ILLINOIS DEPARTMENT OF JUVENILE JUSTICE
SCREENING – JJSI EMPLOYMEMT APPLICATION

Information provided on this application is used to determine your eligibility for appointment to an Illinois Department of Juvenile Justice position. It is critical that all information requested be provided accurately and completely. Applications submitted without signature or with omissions, inaccurate or inconsistent information will not be processed.

1. POSITION: _____

2. LAST NAME: _____

3. FIRST NAME: _____ 4. MI: _____ 5. DOB: _____

6. PREFERRED PRONOUNS: _____ 7. COUNTY OF RESIDENCE: _____

8. STREET ADDRESS: _____

9. CITY/STATE/ZIP: _____

10. MAIN PHONE NUMBER: _____ 11. SECONDARY PHONE NUMBER: _____

12. EMAIL ADDRESS: _____

13. DRIVERS LICENSE STATE: _____ 14. DRIVERS LICENSE EXPIRATION: _____

15. DRIVERS LICENSE NUMBER: _____

16. ARE YOU A UNITED STATES CITIZEN? ☐ Yes ☐ No IF NO, DO YOU HAVE A GREEN CARD? ☐ Yes ☐ No

17. HAVE YOU EVER BEEN FIRED/DISCHARGED FROM A JOB? ☐ Yes ☐ No

If yes, explain:

18. ARE YOU CURRENTLY IN DEFAULT ON THE REPAYMENT OF ANY STATE EDUCATIONAL LOAN? ☐ Yes ☐ No

If yes, explain:

State law provides that any employee who is in default on the repayment of any education loan for a period of six months or more and in the amount of $600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

WORK LOCATION

FACILITY CHOICE #1: _____ FACILITY CHOICE #2: _____

STATEWIDE: WILLNG TO ACCEPT EMPLOYMENT ANYWHERE IN THE STATE: ☐ Yes ☐ No

EDUCATION

Select the highest level of education that is appropriate. The applicant is required to provide a copy of the High School Diploma or Transcript and College Transcript, if applicable college education is indicated. All degrees and coursework will be validated using a copy of the transcript.

HIGHEST LEVEL OF EDUCATION COMPLETED:

☐ HIGH SCHOOL DIPLOMA / GED ☐ SOME COLLEGE ☐ ASSOCIATES
☐ BACHELORS ☐ MASTERS ☐ PHD

WORK HISTORY

Complete the following section in detail. All fields must be completed. Begin with the most recent position title and work backwards. If you have an extensive work history with one employer, list each change in position title separately including dates and duties associated with each. Applicants must provide detailed information of work history dating back to his or her High School Graduation or 18th Birthday.

Current or Last Employer: _____

Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Position Title: _____

Dates of Employment: Month/Year: _____ to Month/Year: _____

Supervisory Experience: ☐ Yes ☐ No If yes, how long: _____

Describe in detail the duties performed in this position title:

Reason for leaving employment: _____

Previous Employer: _____

Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Position Title: _____

Dates of Employment: Month/Year: _____ to Month/Year: _____

Supervisory Experience: ☐ Yes ☐ No If yes, how long: _____

Describe in detail the duties performed in this position title:

Reason for leaving employment: _____

Previous Employer: _____

Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Position Title: _____

Dates of Employment: Month/Year: _____ to Month/Year: _____

Supervisory Experience: ☐ Yes ☐ No If yes, how long: _____

Describe in detail the duties performed in this position title:

Reason for leaving employment: _____

Previous Employer: _____

Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Position Title: _____

Dates of Employment: Month/Year: _____ to Month/Year: _____

Supervisory Experience: ☐ Yes ☐ No If yes, how long: _____

Describe in detail the duties performed in this position title:

Reason for leaving employment: _____

Previous Employer: _____

Street Address: _____

City/State/Zip: _____ Telephone No.: _____

Position Title: _____

Dates of Employment: Month/Year: _____ to Month/Year: _____

Supervisory Experience: ☐ Yes ☐ No If yes, how long: _____

Describe in detail the duties performed in this position title:

Reason for leaving employment: _____

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Do you have additional work experience to include? ☐ Yes ☐ No

If yes, # of pages _____ . Attach additional pages formatted as above work experience.

ADDITIONAL INFORMATION

- State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation or default in payment.

- As a condition of employment, state law requires that "every male born after January 1, 1960, and less than 27 years old, shall submit documentation, at time of appointment, evidencing his registration with the Federal Selective Service System."

- In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please contact the Department of Central Management Services at 217/782-7100 (voice) or the Illinois Relay Center at 800/526-0844.

- Pursuant to Public Act 93-0211, effective January 1, 2004, (20 ILCS 2630/12 (a)) and Public Act 93-0912, effective August 12, 2004, (705 ILCS 405/5-915 (8)(a)), respectively, applicants seeking employment with the State of Illinois are not obligated to disclose an arrest or conviction record that has been expunged or sealed, nor an expunged juvenile record. Employers may not ask if an applicant has had records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Juvenile Justice, State's Attorneys, or other prosecutors.

- Pursuant to 705 ILCS 405/5-923, employers may not ask if an applicant for a job has a juvenile law enforcement or juvenile court record expunged. Applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

SIGNATURE SECTION

I understand that I am required to submit proof of previous employment and education in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for Illinois Department of Corrections employment. I certify that all information on this application is true and accurate and understand that misrepresentation of any material facts may be grounds for ineligibility or termination of employment.

SIGNATURE: _____

DATE **(must be within 30 days of Screening Date)**: _____

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EQUAL OPPORTUNITY (OPTIONAL)

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, check the appropriate Disability box.

FEMALE	MALE	ETHNICITY
☐	☐	**White not Hispanic Origin.** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐	☐	**Black or African American** not Hispanic Origin. A person having origins in any of the black racial groups of Africa.
☐	☐	**American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment.
☐	☐	**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐	☐	**Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
☐	☐	**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the other Pacific Islands.
☐		**Prefer not to answer**

Are you an Individual with a Disability? ☐ **Yes** ☐ **No**