



(For use **only** by current certified state employees covered by the Personnel Code and agencies under the Governor's jurisdiction)

POSTED INFORMATION: Bid Form and CMS-100 must be submitted directly to the contact person named on the posting.

POSTING ID#: _____ BARGAINING UNIT: _____
 POSITION TITLE APPLIED FOR: _____ OPTION (if applicable): _____
 WORK LOCATION: _____ COUNTY: _____
Agency/Bureau Division/Facility

CURRENT INFORMATION:

NAME: _____ SSN: _____
 CURRENT POSITION TITLE: _____ OPTION (if applicable): _____
 CURRENT WORK LOCATION: _____ WORK COUNTY: _____
Agency/Bureau Division/Facility
 WORK LOCATION ADDRESS: _____
 SECTION/UNIT (if applicable): _____ SHIFT (if applicable): _____ BARGAINING UNIT: _____
 WORK PHONE: _____ EXT _____ HOME/CELL PHONE: _____
 HOME ADDRESS: _____

I understand that promotional bidders must have submitted a CMS-100B Promotional Application or taken the required written/performance exam for the above position classification title **before** the end of the posting period. Promotional Applications (CMS-100B) are to be submitted to: Division of Examining & Counseling, Department of Central Management Services, Room 500, Stratton Office Building, Springfield, Illinois 62706.

To facilitate the processing of bids and selection for the vacancy, it is requested that bidding employees mark the appropriate following statement (check one):

- I have a current promotional grade for this title.
- I have submitted a CMS-100B Promotional Application to Central Management Services for the above title on or about _____ (date); however, I have not yet received a grade notice.
- I took the appropriate written/performance examination on _____ (date) based upon the competitive promotional program requirements.

I hereby apply for (check one):

- | | |
|---|--|
| <input type="checkbox"/> Job Assignment/Shift Preference (same title) | <input type="checkbox"/> Voluntary Reduction |
| <input type="checkbox"/> Upward Mobility Promotion | <input type="checkbox"/> Parallel Pay Grade Movement |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Lateral Transfer | |

EMPLOYEE SIGNATURE: _____ **DATE:** _____

TO BE COMPLETED BY AGENCY PERSONNEL

DATE RECEIVED: _____ POST MARKED BY POST OFFICE: _____
 SENIORITY DATE: _____ POSITION NUMBER: _____
 GRADE: _____ PROMOTIONAL UPWARD MOBILITY LIST DATE: _____
 JOB ASSIGNED WITHIN LAST YEAR: YES NO
 CERTIFIED: YES NO FULL TIME (F) OR PART TIME (P): _____