



DEPARTMENT OF MILITARY AFFAIRS
Lincoln's Challenge



EMPLOYMENT APPLICATION

Instructions: Complete this application in detail; previous applications will not be considered. Any material misrepresentation may be grounds for termination of employment or ineligibility. Applications without the necessary information will not be considered.

PLEASE TYPE OR PRINT IN BLACK.

Mail application to:
 Lincoln's Challenge Program
 ATTN: Human Resource Manager
 205 Dodge Avenue
 Rantoul, IL 61866-2100

SECTION 1

PRINT COMPLETE TITLE OF POSITION APPLIED FOR																
_____ SOCIAL SECURITY NUMBER		____/____/____ BIRTH DATE (MM/DD/YY)														
_____ LAST NAME		_____ FIRST NAME		_____ M I												
_____ STREET ADDRESS			_____ COUNTY													
_____ CITY		_____ STATE	_____ ZIP CODE	(____)____-____ AREA CODE TELEPHONE NUMBER												
CITIZENSHIP: Check box below: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident Alien Reg. No.: _____ <input type="checkbox"/> Non-Immigrant Alien Visa Type: _____		If your answer to any of the following questions is "Yes", attach a detailed statement. <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">Have you ever been discharged from a job?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Have you ever been convicted for other than minor traffic violation?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Have you previously applied for this title in the last 30 days?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> No</td> </tr> <tr> <td style="padding: 2px;">Are you currently in default on the repayment of any State educational loan?</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Yes</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> No</td> </tr> </table> <p style="font-size: small; margin-top: 5px;">NOTE: State law provides that any employee who is in default on the repayment of any education loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.</p>			Have you ever been discharged from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted for other than minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you previously applied for this title in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently in default on the repayment of any State educational loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been discharged from a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Have you ever been convicted for other than minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Have you previously applied for this title in the last 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
Are you currently in default on the repayment of any State educational loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No														
TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:																
<input type="checkbox"/> Active member of Illinois Army or Air National Guard or Reserves: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> UNIT MOS/AFSC RANK/GRADE </div>																
<input type="checkbox"/> Retired member of Illinois Army or Air National Guard: (Retired status required placement on Illinois Reserve/Guard Retired List) _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> UNIT MOS/AFSC RANK/GRADE DATE OF RETIREMENT </div>																
<input type="checkbox"/> Active Duty U.S. Armed Forces: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> PERIOD OF SERVICE BRANCH MOS/AFSC RANK/GRADE </div>																
<input type="checkbox"/> Retired member of the U.S. Armed Forces: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> BRANCH MOS/AFSC RANK/GRADE YRS OF SERVICE DATE OF RETIREMENT </div>																
WORK LOCATION PREFERENCE: List locations at which you will work. 1. _____ 2. _____ 3. _____		I understand I may be required to submit proof of previous employment, education, military service or any other statements in this application. I authorize release of this and other information covering job related factors for purposed of verification and determination of suitability for state employment. I certify that the information on this application is true and correct to the best of my knowledge.														
		_____ WRITTEN SIGNATURE		_____ DATE												
DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY																
QUAL. _____ APPROVED _____ REJECTED		BY _____ DATE _____		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 the time of appointment, evidencing his registration with the federal Selection Service System."												

SECTION II - FORMAL EDUCATION REPORT

List your education accurately and completely. Proof of education and training must be submitted at time of hire. Those documents are not required at the time of examination. Each application must be complete, since applications previously submitted are not reviewed.

CIRCLE NO. YEARS COMPLETED 0 1 2 3 4						HIGH SCHOOL OR GED GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>						RECEIVED GED CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>						CIRCLE NO. YEARS COMPLETED 0 1 2 3 4						COLLEGE - UNIVERSITY GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>					
BUSINESS/TRADE/CORRESPONDANCE SCHOOL NAME AND LOCATION						FROM		TO		TIME		SUBJECTS						LENGTH OF COURSE		COMPLETED									
						MO	YR	MO	YR	FULL	PART																		
ILLINOIS DRIVERS LICENSE CIRCLE CLASS RATING A B C D L M						LICENSE NUMBER						DATE ISSUED MO YR				CURRENT YES <input type="checkbox"/> NO <input type="checkbox"/>													
TECHNICAL/PROFESSIONAL LICENSE						NUMBER				STATE IN WHICH ISSUED				DATE ISSUED MO YR				CURRENT YES <input type="checkbox"/> NO <input type="checkbox"/>											
TYPE OF INTERNSHIP						FACILITY NAME - CITY AND STATE						FROM MO YR				TO MO YR													
NAMES OF COLLEGE/UNIVERSITIES ATTENDED UNDERGRADUATE:						TOTAL NO. HOURS EARNED				MAJOR		MINOR		DATES ATTENDED				TYPE OF DEGREE EARNED		DATE OF DEGREES									
						SEM HRS (OR) QTR HRS (OR) UNITS								FROM		TO													
GRADUATE:																													
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.																													
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	SEM	QTR								
Accounting						Forestry								Political Science/Govt.															
Afro-American Studies						Game Management								Programming															
Agriculture						Genetics								Psychology															
Agronomy						Geography								Public Administration															
Animal Science						Geology								Radio-Television															
Architecture						Guidance and Counseling								Recreation															
Art						Health/Public Health								Secretarial Services															
Audio/Visual Instruction						History								Social Work															
Bacteriology						Home Economics								Sociology															
Biology						Humanities								Speech and Drama															
Botany						Industrial Arts								Statistics															
Business Administration/Mgmt						Institutional Management								Therapy (specify)															
Chemistry						Insurance								Urban Studies															
Computer Science						Journalism								Zoology															
Conservation						Law (specify)								Other:															
Criminal Justice Admin						Law Enforcement/Administration																							
Criminology						Library Science																							
Dietetics						Marketing																							
Economics						Mathematics																							
Education (specify)						Medicine																							
Engineering (specify)						Microbiology																							
English						Nursing																							
Finance						Park Management																							
Fish Management						Pharmacy																							
Foods, Nutrition						Physics																							
														OFFICE USE ONLY															
														ED _____															

														A _____															
														B _____															
														C _____															
														TOTAL _____															

SECTION III - CIVILIAN WORK EXPERIENCE REPORT

List and describe your work experience. Begin with your present position and work backwards. Include title changes resulting in promotions. Omissions or misstatements of material facts may cause forfeiture of rights to employment. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month, and describe fully the duties performed so appropriate credit can be given. PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN DETAIL - DO NOT SUBMIT RESUMES

List EACH change in payroll title and the appropriate dates of employment for each title and the number of hours worked per week.

CURRENT (OR LAST) EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ HOURS WORKED PER WEEK: _____ MONTHLY SALARY: STARTING _____ ENDING _____			
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 <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" 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: _____ MONTHLY SALARY: STARTING _____ ENDING _____			
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 <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" 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: _____ MONTHLY SALARY: STARTING _____ ENDING _____			
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 <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>	PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____ _____				
REASON FOR LEAVING: _____				LEAVE BLANK LEVEL AMOUNT

EMPLOYER: _____

ADDRESS: _____

PAYROLL TITLE: _____

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: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

TOTAL: YEARS _____ MONTHS _____

HOURS WORKED PER WEEK: _____

MONTHLY SALARY: STARTING _____ ENDING _____

EMPLOYER: _____

ADDRESS: _____

PAYROLL TITLE: _____

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: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

TOTAL: YEARS _____ MONTHS _____

HOURS WORKED PER WEEK: _____

MONTHLY SALARY: STARTING _____ ENDING _____

EMPLOYER: _____

ADDRESS: _____

PAYROLL TITLE: _____

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: _____

DATES OF EMPLOYMENT: FROM _____ TO _____

TOTAL: YEARS _____ MONTHS _____

HOURS WORKED PER WEEK: _____

MONTHLY SALARY: STARTING _____ ENDING _____

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE. PLACE THE SHEET INSIDE THE APPLICATION.

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the Department of Military Affairs does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Lincoln's Challenge Program Human Resource Office, 217-892-1302.

SECTION IV - MILITARY EXPERIENCE

List all duty stations accurately and completely. Include promotions and title changes. Omissions or misstatements of material facts may cause forfeiture of rights to employment. **PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN DETAIL**

CURRENT (OR LAST) DUTY STATION DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL AMOUNT

DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL AMOUNT

DUTY STATION: _____ ADDRESS: _____ _____ PAYROLL TITLE: _____	DATES OF DUTY: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS _____ RANK CURRENT/ENDING: _____
IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS, INDICATE IN THE APPROPRIATE BOX THE NUMBER OF EMPLOYEES INVOLVED.	
MANUAL/TRADES <input style="width: 40px; height: 20px;" type="text"/>	CLERICAL/TECHNICAL <input style="width: 40px; height: 20px;" type="text"/>
PROFESSIONAL <input style="width: 40px; height: 20px;" type="text"/>	ADMINISTRATIVE <input style="width: 40px; height: 20px;" type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	LEAVE BLANK LEVEL AMOUNT

