

Department of Military Affairs

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

11. HIGH SCHOOL GRADUATE: Yes <input type="checkbox"/> No <input type="checkbox"/> CIRCLE NUMBER OF YEARS COMPLETED: 0 1 2 3 4														GED: Yes <input type="checkbox"/> No <input type="checkbox"/>							
12. DRIVERS LICENSE NUMBER				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
13. BUSINESS/TRADE/CORRESPONDENCE SCHOOL NAME AND LOCATION				FROM		TO		TIME		SUBJECTS				COURSE LENGTH		COMPLETED					
				MO	YR	MO	YR	FULL	PART							YES	NO				
14. TECHNICAL/PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED		EXPIRATION DATE							
												MO	YR	MO	YR						
15. NAMES OF COLLEGE/UNIVERSITIES ATTENDED				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															
														Office Use Only							
														Met:	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

EMAIL ADDRESS _____ @ _____