



DEPARTMENT OF MILITARY AFFAIRS

Lincoln's Challenge 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.

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

PLEASE TYPE OR PRINT IN BLACK.

SECTION 1

PRINT COMPLETE TITLE OF POSITION APPLIED FOR				
_____/_____/_____ SOCIAL SECURITY NUMBER		____/____/_____ BIRTH DATE (MM/DD/YY)		
_____ LAST NAME		_____ FIRST NAME		_____ MI
_____ 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. 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 <small>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.</small>		
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%;"> 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%;"> 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%;"> 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%;"> 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. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> WRITTEN SIGNATURE DATE </div>		
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 GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>						HIGH SCHOOL OR GED RECEIVED GED CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>						CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED: YES <input type="checkbox"/> NO <input type="checkbox"/>						COLLEGE - UNIVERSITY					
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						LICENSE NUMBER						DATE ISSUED				CURRENT							
A B C D L M												MO		YR		YES <input type="checkbox"/>		NO <input type="checkbox"/>					
TECHNICAL/PROFESSIONAL LICENSE						NUMBER						STATE IN WHICH ISSUED				CURRENT							
												MO		YR		YES <input type="checkbox"/>		NO <input type="checkbox"/>					
TYPE OF INTERNSHIP						FACILITY NAME - CITY AND STATE						FROM				TO							
												MO		YR		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)						FROM		TO							
														MO		YR		MO		YR			
														MO		YR		MO		YR			
GRADUATE:														MO		YR		MO		YR			
														MO		YR		MO		YR			
														MO		YR		MO		YR			
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								OFFICE USE ONLY ED _____ _____ A _____ B _____ C _____ TOTAL _____									
Criminology						Library Science																	
Dietatics						Marketing																	
Economics						Mathematics																	
Education (specify)						Medicine																	
Engineering (specify)						Microbiology																	
English						Nursing																	
Finance						Park Management																	
Fish Management						Pharmacy																	
Foods, Nutrition						Physics																	

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 type="text"/> CLERICAL/TECHNICAL <input type="text"/> PROFESSIONAL <input type="text"/> ADMINISTRATIVE <input type="text"/>
LIST AND DESCRIBE YOUR DUTIES AND RESPONSIBILITIES: _____ _____ _____ _____	
REASON FOR LEAVING: _____	

EMPLOYER: _____ ADDRESS: _____ PAYROLL TITLE: _____	DATES OF EMPLOYMENT: FROM _____ TO _____ TOTAL: YEARS _____ MONTHS <small>MO/YR</small> _____ 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 type="text"/> CLERICAL/TECHNICAL <input type="text"/> PROFESSIONAL <input type="text"/> ADMINISTRATIVE <input 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 type="text"/> CLERICAL/TECHNICAL <input type="text"/> PROFESSIONAL <input type="text"/> ADMINISTRATIVE <input 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
[]	[]	[]	[]

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
[]	[]	[]	[]

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
[]	[]	[]	[]

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

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

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

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	
	MONTH	YEAR

SECTION VI REFERENCES

Please provide at least three (3) references in the spaces provided below. One reference must be a previous employer. Include the name and phone number of your previous supervisor. These references will be checked prior to being employed with the Lincoln’s Challenge Program.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.** Circle ONE letter and, if applicable, the appropriate number(s)

FEMALE	MALE	
A	G	White not of Hispanic Origin. A person having origins in any of the original peoples of Europe North Africa, or the Middle East.
B	H	Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa
C	J	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.
D	K	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 Phillipine Islands, and Samoa.
E	L	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
		1. blindness/visual impairment 2. deafness/hearing impairment 3. orthopedic impairment 4. cardiovascular disorder 5. mental disorder 6. nervous system disorder 7. respiratory impairment 8. loss of limbs 9. other (specify)

HUMAN RESOURCES USE ONLY

INTERVIEWED BY: _____

START DATE: _____ RATE: _____ CLASSIFICATION: _____

APPROVED BY: _____ TITLE: _____

REFERENCE CHECKS: _____