



# DEPARTMENT OF MILITARY AFFAIRS

## Lincoln's ChalleNGe Academy



### EMPLOYMENT APPLICATION

**Instructions:** Complete this application in detail; previous applications will not be considered. Any material misrepresentation may be grounds for termination of employment or ineligibility. Applications without the necessary information will not be considered.

Mail application to:  
Lincoln's Challenge Academy  
ATTN: Human Resource Manager  
205 Dodge Avenue  
Rantoul, IL 61866-2100

PLEASE TYPE OR PRINT IN BLACK.

#### SECTION 1

PRINT COMPLETE TITLE OF POSITION APPLIED FOR				
_____		_____		
SOCIAL SECURITY NUMBER		BIRTH DATE (MM/DD/YY)		
_____		_____		_____
LAST NAME		FIRST NAME		MI
_____			_____	
STREET ADDRESS			COUNTY	
_____		_____	( )	_____
CITY		STATE	ZIP CODE	AREA CODE TELEPHONE NUMBER
CITIZENSHIP; Check box below:		If your answer to any of the following questions is "Yes", attach a detailed statement.		
<input type="checkbox"/> U.S. Citizen		Have you ever been discharged from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Permanent Resident Alien Reg. No.: _____		Have you ever been convicted for other than minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Non-Immigrant Alien Visa Type: _____		Have you previously applied for this title in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Are you currently in default on the repayment of any State educational loan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.				
<b>TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:</b>				
<input type="checkbox"/> Active member of Illinois Army or Air National Guard or Reserves: _____				
		UNIT	MOS/AFSC	RANK/GRADE
<input type="checkbox"/> Retired member of Illinois Army or Air National Guard:				
(Retired status required placement on Illinois Reserve/Guard Retired List _____)				
		UNIT	MOS/AFSC	RANK/GRADE DATE OF RETIREMENT
<input type="checkbox"/> Active Duty U.S. Armed Forces: _____				
		PERIOD OF SERVICE	BRANCH	MOS/AFSC RANK/GRADE
<input type="checkbox"/> Retired member of the U.S. Armed Forces: _____				
		BRANCH	MOS/AFSC	RANK/GRADE YRS OF SERVICE DATE OF RETIREMENT
WORK LOCATION PREFERENCE: List locations at which you will work.		I understand I may be required to submit proof of previous employment, education, military service or any other statements in this application. I authorize release of this and other information covering job related factors for purposed of verification and determination of suitability for state employment. I certify that the information on this application is true and correct to the best of my knowledge.		
1. _____		_____		
2. _____				
3. _____				
		WRITTEN SIGNATURE		DATE
<b>DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY</b>				
QUAL. _____ APPROVED		BY _____		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 the time of appointment, evidencing his registration with the federal Selection Service System."
_____ REJECTED		DATE _____		

Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. DMAIL-LCA Form 210. Printed by the authority of the State of Illinois.

**SECTION II - FORMAL EDUCATION REPORT**

List your education accurately and completely. Proof of education and training must be submitted at time of hire. Those documents are not required at the time of examination. Each application must be complete, since applications previously submitted are not reviewed.

CIRCLE NO. YEARS COMPLETED 0 1 2 3 4      GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>						HIGH SCHOOL      OR      GED RECEIVED GED CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>						CIRCLE NO. YEARS COMPLETED 0 1 2 3 4      GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>						COLLEGE - UNIVERSITY											
BUSINESS/TRADE/CORRESPONDANCE SCHOOL NAME AND LOCATION						FROM		TO		TIME		SUBJECTS      LENGTH OF COURSE      COMPLETED																	
						MO	YR	MO	YR	FULL	PART																		
ILLINOIS DRIVERS LICENSE      CIRCLE CLASS RATING A      B      C      D      L      M						LICENSE NUMBER						DATE ISSUED MO      YR						CURRENT YES <input type="checkbox"/> NO <input type="checkbox"/>											
TECHNICAL/PROFESSIONAL LICENSE						NUMBER						STATE IN WHICH ISSUED						DATE ISSUED MO      YR						CURRENT YES <input type="checkbox"/> NO <input type="checkbox"/>					
TYPE OF INTERNSHIP						FACILITY NAME - CITY AND STATE						FROM MO      YR						TO MO      YR											
NAMES OF COLLEGE/UNIVERSITIES ATTENDED UNDERGRADUATE:						TOTAL NO. HOURS EARNED				MAJOR				MINOR				DATES ATTENDED				TYPE OF DEGREE EARNED				DATE OF DEGREES			
						SEM HRS (OR) QTR HRS (OR) UNITS												FROM      TO											
														MO      YR      MO      YR								MO      YR							
GRADUATE:														MO      YR      MO      YR								MO      YR							
														MO      YR      MO      YR								MO      YR							
														MO      YR      MO      YR								MO      YR							
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.																													
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	SEM	QTR				
Accounting								Forestry								Political Science/Govt.													
Afro-American Studies								Game Management								Programming													
Agriculture								Genetics								Psychology													
Agronomy								Geography								Public Administration													
Animal Science								Geology								Radio-Television													
Architecture								Guidance and Counseling								Recreation													
Art								Health/Public Health								Secretarial Services													
Audio/Visual Instruction								History								Social Work													
Bacteriology								Home Economics								Sociology													
Biology								Humanities								Speech and Drama													
Botany								Industrial Arts								Statistics													
Business Administration/Mgmt								Institutional Management								Therapy (specify)													
Chemistry								Insurance								Urban Studies													
Computer Science								Journalism								Zoology													
Conservation								Law (specify)								Other:													
Criminal Justice Admin								Law Enforcement/Administration								OFFICE USE ONLY  ED _____  _____  A _____  B _____  C _____  TOTAL _____													
Criminology								Library Science																					
Dietetics								Marketing																					
Economics								Mathematics																					
Education (specify)								Medicine																					
Engineering (specify)								Microbiology																					
English								Nursing																					
Finance								Park Management																					
Fish Management								Pharmacy																					
Foods, Nutrition								Physics																					

**SECTION III - CIVILIAN WORK EXPERIENCE REPORT**

List and describe your work experience. Begin with your present position and work backwards. Include title changes resulting in promotions. Omissions or misstatements of material facts may cause forfeiture of rights to employment. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month, and describe fully the duties performed so appropriate credit can be given. PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN DETAIL - DO NOT SUBMIT RESUMES

List EACH change in payroll title and the appropriate dates of employment for each title and the number of hours worked per week.

CURRENT (OR LAST) EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ MONTHLY SALARY: STARTING _____ ENDING _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.	
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>
	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>
	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ MONTHLY SALARY: STARTING _____ ENDING _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.	
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>
	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>
	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ MONTHLY SALARY: STARTING _____ ENDING _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.	
<b>INDICATE THE NUMBER OF EMPLOYEES SUPERVISED IN THE FOLLOWING BOXES.</b>	MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>
	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>
	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL                      AMOUNT

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_

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:

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_

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:

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PAYROLL TITLE: \_\_\_\_\_

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:

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE. PLACE THE SHEET INSIDE THE APPLICATION.

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the Department of Military Affairs does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Lincoln's Challenge Academy Human Resource Office, 217-892-1302.

**SECTION IV - MILITARY EXPERIENCE**

List all duty stations accurately and completely. Include promotions and title changes. Omissions or misstatements of material facts may cause forfeiture of rights to employment. **PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN DETAIL**

CURRENT (OR LAST) DUTY STATION DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL _____ AMOUNT _____

DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL _____ AMOUNT _____

DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL _____ AMOUNT _____

