

If you have a disability and need an adjustment, accommodation, or auxiliary aid to participate fully in the *application process*, please describe below. _____

Have you ever been convicted of a crime? Yes No

If yes, describe in full. _____

Does the University employ any of your relatives? Yes No If yes:

Name _____	Department _____	Relationship _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle highest grade completed Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 College 1 2 3 4 5 6

EDUCATION

List your education accurately and completely. *Proof of education must be submitted at time of hire.*

List all schools attended	Name and address of school	From Mo./Yr.	To Mo./Yr.	Graduated (Yes or No)	Degree (Credit hours)	Major Course
High School/GED						
College or University						
College or University						
Graduate School						
Business or Technical						

Note any special training, skills, or professional licenses you may have.

List any languages that you speak proficiently _____ Read proficiently _____

EMPLOYMENT RECORD (Indicate a continuous record of employment beginning with your most recent position.)

Firm name _____ Dates of employment: from _____ to _____
Address _____ Full time
City, state _____ Part time
Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

Firm name _____ Dates of employment: from _____ to _____
Address _____ Full time
City, state _____ Part time
Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

Firm name _____ Dates of employment: from _____ to _____
Address _____ Full time
City, state _____ Part time
Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

Firm name _____ Dates of employment: from _____ to _____
Address _____ Full time
City, state _____ Part time
Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

EMPLOYMENT RECORD (continued)

Firm name _____ Dates of employment: from _____ to _____

Address _____ Full time

City, state _____ Part time

Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

Firm name _____ Dates of employment: from _____ to _____

Address _____ Full time

City, state _____ Part time

Phone number _____ Salary \$ _____

Name used while employed here _____ Title _____ Name of supervisor _____

List and describe your duties and responsibilities. _____

Reason for leaving or seeking other position. _____

This space is provided for you to add information you wish to include. _____

If additional space is needed, please ask for a supplement.

Have you ever completed an application at the University of Illinois before? Yes No If yes, when? _____

Have you ever been employed at the University of Illinois before? Yes No If yes, dates: _____

As a condition of a formal offer of employment, you will be required to take and pass a medical examination including the required immunization. The examination may also include testing for use of alcohol, drugs, narcotics, or controlled substances.

I understand that falsification of any data requested by this form shall be the basis for cancellation of the employment contract and/or termination of employment. I authorize the University of Illinois to verify such information and to contact any reference given by me.

Date _____ Signature _____

UNIVERSITY OF ILLINOIS AT CHICAGO

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

As a federal contractor, the University of Illinois at Chicago is required to request and maintain data on racial, ethnic, and gender identify, as well as on the disability and veteran status of all applicants for employment. This data enables the University and the Federal government to monitor compliance with equal opportunity laws and regulations.

NAME _____ DATE _____

SOCIAL SECURITY # _____

POSITION(S) APPLIED FOR _____
(JOB TITLE)

HOW DID YOU LEARN OF THIS OPENING? _____

SEX: FEMALE _____ MALE _____

RACIAL/ETHNIC DATA Check the one with which you identify. (Check only one.)

_____ **AMERICAN INDIAN OR ALASKAN NATIVE**
Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

_____ **WHITE, NOT OF HISPANIC ORIGIN**
Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **BLACK, AFRICAN-AMERICAN, NOT OF HISPANIC ORIGIN**
Persons having origins in any of the black racial groups of Africa.

_____ **ASIAN OR PACIFIC ISLANDERS**
Persons 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.

_____ **HISPANIC/LATINO, NOT OF EUROPEAN ORIGIN**
Persons of Mexican, Puerto Rican, Cuban, Central and South American Spanish culture or origin, regardless of race.

VETERAN STATUS AND DISABILITY (Check if applicable.)

_____ **DISABLED VETERAN**
Any person entitled to compensation by the Veteran's Administration for a disability rated at 30% or more, or who was discharged or released from active duty by reason of a service-connected disability.

_____ **VIETNAM ERA VETERAN**
Any veteran of the Armed Forces who served on active duty for at least 181 days, any of which occurred between August 5, 1964 and May 7, 1975, was not dishonorably discharged, or was released sooner because of a service-connected disability.

_____ **PERSONS WITH A DISABILITY**
Disabled person is defined as any individual who has a mental or physical impairment, which substantially limits one or more major life activities, has a record of substantially limiting impairment or is regarded as having such an impairment.

UNIVERSITY OF ILLINOIS
AT CHICAGO

Division of Specialized Care for Children
Office of Human Resources
2815 West Washington, Suite 300
Box 19481
Springfield, Illinois 62794-9481

Date: _____

AVAILABILITY STATEMENT

Please Print

Name: _____ Classification: _____

The Division of Specialized Care for Children has two separate places of employment.

Please check all of the locations for which you wish to be considered for employment and sign your name above "Signature of Applicant." **You will be considered for employment only the in the locations you have checked.**

Chicago Offices

- _____ 722 West Maxwell St., Chicago, IL – Located on the UIC South Campus
- _____ 1309 South Halsted St., Chicago, IL – Located on the UIC South Campus
- _____ 8609 W. Bryn Mawr, Chicago, IL (near Bryn Mawr & Cumberland)
- _____ 8205 S. Cass Avenue, Darien, IL (near 75th St. & Cass Avenue)
- _____ 6160 S. East Avenue, Hodgkins, IL (east of LaGrange Rd., near 63rd St., & East Ave.)

Downstate Offices

- _____ 510 Devonshire, Champaign, IL
- _____ 1734 Corporate Crossing, O'Fallon, IL
- _____ 2309 W. Main Street, Marion, IL
- _____ 1102A South West Street, Olney, IL
- _____ 5415 North University Avenue, Peoria, IL
- _____ 4302 North Main Street, Rockford, IL
- _____ 4711-44th Street, Rock Island, IL
- _____ 421 South Grand West, Springfield, IL
- _____ 2815 W. Washington, Springfield, IL

Comments: _____

(Signature of Applicant)

(Signature of Personnel Officer)

(Date)

Telephone (217) 793-2350 • Toll Free 1-800-322-3722 • Fax (217) 557-0406

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AT CHICAGO

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Guide for Veteran Document Verification

Name of Applicant _____

1. Did you serve in the regular Army, Navy, Air Force, Marine Corps or Coast Guard?

Yes _____ No _____

If yes, you must have the original or a copy of your DD214/215 indicating character of service.

2. Have you been or are you currently in the Illinois National Guard or Reserves?

Yes _____ No _____

If yes, and you are a member of the Illinois National Guard, you must have the original or copy of your NGB22 indicating character of service. If you are a Reservist, you must have the original or copy of your Discharge Orders or your DD256 Discharge Certificate indicating your character of service.

If yes, and you are still serving in the Illinois National Guard or Reserves, you must have a letter from the unit commander or personnel indicating character of service.

Were you activated (not including training) as a National Guardsman or Reservist?

Yes _____ No _____

If yes, you must have the original or copy of a DD214/215.

3. Do you have a service connected disability?

Yes _____ No _____

If yes, you must have the original or a copy of your DD214/215 indicating character of service and an award letter from the United States Department of Veterans Affairs.

4. Do you have a Purple Heart? Yes _____ No _____

If yes, you must have the original or a copy of your DD214/215 or your military orders or decoration certificate indicating you are a Purple Heart recipient.

5. Are you a surviving, unremarried spouse of a veteran who suffered a service connected death or the spouse of a veteran who suffered a service connected disability that prevents the veteran from qualifying for civil service employment?

Yes _____ No _____

If yes, you must have a copy of the marriage certificate, the original or a copy of the veteran's DD214/215, an award letter from the United States Department of Veterans Affairs, and a death certificate if the veteran is deceased.

6. Are you a parent of an unmarried veteran who suffered a service connected death or service connected disability that prevents the veteran from qualifying for civil service employment?

Yes _____ No _____

If yes, you must have the original or a copy of the veteran's DD214/215, an award letter from the United States Department of Veterans Affairs, and a death certificate if the veteran is deceased.

UNIVERSITY OF ILLINOIS

Application for Employment Disclaimer

I certify that to the best of my knowledge the information provided to the University of Illinois in my application is true and complete. I understand that false answers, statements or omissions of any information requested here shall be sufficient grounds for disqualification from employment or immediate termination of employment.

I understand that as a condition of my employment I may be required to undergo a medical examination and/or fitness to work assessment, including drug testing.

I give the University of Illinois permission to investigate my past educational record, criminal history background, employment history and related activities releasing persons, companies or agencies supplying such information from liability. Additionally, the University may verify whether I am prohibited from participation in federal or state health care programs due to fraud, abuse or misconduct. This participation extends to all mandated governmental exclusion listings. By submitting this application, I understand that my inclusion on a state or federal exclusion list may invalidate any offer of employment or require my immediate termination of employment.

Submitting this application to the University of Illinois does not obligate the University of Illinois, the State Universities Civil Service System, or any institution or agency served by it nor does it indicate that there are positions open.

Signature of Applicant _____

Date _____