

EXAMINING/EMPLOYMENT APPLICATION (CMS100)

CMS administers civil service testing for agencies under the jurisdiction of the Governor; however, actual employment decisions are made by the hiring agencies. Pencil copies of applications will not be accepted. Legible photocopies are accepted.

PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

1. POSITION TITLE				OPTION		LEAVE BLANK									
2. LAST NAME		FIRST NAME		MI		3. SOCIAL SECURITY NUMBER									
MAILING ADDRESS				COUNTY		4. BIRTHDATE (OPTIONAL)									
CITY		STATE	ZIP CODE		5. HOME TELEPHONE		OTHER TELEPHONE								
					() ()		() ()								
6. DRIVERS LICENSE NUMBER		STATE	MO/YR EXPIRES		RESTRICTIONS		NON-CDL	CDL	ENDR						
			/				A B C D L M	A B	X N						
7. COUNTY CHOICE		COUNTY		COOK/ZONE		LEAVE BLANK		COUNTY		COOK/ZONE		LEAVE BLANK			
(Select one or two)															
8. AVAILABILITY (Check one)		A. <input type="checkbox"/> Available for permanent employment; will not accept temporary employment. (Trainee titles must choose A.)		B. <input type="checkbox"/> Available for permanent employment; will accept temporary employment.		C. <input type="checkbox"/> Available for temporary employment only.									
9. If your answer to any of the following questions is "yes" please attach a signed, detailed explanation.										<input type="checkbox"/> YES		<input type="checkbox"/> NO			
A. Have you ever been fired from a job? (Downsize/layoff is not applicable.)										<input type="checkbox"/> YES		<input type="checkbox"/> NO			
B. Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? Pursuant to Public Act 93-0211, effective January 1, 2004, (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective August 12, 2004, (705 ILCS 405/5-915 (8a)), respectively, applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record. Employers may not ask if an applicant has had records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Corrections, State's Attorneys or other prosecutors.										<input type="checkbox"/> YES		<input type="checkbox"/> NO			
C. Are you currently in default on the repayment of any state educational loan? State law provides that any employee who is in default on the repayment of any education loan for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.										<input type="checkbox"/> YES		<input type="checkbox"/> NO			
10. VETERANS PREFERENCE: For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844 (TTY only).															
<input type="checkbox"/> I wish to claim Veterans Preference; attached is the most recent certified copy of my DD214/215. (If claiming service-connected disability, also include a copy of U.S. Veterans Affairs award letter.)												LEAVE BLANK			
<input type="checkbox"/> I wish to claim Veterans Preference as an IL National Guard/Reservist. Attached is a letter from my unit personnel indicating I am currently serving under honorable conditions or a copy of my NGB22 stating my discharge was under honorable conditions.															
<input type="checkbox"/> I wish to claim Veterans Preference as a surviving unremarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents the veteran from qualifying for civil service employment.															
<input type="checkbox"/> I have submitted required military documentation to CMS after January 01, 2000 and have already established Veterans Preference with CMS.															
11. HIGH SCHOOL GRADUATE		<input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF YRS COMPLETED				0 1 2 3 4		GED		<input type="checkbox"/> YES <input type="checkbox"/> NO			
12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL: NAME AND ADDRESS				FROM		TO		TIME		SUBJECTS			COURSE LENGTH	COMPLETED	
				MO YR		MO YR		FULL PART						YES NO	
13. TECHNICAL/PROFESSIONAL LICENSE				NUMBER				STATE ISSUED				DATE ISSUED		EXPIRATION DATE	
												MO YR		MO YR	
FOR CMS USE ONLY															
EXAM DATE															
TEST CENTER															
MONTH DAY YEAR															

14. EDUCATION REPORT: LIST YOUR EDUCATION ACCURATELY AND COMPLETELY. A copy of college transcripts/degrees may be required. The number of credit hours you have earned may be needed to meet the minimum requirements for some titles. This information is also useful for career counseling purposes.

NAME AND ADDRESS OF COLLEGES/UNIVERSITIES ATTENDED	HOURS EARNED		MAJOR (DO NOT ABBREVIATE)	MINOR (DO NOT ABBREVIATE)	DATES ATTENDED		LEVEL AND DATE OF DEGREE EARNED		
	SEM	QTR			FROM MO/YR	TO MO/YR	LEVEL	MO	YR
<i>Undergraduate:</i>					/	/			
					/	/			
					/	/			
<i>Graduate:</i>					/	/			
					/	/			
					/	/			
• LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY			• INDICATE THE ACTUAL NUMBER OF SEMESTER OR QUARTER HOURS EARNED			• DO NOT INCLUDE COURSES MORE THAN ONCE			
FIELDS OF STUDY	UNDERGRADUATE		GRADUATE		FIELDS OF STUDY	UNDERGRADUATE		GRADUATE	
	# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS		# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS
Accounting					Humanities				
Actuarial Science					Human Services				
Afro-American Studies					Hydrology				
Agriculture					Industrial Arts				
Agronomy					Industrial Hygiene				
Animal Science					Insurance				
Architecture					Journalism				
Art					Law (specify)				
Atmospheric Science					Law Enforcement				
Audiovisual Instruction					Library Science				
Bacteriology					Limnology				
Biochemistry					Mgmt Info Systems				
Biology					Marketing				
Biostatistics					Mathematics				
Botany					Medical Records				
Business Admin/Mgmt					Medical Technology				
Cell/Molecular Biology					Medicine				
Chemistry					Microbiology				
Computer Science					Nursing (specify)				
Conservation					Park Management				
Criminal Justice Admin					Pastoral Counseling				
Criminology					Pharmacy				
Demography					Physics				
Dietetics, Nutrition					Political Science/Govt				
Divinity/Theology					Programming				
Early Childhood Development					Psychology				
Economics					Public Administration				
Education (specify)					Radio-Television				
Engineering (specify)					Recreation				
Engineering Technology					Rehab Counseling/Admin				
Environmental Science					Risk Assessment				
English					Secretarial Science				
Entomology					Social Work				
Environmental Health					Sociology				
Epidemiology					Soil Science				
Finance					Speech and Drama				
Fire Science					Statistics				
Fish Management					Therapy (specify)				
Food Service Mgmt					Toxicology				
Foreign Language (specify)					Urban Studies				
Forensic Science					Wildlife Management				
Forestry					Zoology				
Geography					Other:				
Geology									
Genetics									
Guidance and Counseling									
Health/Public Health									
History									
Home Economics									

Attach separate sheet of paper for additional coursework if necessary.

15. WORK HISTORY: Complete this section in detail. All fields **MUST** be completed to be considered for grading. **Begin with most recent position title and work backward. If you have an extensive work history with one employer, list each change in position title separately including duties and dates associated with each.** Unsigned or incomplete applications will be returned. If additional space is needed, attach a separate sheet following the same format as below. Resumes submitted 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) EMPLOYER			POSITION TITLE						
STREET ADDRESS			AVERAGE # OF HOURS WORKED PER WEEK			CURRENT OR LAST SALARY			
			FULL-TIME	OR	PART-TIME	WEEKLY OR MONTHLY OR ANNUALLY			
						\$	\$	\$	
CITY		STATE	DATES OF EMPLOYMENT				TOTAL		
			MONTH	YEAR	TO	MONTH	YEAR	YEARS	MONTHS
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY:									
REASON FOR LEAVING:									
EMPLOYER			POSITION TITLE						
STREET ADDRESS			AVERAGE # OF HOURS WORKED PER WEEK			CURRENT OR LAST SALARY			
			FULL-TIME	OR	PART-TIME	WEEKLY OR MONTHLY OR ANNUALLY			
						\$	\$	\$	
CITY		STATE	DATES OF EMPLOYMENT				TOTAL		
			MONTH	YEAR	TO	MONTH	YEAR	YEARS	MONTHS
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY:									
REASON FOR LEAVING:									
EMPLOYER			POSITION TITLE						
STREET ADDRESS			AVERAGE # OF HOURS WORKED PER WEEK			CURRENT OR LAST SALARY			
			FULL-TIME	OR	PART-TIME	WEEKLY OR MONTHLY OR ANNUALLY			
						\$	\$	\$	
CITY		STATE	DATES OF EMPLOYMENT				TOTAL		
			MONTH	YEAR	TO	MONTH	YEAR	YEARS	MONTHS
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)			MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY:									
REASON FOR LEAVING:									

EMPLOYER		POSITION TITLE					
STREET ADDRESS		AVERAGE # OF HOURS WORKED PER WEEK			CURRENT OR LAST SALARY		
		FULL-TIME	OR	PART-TIME	WEEKLY	MONTHLY	ANNUALLY
					\$	\$	\$
CITY	STATE	DATES OF EMPLOYMENT				TOTAL	
		MONTH	YEAR	TO	MONTH	YEAR	MONTHS
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE	

DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY:

REASON FOR LEAVING:

EMPLOYER		POSITION TITLE					
STREET ADDRESS		AVERAGE # OF HOURS WORKED PER WEEK			CURRENT OR LAST SALARY		
		FULL-TIME	OR	PART-TIME	WEEKLY	MONTHLY	ANNUALLY
					\$	\$	\$
CITY	STATE	DATES OF EMPLOYMENT				TOTAL	
		MONTH	YEAR	TO	MONTH	YEAR	MONTHS
SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE	

DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH POSITION TITLE SEPARATELY:

REASON FOR LEAVING:

- State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation or default in payment.
- 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.”
- In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the Department of Central Management Services at 217/782-7100 (voice) or 800/526-0844 (TTY Only).

16. This application may be utilized as the actual test for some titles. If the title for which you wish to test is a closed exam or an exam based only on training and experience, mail completed application to: Central Management Services, Examining and Counseling, Room 500, Stratton Office Building, 401 South Spring Street, Springfield, Illinois 62706. Applications for a closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

17. I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment. **I state that I have not submitted an application for this written and/or performance examination within the last 30 days.** I certify that the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

18. Completing this application may result in your name being placed on an eligibility list. Names placed on an eligibility list may be released to the public without further notice to the applicant.

DATE

WRITTEN SIGNATURE REQUIRED

The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this information is not required. Circle **ONE** letter and, if applicable, check the appropriate box.

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

DISABILITY

Yes
 No

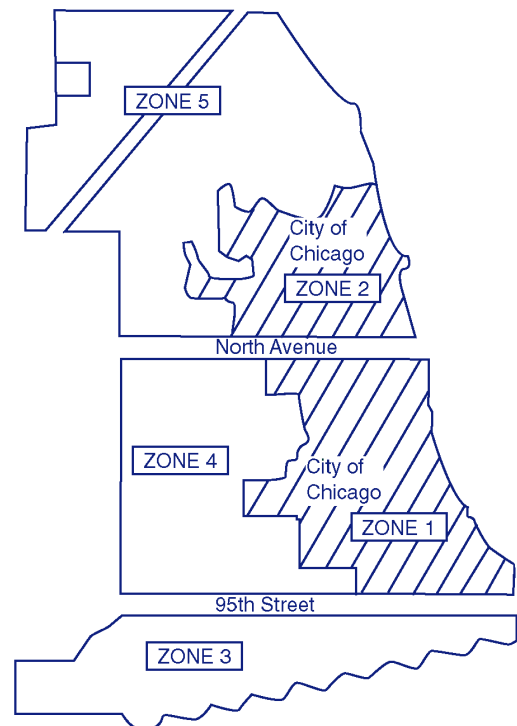
APPLICANT INFORMATION CONCERNING COOK COUNTY ZONES

Cook County is divided into five **zones** for the position titles listed below for the purpose of administering eligible lists. To explain the **zones**, the map is an outline of Cook County with the central and northern portions of the City of Chicago shown crosshatched. A more detailed map is available on our website at <http://www.cms.illinois.gov> under Employment, Frequently Asked Questions.

The open competitive position titles to which Cook County **zones** apply are:

- | | | |
|-----------------------------------|-----------------------------------|------------------------|
| Automotive Mechanic | Highway Maintainer Lead Worker | Office Clerk |
| Child Development Aide III | Laborer (Maintenance) | Security Officer |
| Cook I | Licensed Practical Nurse I and II | Stores Clerk |
| Heavy Construction Equip Operator | Office Aide | Storekeeper I |
| Highway Maintainer | Office Assistant | Support Service Worker |

- **Zone 1** is the area within the city limits of Chicago between North Avenue and 95th Street.
- **Zone 2** is the area within the city limits of Chicago north of North Avenue.
- **Zone 3** is Cook County and the area including the City of Chicago which is south of 95th Street.
- **Zone 4** is Cook County outside the City of Chicago between North Avenue and 95th Street.
- **Zone 5** is Cook County outside the City of Chicago north of North Avenue.



STATE OF ILLINOIS ASSESSMENT CENTERS

CHAMPAIGN (by appointment only)
Central Management Services
State Regional Office Building
2125 South First Street
Champaign, Illinois 61820
Phone: 217-278-3435
Illinois Relay Center:
800-526-0844 (TTY only)

ROCKFORD (by appointment only)
Central Management Services
E. J. "Zeke" Giorgi Center
200 South Wyman Street
Rockford, Illinois 61101
Phone: 815-987-7004
Illinois Relay Center:
800-526-0844 (TTY only)

MARION (by appointment only)
Central Management Services
State Regional Office Building
2309 West Main Street, Suite 126
Marion, Illinois 62959
Phone: 618-993-7005
Illinois Relay Center:
800-526-0844 (TTY only)

CHICAGO

Central Management Services
James R. Thompson Center - Suite 3-300
100 W. Randolph Street
Chicago, Illinois 60601
Phone: 312-793-3565
312-814-4458 (TTY only)

SPRINGFIELD

Central Management Services
Capital City Center
130 West Mason Street
Springfield, IL 62702
Phone: 217-557-6885
217-524-1383 (TTY only)

Walk in test centers are located in Springfield and Chicago. Office hours are Monday-Friday 8 a.m. - 5 p.m.

Chicago and Springfield multiple choice automated testing is held Monday, Tuesday, Wednesday and Thursday. Check in time for clerical and non-clerical tests is anytime between 8 a.m. and 1:30 p.m. in Chicago and 8 a.m. and 2 p.m. in Springfield. You must arrive and be ready to test no later than 12:30 p.m. for Data Processing Administrative Specialist, Data Processing Specialist, HR Assistant, HR Associate, Insurance Analyst II, Revenue Tax Specialist Trainee, Telecommunicator Trainee and Dictation exams.

IDENTIFICATION IS REQUIRED AT THE TIME OF TESTING AT ALL ASSESSMENT CENTERS.

**Visit our website for more information at <http://work.illinois.gov>
or for general information regarding testing and career counseling contact
CMS Examining and Counseling Division, Room 500 Stratton Building, Springfield, IL 62706
(217) 782-7100 (voice) (800) 526-0844 (TTY Only)**

Career Services Career counselors are available at all of the assessment center locations by appointment only. A completed CMS application is required at the time of the appointment for review by the counselor. After reviewing your completed application and discussing your education and work experiences, the counselor will recommend job titles and provide descriptions of the job requirements. Call in advance to make an appointment. Phone numbers are listed above for the specific locations.

Testing Information There are approximately 950 position titles used by the state agencies under the jurisdiction of the Governor. To be considered as an eligible applicant for one of these titles, the applicant must participate in either an automated multiple-choice test (AT); or submit the application for a review of the training and experience (TX) listed on the application. A grade is given for each of these exam types. The position titles are separated into Group A and Group B.

Group A - titles are tested for continuously. The Group A titles requiring an automated multiple-choice exam (AT) are administered at any of the assessment centers listed above. The Group A titles requiring review of the applicant's training and experience (TX) should be sent to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706, for grading.

Group B - titles are closed exams. Send applications for **any** Group B title to CMS, Examining and Counseling Division, Room 500 Stratton Office Building, Springfield, IL, 62706. Applications for a Group B closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

- Information on the position titles may be obtained from any Assessment Center or by viewing the Web site.
- NOTE: A separate application is usually required for each title and option for which you test. Some exceptions: You may use one application to apply for a TX grade for multiple options for Public Service Administrator (PSA) and Senior Public Service Administrator (SPSA). Use one application for all selected options for each title for the Information Services Specialist (ISS) and the Information Systems Analyst (ISA).
- Many AT tests in the same series require only one application. Check with any assessment center for details.

Veterans Preference is awarded to veterans after CMS receives appropriate documentation and verifies eligibility. For more information contact the Veterans Outreach Office at 800-643-8138; Illinois Relay Center 800-526-0844 (TTY only).

Highway Maintainer Examination requires the possession of a valid commercial drivers license, Class "A," with endorsements of "N" (Tankers) or "X" (Tankers with hazardous materials) and non-restrictive air brakes, before an applicant can participate in the examination.

Automotive Mechanic Examination (All Options) and Maintenance Equipment Operator Examination require the possession of a valid Class "A" or "B" commercial drivers license before an applicant can participate in the examination.

If you are an individual with a disability and need accommodated testing assistance, please contact the Disabled Workers Program in Springfield at (217) 524-7514 (voice) or (217) 524-1383 (TTY only) before the date of the test.