## **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	First		iddle
Street Address			
City	State	Zip Code	
Telephone () Er	nail		
If you are under the age of 18 can you furnish a well- Have you filed an application here before? Yes Have you ever been employed here before? Yes Are you currently employed? Yes No Are you lawfully authorized to work in the United On what date would you be available to start work	No If yes, give date(s) _ No If yes, give date (s) _ States? Yes No		
is desired or expected salary? Monthly	Annual		
Are you able to work Full-Time Part-Time Are you on a layoff and subject to recall? Yes Can you travel if a job requires it? Yes No How did you hear about this position? Check one:			
Internal Posting/Walk in Advertisement(specify)  Personal Contact(specify)  Other (specify)			

## **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 f yes, branch:					
				_	
Dates of service.					
Are you currently in co	ompliance with all state a	nd federal income tax	requirements? Yes	No	
If your answer to any o	of the following questions	s is "Yes," please attac	ch a signed, detailed expla	nation.	
-	been firedfromajob?(dow		plicable) Yes No		
	tly involved in any litigat				
	y back taxes? Yes N				
•	ars on child support payn tly in default on the repay		119 X- N-		
Are you curren	try in default on the repay	inent of any education	mai toan: Res 140		
ndicate languages you	ı speak, read, and/or write				
	Fluent	Good	Fair		
Speak					
Read					
Write					
List professional, trade	e, business, or civic activi	ties and offices held.			
Give names, addresses,	and telephone numbers of	three references (do no	ot include relatives).		
Name	A	ddress	Phone Number		
1.					
2.					
3.					
May we contact your p	present employer? Yes	s No			
Name of contact:		Phon	e:		

ills, etc.			ce, such as computer	
ducation				
uucation	High School	College/University	Graduate/	
chool Name			Professional	
ears Completed Circle)	9 10 11 12	1 2 3 4	1 2 3 4	
iploma/Degree				
Description Course f Study:				
escribe specialized training, appraise any additional information				
rtify that answers given herein are true and complete to	APPLICANT'S STA	ATEMENT		
thorize investigation of all statements contained in this		riving at an employment decision. I unders	and that this application is not, and is	
ne event of employment, I understand that false or mish ired to abide by all rules and regulations of the Office diffications and background; any individual, organization stigation. This authorization is not limited to employm It of providing such records. Proof of citizenship or im- credit report that is run by any duly authorized State of ts under the Fair Credit Reporting Act; 3. Provide me v	of the Illinois State Treasurer. I understand that if hire to a gency that maintains records relating to me to prent records, credit records, and criminal history recording ration status will be required upon employment. Illinois Agent procures, the Office of the State Treasure.	d I authorize the State of Illinois to conduct rovide these records upon request to any ag- ls. I release any individual, organization, or f an adverse employment decision is made- irer will: 1. Give me a copy of the credit re-	an investigation into all aspects of mency of the State Illinois conducting sagency from any and all liability income whole or part regarding the inform	

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 Office of the Illinois State Treasurer 1 East Old State Capitol Plaza Springfield, IL 62701