

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. Unsigned or incomplete applications will be returned.

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

PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

Position Title					Option	Leave Blank		
2. Last Name			First Name		<u> </u>			
				· · · · · · · · · · · · · · · · · · ·				
Address				ounty	4. Birthdate (· · · · · · · · · · · · · · · · · · ·		
City	Sta	te Zip	5	. Main Phone	Other P	hone		
6. Drivers Licen	se No.			Stat	Month/Year Ex	pires		
Restrictions		Non-	-CDL A 🗌 B 🛭		☐ M ☐ CDL A ☐ B [□ ENDR X □ N □		
7. County Choic Select 1 or 2	e 1:		Cook Zone	eave Blank 2:		Leave Blank one		
See the includ	ed Cook County	y Zoned Titles ar	nd Location Map)				
8. Availability A. Available for permanent employment; will not accept temporary employment. (Trainee titles must choose A.) B. Available for permanent employment; will accept temporary employment. (Trainee titles must choose A.)								
9. VETERANS F	PREFERENCE:							
For assista	ance contact Ve	terans Outreach	at 1-800-643-8	138 or Illinois Rel	ay Center at 1-800-526-0	` • /		
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								
	_	under honorable						
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.								
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 Signatur	e Required					Date		
	- 4		Exam Date		Test Center			
	For CMS Use Only		_					

 If your answer to either or be in the space provided. A. Have you ever been fired 								ovide a detailed	explar	ation c	of the c	ircumstances	
Yes No													
B. Are you currently in defau	ılt on the	repayme	ent o	f any state	educ	cational	l loar	n?					
Yes No													
State law provides that any more and in the amount of \$ arrangement with the maker	600 or n	nore shal	ll, as	a condition									
11. HIGH SCHOOL													
High School Graduate? Yes	No		N	lumber of Y	/ears	s Comp	leted	d	Gl	ED?	Yes	No	
12. BUSINESS, TRADE, CORR													
Business, Trade, Correspond School: Name and Addres						Time Full/Pa	Silhiac		יוכ ו		course ength	Completed Yes/No	
					_								
13. TECHNICAL/PROFESSION	AL LICE	NSE											
Technical/Professional License				Number			State Issued		I	Date Issue			
14. EDUCATION REPORT: LIS degrees may be required. The n some titles. This information is a	umber o	f credit h	ours	you have e	earne	ed may							
Name and Address of Colleges/ Universities Attended				Major Minor		Minor	Dates Atte		ttende	ended		el and Date of gree Earned	
Indicate Undergraduate(U)/Graduate(G)	SEM	QTR		Do Not breviate	1	Do Not bbrevia		From MM/YYYY		o /YYY	Leve	el MM/YYYY	

Undergrad Graduate Undergrad Graduate Undergrad Graduate Fields Of Study Fields of Study Fields of Study Hours Hours Hours Hours Hours Hours List Actual Credit Hours List Actual Credit Hours List Actual Credit Hours Sem Qtr Sem Qtr Sem Qtr Sem Qtr Sem Qtr Sem Qtr Earned Farned Farned **Actuarial Science** Afro-American Studies Accounting Agriculture Animal Science Agronomy Architecture Art Atmospheric Science Audiovisual Instruction Bacteriology Biochemistry Biology **Biostatistics** Botany Business Admin/Mgmt Cell/Molecular Biology Chemistry Computer Science Conservation Criminal Justice Admin Demography Dietetics. Nutrition Criminology 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 Genetics Geography Geology Guidance and Counseling Health/Public Health History Home Economics Humanities **Human Services** Industrial Arts Hydrology Industrial Hygiene Insurance Journalism Law (Specify) Library Science Law Enforcement Limnology Mgmt. Info. Systems Marketing Mathematics Medical Records Medical Technology Medicine Nursing (Specify) Park Management Microbology Pastoral Counseling Pharmacy **Physics** Political Science/Govt Programming Psychology **Public Administration** Radio - Television Recreation Rehab Counseling/Admin Risk Assessment Secretarial Science Social Work Soil Science Sociology Speech and Drama Statistics Therapy (Specify) **Urban Studies** Wildlife Management Toxicology Zoology Comment area to further specify the Fields of Study where noted in the previous table

LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY

DO NOT INCLUDE COURSES MORE THAN ONCE

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, 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:

CMS100 (Rev 12/2013)

- 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 Fi	elds Below	
Manual/Trades Professional Technical/F	Para-Professional Clerical	Administra	ative
Describe the Duties and Responsibilities for Each Title Sep	parately:		
Reason for Leaving:			
Trodoon for Loaving.			
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 Fi	elds Below	
Manual/Trades Professional Technical/F	Para-Professional Clerical	Administra	ative
Describe the Duties and Responsibilities for Each Title Sep	parately:		
Reason for Leaving:			

15. WORK HISTORY (continued):

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

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
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.
В	Н	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".
С	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.
re you an	Individua	I with a Disability? Yes No

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

STATE OF ILLINOIS ASSESSMENT CENTERS

800-526-0844 (TTY only)

CHAMPAIGN (by appointment only)

Central Management Services
State Regional Office Building
2125 South First Street
Champaign, Illinois 61820
Phone: 217-278-3435

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:

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.

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:

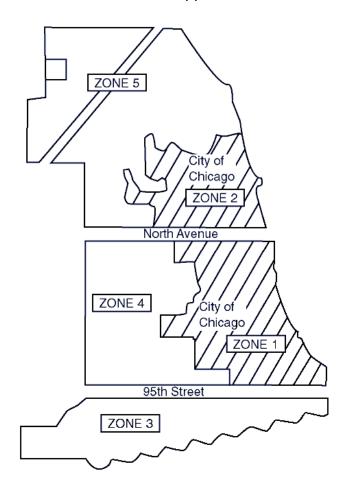
Automotive Mechanic Highway Maintainer Lead Worker Office Clerk
Child Development Aide Laborer (Maintenance) Security Officer
Cook I Licensed Practical Nurse I and II Stores Clerk
Heavy Construction Equipment Operator Office Aide Storekeeper I

Office Assistance

Highway Maintainer

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 his 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.



Support Service Worker