DATE OF DEGREES					
				SEM HRS (OR) QTR HRS (OR) UNITS								FROM	TO								
Undergraduate:												MO	YR	MO	YR	MO	YR				
												MO	YR	MO	YR	MO	YR				
Graduate												MO	YR	MO	YR	MO	YR				
<p>In the space below, list undergraduate and graduate courses for which you have received credit. For each subject area listed, indicate the number of credit hours. Do not include courses more than once.</p>																					
FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE					
		SEM	QTR	SEM	QTR			SEM	QTR	SEM	QTR			SEM	QTR	SEM	QTR				
Accounting						Entomology						Medical Records									
Actuarial Science						Environmental Health						Medical Technology									
Afro-American Studies						Epidemiology						Medicine									
Agriculture						Finance						Microbiology									
Agronomy						Epidemiology						Nursing									
Animal Science						Finance						Park Management									
Architecture						Fire Science						Pastoral Counseling									
Art						Fish Management						Pharmacy									
Atmospheric Science						Forensic Science						Physics									
Audio/Visual Instruction						Forestry						Political Science/Govt.									
Bacteriology						Game Management						Programming									
Biochemistry						Genetics						Psychology									
Biology						Geography						Public Administration									
Biostatistics						Geology						Radio-Television									
Botany						Guidance and Counseling						Recreation									
Business Administration/Mgmt						Arts						Risk Assessment									
Cell/Molecular Biology						Health/Public Health						Secretarial Science									
Chemistry						History						Social Work									
Computer Science						Humanities						Sociology									
Conservation						Human Services						Soil Science									
Criminal Justice Administration						Hydrology						Speech and Drama									
Criminology						Industrial Industrial Hygiene						Statistics									
Demography						Insurance						Therapy (specify)									
Divinity/Theology						Journalism						Toxicology									
Dietetics, Nutrition						Law (specify)						Urban Studies									
Economics						Law Enforcement						Wildlife Management									
Education (specify)						Library Science						Zoology									
Engineering (specify)						Limnology						Other:									
Engineering Technology						Management Information Systems															
Environmental Science						Marketing															
English						Mathematics															
														<b>Office Use Only</b>							
														<b>Met:</b>	Yes	No					
															<input type="checkbox"/>	<input type="checkbox"/>					

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16. Complete this section in detail. Begin with most recent payroll title and work backward. If additional space is needed, attach a separate sheet following the same format. Resumes must be in same format as the application. Place additional sheets/resumes inside the application. Include the following information: \*College internships/practicums successfully completed,\*\*Military experience including dates, listing each change in rank and title, \*\*\*Related volunteer experience including dates and hours worked.

CURRENT (OR LAST) DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

**INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES:**

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

**INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES:**

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_ CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

**INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES:**

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING:



**EQUAL EMPLOYMENT OPPORTUNITY**

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following information. **Completion of this information is not required. Fill in ONE Circle.**

- | 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 American. A person having origins in any of the original peoples of North America, and 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, Central or South 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.   |

Are you an individual with a Disability?    YES            NO