



DEPARTMENT OF MILITARY AFFAIRS-ILLINOIS

Mail application to: DMAIL-State Personnel 1301 N. MacArthur Blvd. Springfield, IL 62702-2399

EMPLOYMENT APPLICATION

THIS APPLICATION IS FOR POSITIONS EXEMPT FROM THE PERSONNEL CODE. ILLINOIS NATIONAL GUARD MEMBERSHIP, ACTIVE OR RETIRED DEPENDING ON THE POSITION, IS A REQUIREMENT. Complete this application in detail. Pencil copies of applications will not be accepted. Legible photocopies are accepted.

PLEASE TYPE OR PRINT

1. PRINT COMPLETE TITLE OF POSITION APPLIED FOR LEAVE BLANK
2. SOCIAL SECURITY NUMBER 3. BIRTH DATE (MM/DD/YY) Optional EXAM DATE
3. LAST NAME FIRST NAME M
4. STREET ADDRESS COUNTY CITY STATE ZIP CODE 5. TELEPHONE NUMBER
6. CITIZENSHIP; Check box below: U.S. Citizen Permanent Resident Alien Non-Immigrant Alien
7. If your answer to any of the following questions is "Yes", attach a detailed statement.
8. TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:
9. WORK LOCATION PREFERENCE: List locations at which you will work.
10. AVAILABILITY: (Select one)
DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY
QUAL. APPROVED BY REJECTED DATE

**Department of Military Affairs**

List your education accurately and completely. Proof of education and training must be submitted at time of hire.

<b>11. HIGH SCHOOL GRADUATE:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> CIRCLE NUMBER OF YEARS COMPLETED: 0 1 2 3 4												<b>GED:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>12. DRIVERS LICENSE NUMBER</b>			STATE		MO/YR ISSUED		CURRENT		REST	NON-CDL			CDL	ENDR					
					/		Yes <input type="checkbox"/>	No <input type="checkbox"/>		A B C D L M			A B	X N					
<b>13. BUSINESS/TRADE/CORRESPONDENCE SCHOOL NAME AND LOCATION</b>				FROM		TO		TIME		SUBJECTS			COURSE LENGTH		COMPLETED				
				MO	YR	MO	YR	FULL	PART				YES	NO					
<b>14. TECHNICAL/PROFESSIONAL LICENSE</b>			NUMBER				STATE IN WHICH ISSUED			DATE ISSUED		EXPIRATION DATE							
										MO YR		MO YR							
<b>15. NAMES OF COLLEGE/UNIVERSITIES ATTENDED</b>			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				
Undergraduate:											MO	YR	MO	YR	MO	YR			
											/	/	/	/	/	/			
Graduate:											MO	YR	MO	YR	MO	YR			
											/	/	/	/	/	/			
<p>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.</p>																			
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
Accounting						Entomology								Medical Records					
Actuarial Science						Environmental Health								Medical Technology					
Afro-American Studies						Epidemiology								Medicine					
Agriculture						Finance								Microbiology					
Agronomy						Epidemiology								Nursing					
Animal Science						Finance								Park Management					
Architecture						Fire Science								Pastoral Counseling					
Art						Fish Management								Pharmacy					
Atmospheric Science						Forensic Science								Physics					
Audio/Visual Instruction						Forestry								Political Science/Govt.					
Bacteriology						Game Management								Programming					
Biochemistry						Genetics								Psychology					
Biology						Geography								Public Administration					
Biostatistics						Geology								Radio-Television					
Botany						Guidance and Counseling								Recreation					
Business Administration/Mgmt						Arts								Risk Assessment					
Cell/Molecular Biology						Health/Public Health								Secretarial Science					
Chemistry						History								Social Work					
Computer Science						Humanities								Sociology					
Conservation						Human Services								Soil Science					
Criminal Justice Administration						Hydrology								Speech and Drama					
Criminology						Industrial Industrial Hygiene								Statistics					
Demography						Insurance								Therapy (specify)					
Divinity/Theology						Journalism								Toxicology					
Dietetics, Nutrition						Law (specify)								Urban Studies					
Economics						Law Enforcement								Wildlife Management					
Education (specify)						Library Science								Zoology					
Engineering (specify)						Limnology								Other:					
Engineering Technology						Management Information Systems								<b>Office Use Only</b> <b>Met:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
Environmental Science						Marketing													
English						Mathematics													

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16. Complete this section in detail. Begin with most recent payroll title and work backward. If additional space is needed, attach a separate sheet following the same format. Resumes 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: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PAYROLL TITLE: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

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: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

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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: \_\_\_\_\_

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

HOURS WORKED PER WEEK: \_\_\_\_\_

CURRENT SALARY: MONTH: \_\_\_\_\_ ANNUAL: \_\_\_\_\_

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: \_\_\_\_\_



**EQUAL EMPLOYMENT OPPORTUNITY**

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following information. **Completion of this information is not required. Circle ONE letter.**

FEMALE	MALE	
A	G	<b>White</b> not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
B	H	<b>African American</b> not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	<b>Native American.</b> A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.
D	K	<b>Asian American.</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
E	L	<b>Hispanic.</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

**REFERENCES**

Please provide references in the spaces provided below. These references may be checked prior to being employed with the Department of Military Affairs. Include name, title, address and phone number of each.

(1) \_\_\_\_\_

\_\_\_\_\_

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(2) \_\_\_\_\_

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(3) \_\_\_\_\_

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