



# Michael W. Frerichs

ILLINOIS STATE TREASURER

## Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

### ***PLEASE PRINT***

Position(s) Applied for \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

If you are under the age of 18 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date(s) \_\_\_\_\_

Have you ever been employed here before? Yes No If yes, give date (s) \_\_\_\_\_

Are you currently employed? Yes No

Are you lawfully authorized to work in the United States? Yes No

On what date would you be available to start work? \_\_\_\_\_ What

is desired or expected salary? Monthly \_\_\_\_\_ Annual \_\_\_\_\_

Are you able to work... Full-Time Part-Time Temporary

Are you on a layoff and subject to recall? Yes No

Can you travel if a job requires it? Yes No

How did you hear about this position? Check one:

Internal Posting/Walk in Internet Posting  
Advertisement(specify) \_\_\_\_\_  
Personal Contact(specify) \_\_\_\_\_  
Other  
(specify) \_\_\_\_\_

\*AN EQUAL OPPORTUNITY EMPLOYER \*

## Employment Experience

Start with your present or last job going back five years. If you need additional space, please continue on a separate sheet. **Please attach a copy of your current resume.**

|   |                  |
|---|------------------|
| Employer                                | Duties Performed |
| Address                                 |                  |
| Supervisor                              |                  |
| Dates      From                      To |                  |
| Job Title                               |                  |
| Reason for leaving                      |                  |

|   |                  |
|---|------------------|
| Employer                                | Duties Performed |
| Address                                 |                  |
| Supervisor                              |                  |
| Dates      From                      To |                  |
| Job Title                               |                  |
| Reason for leaving                      |                  |

|   |                  |
|---|------------------|
| Employer                                | Duties Performed |
| Address                                 |                  |
| Supervisor                              |                  |
| Dates      From                      To |                  |
| Job Title                               |                  |
| Reason for leaving                      |                  |

Are you a member of the National Guard or a veteran of the U.S. military service?    Yes    No

If yes, branch: \_\_\_\_\_

Dates of service: \_\_\_\_\_

Are you currently in compliance with all state and federal income tax requirements?    Yes    No

If your answer to any of the following questions is “Yes,” please attach a signed, detailed explanation.

Have you ever been fired from a job? (downsizing/layoff is not applicable)    Yes    No

Are you currently involved in any litigation?    Yes    No

Do you owe any back taxes?    Yes    No

Are you in arrears on child support payments?    Yes    No

Are you currently in default on the repayment of any educational loan?    Yes    No

Indicate languages you speak, read, and/or write.

|       | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak |        |      |      |
| Read  |        |      |      |
| Write |        |      |      |

List professional, trade, business, or civic activities and offices held.

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Give names, addresses, and telephone numbers of three references (do not include relatives).

|    | Name | Address | Phone Number |
|----|------|---------|--------------|
| 1. |      |         |              |
| 2. |      |         |              |
| 3. |      |         |              |

May we contact your present employer?    Yes    No

Name of contact: \_\_\_\_\_ Phone: \_\_\_\_\_

# Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience, such as computer skills, etc.

# Education

|                                 |  | High School | College/University | Graduate/<br>Professional |
|---------------------------------|--|-------------|--------------------|---------------------------|
| School Name                     |  |             |                    |                           |
| Years Completed<br>(Circle)     |  | 9 10 11 12  | 1 2 3 4            | 1 2 3 4                   |
| Diploma/Degree                  |  |             |                    |                           |
| Description Course<br>of Study: |  |             |                    |                           |
|                                 |  |             |                    |                           |

Honors Received  
Describe specialized training, apprenticeship, skills, and extra-curricular activities.

State any additional information you feel may be helpful to us in considering your application.

# APPLICANT’S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or other disciplinary action. I understand that if hired I am required to abide by all rules and regulations of the Office of the Illinois State Treasurer. I understand that if hired I authorize the State of Illinois to conduct an investigation into all aspects of my qualifications and background; any individual, organization, or agency that maintains records relating to me to provide these records upon request to any agency of the State Illinois conducting such as investigation. This authorization is not limited to employment records, credit records, and criminal history records. I release any individual, organization, or agency from any and all liability incurred as a result of providing such records. Proof of citizenship or immigration status will be required upon employment. If an adverse employment decision is made in whole or part regarding the information on the credit report that is run by any duly authorized State of Illinois Agent procures, the Office of the State Treasurer will: 1. Give me a copy of the credit report; 2. Provide me with a summary of my rights under the Fair Credit Reporting Act; 3. Provide me with the name of the credit reporting agency so that I may contact them if I choose to do so.

Signature of Applicant

Date

Mail or hand deliver your completed Application for Employment to the  
Office of the Illinois State Treasurer, Department of Human Resources,

James R. Thompson Center  
100 West Randolph, Suite 15-600  
Chicago, Illinois 60601

or

Illinois Business Center  
400 West Monroe Street, Suite 401  
Springfield, IL 62704