

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. Unsigned or incomplete applications will be returned.
PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

Mail completed application to:
CMS Bureau of Personnel
Examining and Counseling Division
Stratton Office Building, Room 500
Springfield, Illinois 62706

1. Position Title _____ Option _____ Leave Blank

2. Last Name _____ First Name _____ MI _____ 3. SSN _____

Address _____ County _____ 4. Birth Date (Opt.) _____

City _____ State _____ Zip _____ 5. Main Phone _____ Other Phone _____

6. Drivers License No. _____ State _____ Month/Year Expires _____

Restrictions _____ Non-CDL A B C D L M CDL A B ENDR X N

7. County Choice 1: _____ Cook Zone _____ Leave Blank _____ 2: _____ Cook Zone _____ Leave Blank _____
Select 1 or 2

See the included Cook County Zoned Titles and Location Map

8. Availability A. Available for permanent employment; will not accept temporary employment. B. Available for permanent employment; will accept temporary employment. C. Available for temporary employment only.
(Check one) (Trainee titles must choose A.)

9. VETERANS PREFERENCE:

For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844.

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.)

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.

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.

I have submitted required military documentation to CMS after **January 01, 2000** and have already established Veterans preference with CMS.

Leave Blank

SIGNATURE SECTION

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 all 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.

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.

Written Signature Required _____

Date _____

For CMS Use Only	Exam Date			Test Center
	Mo	Day	Yr	

10. If your answer to either or both of the following questions is “yes”, please provide a detailed explanation of the circumstances in the space provided.

A. Have you ever been fired from a job? (Downsize/layoff is not applicable.)

Yes No

B. Are you currently in default on the repayment of any state educational loan?

Yes No

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.

11. HIGH SCHOOL

High School Graduate? Yes No Number of Years Completed GED? Yes No

12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL

Business, Trade, Correspondence School: Name and Address	From MM/YYYY	To MM/YYYY	Time Full/Part	Subjects	Course Length	Completed Yes/No

13. TECHNICAL/PROFESSIONAL LICENSE

Technical/Professional License	Number	State Issued	Date Issued MM/YYYY	Expiration Date MM/YYYY

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 and Indicate Undergraduate(U)/Graduate(G)	Hours Earned		Major	Minor	Dates Attended		Level and Date of Degree Earned	
	SEM	QTR	Do Not Abbreviate	Do Not Abbreviate	From MM/YYYY	To MM/YYYY	Level	MM/YYYY

* LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY
 * DO NOT INCLUDE COURSES MORE THAN ONCE

Fields Of Study		Undergrad Hours		Graduate Hours		Fields of Study		Undergrad Hours		Graduate Hours		Fields of Study		Undergrad Hours		Graduate Hours	
List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr	List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr	List Actual Credit Hours Earned		Sem	Qtr	Sem	Qtr
Accounting						Actuarial Science						Afro-American Studies					
Agriculture						Agronomy						Animal Science					
Architecture						Art						Atmospheric Science					
Audiovisual Instruction						Bacteriology						Biochemistry					
Biology						Biostatistics						Botany					
Business Admin/Mgmt						Cell/Molecular Biology						Chemistry					
Computer Science						Conservation						Criminal Justice Admin					
Criminology						Demography						Dietetics, Nutrition					
Divinity/Theology						Early Childhood Dev.						Economics					
Education (Specify)						Engineering (Specify)						Engineering Technology					
Environmental Science						English						Entomology					
Environmental Health						Epidemiology						Finance					
Fire Science						Fish Management						Food Service Management					
Foreign Language (Specify)						Forensic Science						Forestry					
Geography						Geology						Genetics					
Guidance and Counseling						Health/Public Health						History					
Home Economics						Humanities						Human Services					
Hydrology						Industrial Arts						Industrial Hygiene					
Insurance						Journalism						Law (Specify)					
Law Enforcement						Library Science						Limnology					
Mgmt. Info. Systems						Marketing						Mathematics					
Medical Records						Medical Technology						Medicine					
Microbiology						Nursing (Specify)						Park Management					
Pastoral Counseling						Pharmacy						Physics					
Political Science/Govt						Programming						Psychology					
Public Administration						Radio - Television						Recreation					
Rehab Counseling/Admin						Risk Assessment						Secretarial Science					
Social Work						Sociology						Soil Science					
Speech and Drama						Statistics						Therapy (Specify)					
Toxicology						Urban Studies						Wildlife Management					
Zoology						Other:						Other:					
Other:						Other:						Other:					
Other:						Other:						Other:					

Comment area to further specify the Fields of Study where noted in the previous table

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. If additional space is needed, click the "Add Another Employment Record" button or attach a separate sheet following the same format as below. Resumes submitted must be in same format as the application. Attach additional sheets/resumes to 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 _____

Street Address _____ City _____ State _____

Position Title _____

Average Number of Hours Worked Per Week _____ Current/Last Salary \$ _____ Salary Period _____

Dates of Employment Month Year To Month Year Total Years Months

Supervisory Responsibility: List the Number of Employees You Supervised in the Appropriate Fields Below

Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____

Describe the Duties and Responsibilities for Each Title Separately:

Reason for Leaving:

Past Employer _____

Street Address _____ City _____ State _____

Position Title _____

Average Number of Hours Worked Per Week _____ Current/Last Salary \$ _____ Salary Period _____

Dates of Employment Month Year To Month Year Total Years Months

Supervisory Responsibility: List the Number of Employees You Supervised in the Appropriate Fields Below

Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____

Describe the Duties and Responsibilities for Each Title Separately:

Reason for Leaving:

15. WORK HISTORY (continued)

Past Employer _____
Street Address _____ City _____ State _____
Position Title _____
Average Number of Hours Worked Per Week _____ Current/Last Salary \$ _____ Salary Period _____
Dates of Employment Month Year To Month Year Total Years Months
Supervisory Responsibility: List the Number of Employees You Supervised in the Appropriate Fields Below
Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____
Describe the Duties and Responsibilities for Each Title Separately:

Reason for Leaving:

Past Employer _____
Street Address _____ City _____ State _____
Position Title _____
Average Number of Hours Worked Per Week _____ Current/Last Salary \$ _____ Salary Period _____
Dates of Employment Month Year To Month Year Total Years Months
Supervisory Responsibility: List the Number of Employees You Supervised in the Appropriate Fields Below
Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____
Describe the Duties and Responsibilities for Each 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 the Illinois Relay Center at 800/526-0844.
- 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 (8)(a)), 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.
- Central Management Services requests disclosure of information that is necessary to accomplish its obligations, primarily the statutory purposes outlined under the Personnel Code (20 ILCS 415). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination on eligibility or employment. Social Security numbers are used in the application and employment processes to identify and differentiate between candidates and/or employees. Confidentiality of Social Security numbers obtained through this application process will be preserved as prescribed by 5 ILCS 179 et seq.

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:

CMS Bureau of Personnel
 Examining and Counseling Division
 Stratton Office Building, Room 500
 Springfield, Illinois 62706.

Applications for a closed exam will be held on file until an agency requests that the test be administered or for a maximum of one year from the date of receipt.

17. Email Address (Optional) _____ @ _____

The following section is optional.

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. Check **ONE box** and, if applicable, check the appropriate Disability box.

Female	Male	Ethnicity
<input type="checkbox"/> A	<input type="checkbox"/> G	White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> B	<input type="checkbox"/> H	Black or African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> C	<input type="checkbox"/> 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.
<input type="checkbox"/> D	<input type="checkbox"/> 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.
<input type="checkbox"/> E	<input type="checkbox"/> L	Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
<input type="checkbox"/> P	<input type="checkbox"/> 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

See the included State of Illinois Assessment Centers, Testing and Career Counseling Information sheet

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

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

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

CHICAGO

Central Management Services
James R. Thompson Center - Suite 3-300
100 W. Randolph Street
Chicago, Illinois 60601
Phone: 312-793-3565
Illinois Relay Center:
800-526-0844

SPRINGFIELD

Central Management Services
Capital City Center
130 West Mason Street
Springfield, IL 62702
Phone: 217-557-6885
Illinois Relay Center:
800-526-0844

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) Illinois Relay Center (800) 526-0844**

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 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.

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 the Illinois Relay Center at (800) 526-0844 before the date of the test.

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 central and northern portions of the City of Chicago shown crosshatched. A more detailed map is available on our website at www.work.illinois.gov under 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	Laborer (Maintenance)	Security Officer
Cook I	Licensed Practical Nurse I and II	Stores Clerk
Heavy Construction Equipment 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.

