

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? IF YES, GIVE JOB TITLE, LOCATION AND DATES OF EMPLOYMENT:	YES	NO
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? <i>PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT</i>	YES	NO
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THE JUDICIAL BRANCH IN THE PAST? IF YES, GIVE DATE AND POSITION TITLE:	YES	NO
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 <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
CAN YOU TRAVEL IF THE JOB REQUIRES IT?	YES	NO
ARE YOU RELATED TO A CURRENT EMPLOYEE OF THE JUDICIAL BRANCH? IF SO, GIVE NAME OF EMPLOYEE:	YES	NO

\* 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 AOIC 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

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**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.**