

**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 or fax copies of applications will not be accepted. Legible photocopies are accepted.  
 PLEASE PRINT LEGIBLY OR TYPE INFORMATION.

<b>1. POSITION TITLE</b>			<b>OPTION</b>		<b>LEAVE BLANK</b>										
<b>2. LAST NAME</b>			<b>FIRST NAME</b>		<b>MI</b>		<b>3. SOCIAL SECURITY NUMBER</b>								
<b>STREET ADDRESS</b>				<b>COUNTY</b>			<b>4. BIRTHDATE (OPTIONAL)</b>								
<b>CITY</b>		<b>STATE</b>		<b>ZIP CODE</b>		<b>5. HOME TELEPHONE</b>			<b>WORK TELEPHONE</b>						
						( ) ( )									
<b>6. DRIVERS LICENSE NUMBER</b>		<b>STATE</b>		<b>MO/YR ISSUED</b>		<b>CURRENT</b>		<b>REST</b>		<b>NON-CDL</b>		<b>CDL</b>		<b>ENDR</b>	
				/		<input type="checkbox"/> YES <input type="checkbox"/> NO				A B C D L M		A B		X N	
<b>7. COUNTY CHOICE</b>		<b>COUNTY</b>		<b>COOK/ZONE</b>		<b>LEAVE BLANK</b>		<b>COUNTY</b>		<b>COOK/ZONE</b>		<b>LEAVE BLANK</b>			
(Select one or two)															
<b>8. AVAILABILITY</b> (Check one)		A. <input type="checkbox"/> Available for permanent employment; will not accept temporary employment. (Trainee titles must choose A.)			B. <input type="checkbox"/> Available for permanent employment; will accept temporary employment.			C. <input type="checkbox"/> Available for temporary employment only.							
<b>9. If your answer to any of the following questions is "yes" please attach a signed detailed explanation.</b>										<b>LEAVE BLANK</b>					
1. Have you ever been fired from a job? (Downsize/layoff is not applicable.) <input type="checkbox"/> YES <input type="checkbox"/> NO															
2. Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO															
3. Are you currently in default on the repayment of any state educational loan? <input type="checkbox"/> YES <input type="checkbox"/> 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.															
<b>10. VETERANS PREFERENCE: For assistance contact Veterans Outreach at 1-800-643-8138 or Illinois Relay Center at 1-800-526-0844 (TDD/TTY only).</b>															
<input type="checkbox"/> I wish to claim Veterans Preference; attached is the most recent certified copy of my DD214/215. (If claiming <b>service-connected disability, also include a copy</b> of U.S. Veterans Affairs award letter.)										<b>LEAVE BLANK</b>					
<input type="checkbox"/> I wish to claim Veterans Preference as an <b>IL</b> National Guard/Reservist. Attached is a letter from my unit personnel indicating I am currently serving under <b>honorable</b> conditions or a copy of my NGB22 stating my discharge was under <b>honorable</b> conditions.															
<input type="checkbox"/> 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.															
<input type="checkbox"/> I have submitted required military documentation to CMS after <b>January 01, 2000</b> and have already established Veterans Preference with CMS.															
<b>11. HIGH SCHOOL GRADUATE</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF YRS COMPLETED				0 1 2 3 4		GED <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>12. BUSINESS, TRADE, CORRESPONDENCE SCHOOL: NAME AND ADDRESS</b>				<b>FROM</b>		<b>TO</b>		<b>TIME</b>		<b>SUBJECTS</b>		<b>COURSE LENGTH</b>		<b>COMPLETED</b>	
				MO YR		MO YR		FULL PART				YES NO			
<b>13. TECHNICAL/PROFESSIONAL LICENSE</b>				<b>NUMBER</b>				<b>STATE ISSUED</b>				<b>DATE ISSUED</b>		<b>EXPIRATION DATE</b>	
												MO YR		MO YR	
FOR CMS USE ONLY										EXAM DATE		TEST CENTER			
										MONTH		DAY		YEAR	

**14. EDUCATION REPORT: LIST YOUR EDUCATION ACCURATELY AND COMPLETELY.** DO NOT submit transcripts/degrees. 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. Proof of education/training may be required during the hiring process.

NAME AND ADDRESS OF COLLEGES/UNIVERSITIES ATTENDED	HOURS EARNED		MAJOR (DO NOT ABBREVIATE)	MINOR (DO NOT ABBREVIATE)	DATES ATTENDED		LEVEL AND DATE OF DEGREE EARNED			
	SEM	QTR			FROM MO/YR	TO MO/YR	LEVEL	MO	YR	
<i>Undergraduate:</i>					/	/				
					/	/				
					/	/				
<i>Graduate:</i>					/	/				
					/	/				
					/	/				
<b>• LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY</b>			<b>• INDICATE THE ACTUAL NUMBER OF SEMESTER OR QUARTER HOURS EARNED</b>				<b>• DO NOT INCLUDE COURSES MORE THAN ONCE</b>			
FIELDS OF STUDY	UNDERGRADUATE		GRADUATE		FIELDS OF STUDY	UNDERGRADUATE		GRADUATE		
	# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS		# OF SEM HRS	# OF QTR HRS	# OF SEM HRS	# OF QTR HRS	
Accounting					Humanities					
Actuarial Science					Human Services					
Afro-American Studies					Hydrology					
Agriculture					Industrial Arts					
Agronomy					Industrial Hygiene					
Animal Science					Insurance					
Architecture					Journalism					
Art					Law (specify)					
Atmospheric Science					Law Enforcement					
Audiovisual Instruction					Library Science					
Bacteriology					Limnology					
Biochemistry					Mgmt Info Systems					
Biology					Marketing					
Biostatistics					Mathematics					
Botany					Medical Records					
Business Admin/Mgmt					Medical Technology					
Cell/Molecular Biology					Medicine					
Chemistry					Microbiology					
Computer Science					Nursing (specify)					
Conservation					Park Management					
Criminal Justice Admin					Pastoral Counseling					
Criminology					Pharmacy					
Demography					Physics					
Dietetics, Nutrition					Political Science/Govt					
Divinity/Theology					Programming					
Early Childhood Development					Psychology					
Economics					Public Administration					
Education (specify)					Radio-Television					
Engineering (specify)					Recreation					
Engineering Technology					Rehab Counseling/Admin					
Environmental Science					Risk Assessment					
English					Secretarial Science					
Entomology					Social Work					
Environmental Health					Sociology					
Epidemiology					Soil Science					
Finance					Speech and Drama					
Fire Science					Statistics					
Fish Management					Therapy (specify)					
Food Service Mgmt					Toxicology					
Foreign Language (specify)					Urban Studies					
Forensic Science					Wildlife Management					
Forestry					Zoology					
Geography					Other:					
Geology										
Genetics										
Guidance and Counseling										
Health/Public Health										
History										
Home Economics										

Attach separate sheet of paper for additional coursework if necessary.

**15. WORK HISTORY:** Complete this section in detail. **Begin with most recent payroll title and work backward. If you have an extensive work history with one employer, list each change in payroll title separately including duties and dates associated with each.** Unsigned or incomplete applications will be returned. 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. 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			PAYROLL TITLE					
STREET ADDRESS			NUMBER OF HOURS WORKED PER WEEK OR MONTH			CURRENT OR LAST SALARY WEEKLY OR MONTHLY OR ANNUALLY		
CITY	STATE	DATES OF EMPLOYMENT				YEAR	TOTAL	
		MONTH	YEAR	TO	MONTH		YEARS	MONTHS
<b>SUPERVISORY RESPONSIBILITY:</b> <b>LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)</b>		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
<b>DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:</b>								
<b>REASON FOR LEAVING:</b>								
EMPLOYER			PAYROLL TITLE					
STREET ADDRESS			NUMBER OF HOURS WORKED PER WEEK OR MONTH			CURRENT OR LAST SALARY WEEKLY OR MONTHLY OR ANNUALLY		
CITY	STATE	DATES OF EMPLOYMENT				YEAR	TOTAL	
		MONTH	YEAR	TO	MONTH		YEARS	MONTHS
<b>SUPERVISORY RESPONSIBILITY:</b> <b>LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)</b>		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
<b>DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:</b>								
<b>REASON FOR LEAVING:</b>								
EMPLOYER			PAYROLL TITLE					
STREET ADDRESS			NUMBER OF HOURS WORKED PER WEEK OR MONTH			CURRENT OR LAST SALARY WEEKLY OR MONTHLY OR ANNUALLY		
CITY	STATE	DATES OF EMPLOYMENT				YEAR	TOTAL	
		MONTH	YEAR	TO	MONTH		YEARS	MONTHS
<b>SUPERVISORY RESPONSIBILITY:</b> <b>LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)</b>		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE		
<b>DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:</b>								
<b>REASON FOR LEAVING:</b>								

<b>EMPLOYER</b>		<b>PAYROLL TITLE</b>					
<b>STREET ADDRESS</b>		<b>NUMBER OF HOURS WORKED PER WEEK OR MONTH</b>			<b>CURRENT OR LAST SALARY WEEKLY OR MONTHLY OR ANNUALLY</b>		
<b>CITY</b>	<b>STATE</b>	<b>DATES OF EMPLOYMENT</b>				<b>TOTAL</b>	
		<b>MONTH</b>	<b>YEAR</b>	<b>TO</b>	<b>MONTH</b>	<b>YEAR</b>	<b>YEARS MONTHS</b>
<b>SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)</b>		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE	

**DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL TITLE SEPARATELY:**

**REASON FOR LEAVING:**

<b>EMPLOYER</b>		<b>PAYROLL TITLE</b>					
<b>STREET ADDRESS</b>		<b>NUMBER OF HOURS WORKED PER WEEK OR MONTH</b>			<b>CURRENT OR LAST SALARY WEEKLY OR MONTHLY OR ANNUALLY</b>		
<b>CITY</b>	<b>STATE</b>	<b>DATES OF EMPLOYMENT</b>				<b>TOTAL</b>	
		<b>MONTH</b>	<b>YEAR</b>	<b>TO</b>	<b>MONTH</b>	<b>YEAR</b>	<b>YEARS MONTHS</b>
<b>SUPERVISORY RESPONSIBILITY: LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX(ES)</b>		MANUAL/TRADES	CLERICAL	TECHNICAL/PARA-PROFESSIONAL	PROFESSIONAL	ADMINISTRATIVE	

**DESCRIBE DUTIES AND RESPONSIBILITIES FOR EACH PAYROLL 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 217/782-6921 (voice) or 217/785-3979 (TDD/TTY).

**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: Central Management Services, Examining and Counseling, Room 500, Stratton Office Building, 401 South Spring Street, Springfield, Illinois 62706. Applications for a closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

**17.** 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 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.

DATE

**WRITTEN SIGNATURE REQUIRED**

The State of Illinois is an Equal Opportunity Employer. We invite you to complete the following. 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.</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.

**Employment Counseling** is available to provide direction and assistance in obtaining state employment. Employment counseling includes suggesting and describing job titles and duties after a review and discussion of your education and work experiences; recommending specific examinations; and answering procedural questions. A comprehensive counseling session is available by appointment in all test locations. A brief counseling session is available only in Springfield and Chicago prior to testing. All counseling sessions require a completed CMS application for the counselor to review. The telephone number for the Office of Career Services in Springfield is (217) 524-1321 (voice) or (217) 524-1383 (TDD/TTY only). The phone numbers for other counseling locations may be found on the reverse side under State of Illinois Test Centers.

• **LATE APPLICANTS ARE NOT ADMITTED**

• **IDENTIFICATION IS REQUIRED**

**Testing Information** Examinations may be canceled or limited to certain localities without notice as hiring needs are met. For written and/or performance tests, bring your completed application to the test center approximately 30 minutes before test time. Titles not requiring a multiple choice and/or performance test can be submitted to Central Management Services, Examining and Counseling, Room 500, Stratton Office Building, 401 South Spring Street, Springfield, Illinois 62706. Legible photocopies are accepted. A separate application is required for each title and option tested. **Exceptions:** You may use one application to apply for multiple options for the Public Service Administrator (PSA) or Senior Public Service Administrator (SPSA) titles. You may use one application to apply for Office Aide, Clerk, and Assistant with related options.

**Group A** (continuous testing) Testing will be conducted on a regular basis at CMS Test Centers in Springfield, Chicago, Champaign, Marion, and Rockford. Off-site testing is periodically scheduled in Kankakee and Quincy. For testing dates contact a test center. See reverse side under State of Illinois Test Centers.

**Group B** (closed exams) Applications for a closed exam will be maintained until an agency requests that the test be administered or for a maximum of one year.

**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 (TDD/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 Opt. 1, 2 and 3 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.

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If you are an individual with a disability and need assistance to participate in the testing process, please contact Disability Services at Springfield (217) 785-1985 (voice) or (217) 524-1383 (TDD/TTY only) before the date of the test.

## STATE OF ILLINOIS TEST CENTERS

### CHICAGO

Central Management Services  
 James R. Thompson Center - Suite 3-300  
 100 West Randolph Street  
 Chicago, Illinois 60601  
 Phone: 312-793-3565  
 TDD/TTY only: 312-814-4458

### MARION (by appointment only)

Central Management Services  
 State Regional Office Building  
 2309 West Main Street  
 Marion, Illinois 62959  
 Phone: 618-993-7005  
 Illinois Relay Center:  
 800-526-0844 (TDD/TTY only)

### SPRINGFIELD

(new location)  
 Central Management Services  
 Capital City Center  
 130 West Mason Street  
 Springfield, Illinois 62702  
 Phone: 217-557-6885  
 TDD/TTY only: 217-785-3979

### CHAMPAIGN (by appointment only)

Central Management Services  
 State Regional Office Building  
 2125 South First  
 Champaign, Illinois 61820  
 Phone: 217-278-3435  
 Illinois Relay Center:  
 800-526-0844 (TDD/TTY only)

### ROCKFORD (by appointment only)

Central Management Services  
 E.J. "ZEKE" Giorgi Center  
 200 South Wyman  
 Rockford, Illinois 61101  
 Phone: 815-987-7004  
 Illinois Relay Center:  
 800-526-0844 (TDD/TTY only)

## 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 the central and northern portions of the City of Chicago shown crosshatched.

The open competitive position titles to which Cook County **zones** apply are:

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

