

APPLICATION FOR EMPLOYMENT



OFFICE OF STATEWIDE PRETRIAL SERVICES

850 E. Madison
Springfield, IL 62702

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT IN INK. ANSWER ALL ITEMS FULLY OR INDICATE "N/A" IF NOT APPLICABLE. PLEASE ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. THE ATTACHMENT OF A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR RESPONSES TO ANY SECTION OF THIS APPLICATION.

PRINT NAME: LAST FIRST MIDDLE

PRESENT STREET ADDRESS:

CITY STATE ZIP CODE TITLE OF POSITION DESIRED

AREA CODES AND TELEPHONE NUMBERS:

MINIMUM ACCEPTABLE ANNUAL SALARY

DAY: () EVENING: ()

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THE JUDICIAL BRANCH OF GOVERNMENT IN ILLINOIS? YES NO
IF YES, GIVE JOB TITLE, LOCATION AND DATES OF EMPLOYMENT:

HOW WERE YOU REFERRED TO THIS OFFICE? _____

ARE YOU CURRENTLY IN DEFAULT ON THE REPAYMENT OF ANY EDUCATIONAL LOANS? YES * NO

DO YOU HAVE A CHILD SUPPORT OBLIGATION UNDER A COURT OR ADMINISTRATIVE ORDER? YES NO

ARE YOU LAWFULLY ENTITLED TO WORK IN THE UNITED STATES? YES NO
PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE JUDICIAL BRANCH IN THE PAST? YES NO
IF YES, GIVE DATE AND POSITION TITLE:

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES** NO

ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? _____

ARE YOU AVAILABLE TO WORK: FULL TIME ☐ PART TIME ☐ TEMPORARY ☐
CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO

ARE YOU RELATED TO A CURRENT EMPLOYEE OF THE JUDICIAL BRANCH? YES NO
IF SO, GIVE NAME OF EMPLOYEE:

* 5 ILCS 385/1 ET SEQ. PROVIDES THAT PERSONS WHO ARE IN DEFAULT OF AN EDUCATION LOAN FOR A PERIOD OF 6 MONTHS OR MORE AND IN AN AMOUNT OF \$600.00 OR MORE SHALL MAKE LOAN REPAYMENT ARRANGEMENTS WITH THE MAKER OR GUARANTOR OF THE LOAN AS A CONDITION OF EMPLOYMENT.

** BY SELECTING 'YES,' I AM GRANTING OSPS STAFF PERMISSION TO CONTACT MY EMPLOYER AT ANY POINT DURING THE RECRUITMENT PROCESS.

EXPERIENCE

LIST ALL EMPLOYMENT HELD, STARTING WITH YOU CURRENT OR MOST RECENT POSITION AND WORKING BACKWARD. INCLUDE A DESCRIPTION OF EACH ROLE. **IF YOU HAVE HAD MORE THAN NINE POSITIONS, MAKE AN ADDITIONAL COPY OF THIS PAGE BEFORE CONTINUING**, EXPLAIN ANY GAPS IN EMPLOYMENT AND LIST EACH POSITION SEPARATELY IF YOU HELD DIFFERENT JOBS WITH THE SAME EMPLOYER.

NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION (INCLUDE ZIP CODE, IF KNOWN)			DATES EMPLOYED (MONTH, DATE AND YEAR)	NUMBER OF EMPLOYEES YOU SUPERVISED
			FROM: TO:	
			EXACT TITLE OF YOUR JOB	
YOUR IMMEDIATE SUPERVISOR (NAME):			AREA CODE	TELEPHONE NUMBER
YOUR REASON FOR LEAVING				

DESCRIPTION OF WORK: DESCRIBE YOUR SPECIFIC DUTIES, RESPONSIBILITIES AND ACCOMPLISHMENTS IN THIS JOB. IF YOU DESCRIBE MORE THAN ONE TYPE OF WORK (FOR EXAMPLE, CARPENTRY AND PAINTING, OR PERSONNEL AND BUDGET), WRITE THE APPROXIMATE PERCENTAGE OF TIME YOU SPENT DOING EACH. (DO NOT WRITE "SEE RESUME")

LIST YOUR CURRENT OR MOST RECENT JOB AND WORK BACKWARDS, DESCRIBING EACH JOB YOU HAVE HELD. **IF YOU HAVE HAD MORE THAN THREE EMPLOYERS, MAKE A COPY OF THIS PAGE BEFORE YOU BEGIN**, INDICATE REASONS FOR ANY GAPS IN EMPLOYMENT HISTORY IF YOU HELD DIFFERENT JOBS WITH THE SAME EMPLOYER, LIST EACH JOB SEPARATELY.

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EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

DESCRIBE ANY ADDITIONAL SPECIALIZED TRAINING, APPRENTICESHIP AND SKILLS THAT ARE WORK RELATED

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION

LEVEL OF PROFICIENCY (PLEASE CHECK)

SPECIALIZED SKILLS	ABOVE AVERAGE	AVERAGE	LITTLE OR NO SKILL OR TRAINING
PERSONAL COMPUTER			
CALCULATOR			
MULTI-LINE TELEPHONE			
COPIER/FAX MACHINE			

PLEASE LIST PERSONAL COMPUTER SOFTWARE YOU HAVE USED ON THE JOB AND/OR HAVE TRAINING IN AND INDICATE PROFICIENCY USING THE SCALE ABOVE.

**PLEASE LIST THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE
DEFINITE KNOWLEDGE OF YOUR WORK QUALIFICATIONS.**

FULL NAME

RELATIONSHIP

TELEPHONE NUMBER

FULL NAME

RELATIONSHIP

TELEPHONE NUMBER

FULL NAME

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TELEPHONE NUMBER

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION, ARE CORRECT, COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE HEREIN WILL VOID THIS APPLICATION AND CAN, IF HIRED, RESULT IN TERMINATION OF MY EMPLOYMENT.

I AUTHORIZE THE OFFICE OF STATEWIDE PRETRIAL SERVICES TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I FURTHER AUTHORIZE THAT OFFICE TO SECURE ANY INFORMATION FROM ALL MY EMPLOYERS, REFERENCES, AND ACADEMIC INSTITUTIONS WHICH MAY BE RELEVANT TO AN EMPLOYMENT DECISION. I HEREBY RELEASE ALL OF THOSE EMPLOYERS, REFERENCES, AND ACADEMIC INSTITUTIONS AND THE JUDICIAL BRANCH OFFICE TO WHICH I AM APPLYING FROM ANY AND ALL LIABILITY ARISING FROM THE GIVING OR RECEIVING OF SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND THAT I MAY BE TERMINATED, WITH OR WITHOUT A REASON, AT ANY TIME AND WITHOUT PRIOR NOTICE.

SIGNATURE OF APPLICANT **X**

DATE

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF
RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.**