

# APPLICATION FOR EMPLOYMENT

## State Universities Civil Service System

1717 Philo Road, Suite 24

Urbana, Illinois 61802-6099

Phone: 217/278-3150 • TDD: 866/488-4003 • Fax: 217/278-3159 • [www.sucss.illinois.gov](http://www.sucss.illinois.gov)

**An Equal Opportunity Employer/Affirmative Action Employer**

Please type or write in ink, legibly print answers -- use additional pages as needed. Form must be dated and signed where indicated or application is not valid.

(PLEASE PRINT)

Last Name		First	Middle		
Home Address		City	County	State	Zip Code
Telephone Number	Are you authorized to work lawfully in the United State for our agency?				
	Yes	No	NOTE: if hired, an I-9 form must be completed at the start of employment.		

Type of work applied for	Minimum salary/rate desired
Date available for work	Hours available for work
Type of employment applied for:	
Full-time      Part-time	

### EDUCATION

Select highest grade completed	Grade School	High School		Other	College
Name and address of institutions: (include city and state of address)	Course or Major Subject	Dates Attended		Years Credit, Degree or Certificate	Did you Graduate?
		From	To		
High School					
College					
Graduate School					
Technical, Professional or Specialized Training					

### EMPLOYMENT RECORD, FORMER EMPLOYERS -- LIST LAST POSITION FIRST

	Month-Year	Highest Title and Rank, Nature of Work		Reason for Leaving
Name	From			
Address			Full Time	
City	To		Part Time	
Telephone #				
Name	From			
Address			Full Time	
City	To		Part Time	
Telephone #				
Name	From			
Address			Full Time	
City	To		Part Time	
Telephone #				
Name	From			
Address			Full Time	
City	To		Part Time	
Telephone #				

Please indicate any professional, craft, trade, office or other skills, and abilities possessed by you (i.e., Drafting, Typing, Shorthand, Office Machines, Computer Programs).

Professional registration or license number(s).

Do you speak, read or write any foreign language Yes No If yes, please specify.

*You need to answer only if knowledge of a foreign language would be of qualification or an aide for the position(s) for which you are applying.*

Are you a U.S. Veteran? Yes No

Dates of Service -- From \_\_\_\_\_ To \_\_\_\_\_

If yes and you desire preference based on this service, please furnish your report of separation or discharge **(DD 214 form)**.

Does the State Universities Civil Service System now employ any of your relatives? Yes No

This information is required to assure noninterference in decision-making by relatives of employees. If yes,

Name Relationship Department

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By signing below I certify, authorize or acknowledge:**

***That all information provided by me in this application, including any attachments, is complete, true and correct and that no material misrepresentations or omissions are contained herein. I agree that any false information or omission of information given in this application or any attachments will void my application or, if hired, constitute sufficient grounds for termination.***

***For purposes of verification, any persons, organizations, licensing agencies, and educational institutions referred to in this application and any attachments may be contacted to give information concerning my previous employment, education, experience, or licensing. I unconditionally and irrevocably release all persons, organizations or educational institutions from all liability that may result from providing information related to this application or any attachments.***

***That upon request, a reasonable accommodation in accordance with the Americans with Disabilities Act will be made for me in the application process if I am disabled. Applicants that request a reasonable accommodation will be given the same consideration for employment as other applicants.***

***That only the Executive Director can make an offer of employment to me and no one else may offer or promise me anything.***

***That I am not in default on the repayment of any educational loan or any other loan from public funds in regards to the Educational Loan Default Act [5 ILCS 385].***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

For interviewer's use only.

Test Scheduled:

Class

Experience

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
years

\_\_\_\_\_  
years

Areas of interest: