DEPARTMENT OF MILITARY AFFAIRS

Lincoln's Challe*NG*e Academy

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.

Email application to:
Address: HR@lincolnschallenge.org
Subject: Application For Employment

SECTION 1

PRINT COMPLETE TITLE OF POSITION APPLIED FOR

SOCIAL SECURITY NUMBER | BIRTH DATE (DD/MMM/YYYY) | EMAIL ADDRESS

LAST NAME | FIRST NAME | MI | ☐ Yes ☐ No FULLY VACCINATED? (COVID-19)

STREET ADDRESS | COUNTY

CITY | STATE | ZIP CODE | PHONE NUMBER W/ AREA CODE

CITIZENSHIP: Check box below:

☐ U.S. Citizen

☐ Permanent Resident Alien
Reg. No.

☐ Non-Immigrant Alien
Visa Type:

If your answer to any of the following questions is "Yes", attach a detailed statement.

Have you ever been discharged from a job?	☐ Yes	☐ No
Have you ever been convicted for other than minor traffic violation?	☐ Yes	☐ No
Have you previously applied for this title in the last 30 days?	☐ Yes	☐ No
Are you currently in default on the repayment of any State educational loan?	☐ Yes	☐ No

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.

TO BE ELIGIBLE FOR A MILITARY EXEMPT POSITION, CANDIDATES MUST COMPLETE THE FOLLOWING:

☐ Active member of Illinois Army National Guard or Reserves: UNIT | MOS/AFSC | RANK/GRADE

☐ Retired member of Illinois Army or Air National Guard:
(Retired status requires placement on Illinois Reserve/Guard Retired List)
UNIT | MOS/AFSC | RANK/GRADE | DATE OF RETIREMENT

☐ Active Duty U.S. Armed Forces: PERIOD OF SERVICE | BRANCH | MOS/AFSC | RANK/GRADE

☐ Retired/Prior member of the U.S. Armed Forces: BRANCH | MOS/AFSC | RANK/GRADE | YRS OF SERVICE | DATE OF RETIREMENT

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 purposes 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.

Please Print and Sign

WRITTEN SIGNATURE | DATE

DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY

QUAL. _____ APPROVED _____ BY _____
REJECTED _____ 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."

Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed.
DMAIL-LCP Form 210. Printed by the authority of the State of Illinois.

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.

CHECK NUMBER OF YEARS COMPLETED — **HIGH SCHOOL** **OR** **GED**

0 1 2 3 4 — GRADUATED: YES ☐ NO ☐ — RECEIVED GED CERTIFICATE: YES ☐ NO ☐

CIRCLE NO. YEARS COMPLETED — **COLLEGE - UNIVERSITY**

0 1 2 3 4 — GRADUATED: YES ☐ NO ☐

BUSINESS/TRADE/CORRESPONDANCE SCHOOL NAME AND LOCATION	FROM MO	FROM YR	TO MO	TO YR	TIME FULL	TIME PART	SUBJECTS	LENGTH OF COURSE	COMPLETED
					☐	☐			

ILLINOIS DRIVERS LICENSE (SELECT CLASS RATING)	LICENSE NUMBER	DATE ISSUED (MMM/YYYY)	CURRENT
A B C D L M			YES ☐ NO ☐

TECHNICAL/PROFESSIONAL LICENSE	NUMBER	STATE IN WHICH ISSUED	DATE ISSUED (MMM/YYYY)	CURRENT
				YES ☐ NO ☐

TYPE OF INTERNSHIP	FACILITY NAME - CITY AND STATE	FROM (MMM/YYYY)	TO (MMM/YYYY)

NAMES OF COLLEGE/UNIVERSITIES ATTENDED	TOTAL NO. HOURS EARNED SEM HRS	QTR HRS	UNITS	MAJOR	MINOR	DATES ATTENDED FROM (MMM/YYYY)	TO (MMM/YYYY)	TYPE OF DEGREE EARNED	DATE OF DEGREES (MM/YY)
UNDERGRADUATE:									
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 SEM	UNDERGRAD QTR	GRADUATE SEM	GRADUATE QTR
Accounting				
Afro-American Studies				
Agriculture				
Agronomy				
Animal Science				
Architecture				
Art				
Audio/Visual Instruction				
Bacteriology				
Biology				
Botany				
Business Administration/Mgmt				
Chemistry				
Computer Science				
Conservation				
Criminal Justice Admin				
Criminology				
Dietatics				
Economics				
Education (specify)				
Engineering (specify)				
English				
Finance				
Fish Management				
Foods, Nutrition				

FIELDS OF STUDY	UNDERGRAD SEM	UNDERGRAD QTR	GRADUATE SEM	GRADUATE QTR
Forestry				
Game Management				
Genetics				
Geography				
Geology				
Guidance and Counseling				
Health/Public Health				
History				
Home Economics				
Humanities				
Industrial Arts				
Institutional Management				
Insurance				
Journalism				
Law (specify)				
Law Enforcement/Administration				
Library Science				
Marketing				
Mathematics				
Medicine				
Microbiology				
Nursing				
Park Management				
Pharmacy				
Physics				

FIELDS OF STUDY	UNDERGRAD SEM	UNDERGRAD QTR	GRADUATE SEM	GRADUATE QTR
Political Science/Govt.				
Programming				
Psychology				
Public Administration				
Radio-Television				
Recreation				
Secretarial Services				
Social Work				
Sociology				
Speech and Drama				
Statistics				
Therapy (specify)				
Urban Studies				
Zoology				
Other:				

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: (DD/MMM/YYYY) TO (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

PAYROLL TITLE:

DATES OF EMPLOYMENT: FROM: (DD/MMM/YYYY) TO (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

EMPLOYER:

ADDRESS:

PAYROLL TITLE:

DATES OF EMPLOYMENT: FROM: (DD/MMM/YYYY) TO (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM: DD/MMM/YYYY TO DD/MMM/YYYY

EMPLOYER:

ADDRESS:

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

PAYROLL TITLE: 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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM: DD/MMM/YYYY TO DD/MMM/YYYY

EMPLOYER:

ADDRESS:

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

PAYROLL TITLE: 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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DATES OF EMPLOYMENT: FROM: DD/MMM/YYYY TO DD/MMM/YYYY

EMPLOYER:

ADDRESS:

TOTAL: YEARS MONTHS

HOURS WORKED PER WEEK:

PAYROLL TITLE: 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	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

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: (DD/MMM/YYYY) TO: (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

RANK (CURRENT/ENDING):

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

MANUAL/TRADES CLERICAL/TECHNICAL PROFESSIONAL ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DUTY STATION:

ADDRESS:

PAYROLL TITLE:

DATES OF DUTY: FROM: (DD/MMM/YYYY) TO: (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

RANK (CURRENT/ENDING):

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

MANUAL/TRADES CLERICAL/TECHNICAL PROFESSIONAL ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

DUTY STATION:

ADDRESS:

PAYROLL TITLE:

DATES OF DUTY: FROM: (DD/MMM/YYYY) TO: (DD/MMM/YYYY)

TOTAL: YEARS MONTHS

RANK (CURRENT/ENDING):

IF YOU HAD SUPERVISORY RESPONSIBILITY FOR ANY OF THE FOLLOWING ON A CONTINUING BASIS.

MANUAL/TRADES CLERICAL/TECHNICAL PROFESSIONAL ADMINISTRATIVE

LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

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

SECTION V- MILITARY EDUCATION

List all your military education accurately and completely. Each application must be complete since applications previously submitted are not reviewed.

LIST ALL COURSES IN CHRONOLOGICAL ORDER STARTING WITH THE FIRST TO MOST CURRENT COURSE TAKEN

COURSE NAME	DATE OF COMPLETION MM/YYYY

SECTION VI REFERENCES

Please provide at least three (3) references in the spaces provided below. **One reference must be a previous employer**. These references will be checked prior to being employed with the Lincoln's Challenge Academy.

NAME	PHONE	RELATIONSHIP

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, a box to the right.

FEMALE	MALE	
☐	☐	**White** not of Hispanic Origin. A person having origins in any of the original peoples of Europe North Africa, or the Middle East.
☐	☐	**Black** not of Hispanic Origin. A person having origins in any of the black racial groups of Africa
☐	☐	**Native American.** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.
☐	☐	**Asian American.** 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 Phillippine Islands, and Samoa.
☐	☐	**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

- ☐ blindness/visual impairment
- ☐ deafness/hearing impairment
- ☐ orthopedic impairment
- ☐ cardiovascular disorder
- ☐ mental disorder
- ☐ nervous system disorder
- ☐ respiratory impairment
- ☐ loss of limbs
- ☐ other (specify)

HUMAN RESOURCES USE ONLY

INTERVIEWED BY: _____ _____ _____ _____

START DATE: _____ RATE: _____ CLASSIFICATION: _____

APPROVED BY: _____ TITLE: _____

REFERENCE CHECKS: _____

CONSENT FOR BACKGROUND CHECK OF VENDORS/CONTRACTORS

Project Title:	Contract Number:
Project Location:	Contractor employee works for:

Consent to Criminal History

I hereby acknowledge understanding, that with the voluntary completion of this application, I am requesting access to an Illinois Army National Guard (ILARNG) facility. I hereby authorize Force Protection, which may be in the files of any federal, state, or local law enforcement agencies.

Privacy Act Statement

AUTHORITY: Privacy Act of 1974 (5USC SECTION 552(A) (7)) 41 USC Section 423, Section 310 Title 44-10 USC 8013 Executive order 9397, USC 552A, 5CFR Section 2635.602, AR 340-21 Title 10 and 37 USC, 20 ILCS 2630/3.
PRINCIPLE PURPOSE: To enable military security and/or law enforcement personnel to conduct Citizenship and Criminal Background Checks for civilians requesting access to ILARNG Facilities.
DISCLOSURE: Voluntary. Failure to provide requested information will result in denial of access to ILARNG Facilities.
NOTICE: The information on this form is being collected in accordance with Federal Law permitting the installation commander to limit access to the installation for security reasons (50 U.S.C. Section 797 and DoD Directive 5200.8). This data will be used to screen individuals who have, or are seeking access to ILARNG Facilities.

Section 1

I have been advised and understand that the Illinois Army National Guard has an obligation to require a criminal history background check as a condition prior to allowing unescorted access to the installation in order to provide security for personnel and property under it's control. I also understand that random criminal history background checks can be conducted on me while I am working on ILARNG Installations. I have been further advised that I have a right to obtain a copy of any report and to challenge the accuracy and completeness of any information included in the criminal history report.

Section 2

I understand that the records checks may include the following:
• A State Criminal History Repository Check in the state where I currently reside and in states where I have formely resided.
• A National Agency Check with inquires, which include Federal Bureau of Investigation, fingerprint check as required.

Section 3

I hereby authorize any Federal, State, or Local agency or office to release any record relating to me, which is necessary to complete the records checks described above.

Section 4

Last Name:	First Name:	Middle Name:	SSN:
Date of Birth:	Sex:	Drivers License Number:	State of Issue:

I understand that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the competion of this form.
Have you ever been convicted of a felony? YES ☐ NO ☐

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States
☐ A Lawful Permanent Resident - Alien Registration Number
☐ An Alien with Employment Authorization Document (EAD) EAD Number

All Non-Citizens must provide an Alien Registration Number or Employment Authorization Document (EAD) Number or access to the facility will not be authorized.

Section 5 Applicant Certification

I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED.

SIGNATURE: Please Print and Sign DATE: