



STATE BOARD OF ELECTIONS EMPLOYMENT APPLICATION

The Office of the State Board of Elections is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, citizenship, age, marital status, arrest record, physical or mental disability, military status or unfavorable discharge from the military.

The State Board of Elections has its own personnel system and is not under the State of Illinois Personnel Code. Therefore, employment applications filed with other State agencies or employment systems are not acceptable applications for employment with this office.

DIRECTIONS

- *Complete this application in full. Consideration will not be given to incomplete applications. You may submit and refer to an attached resume, where appropriate, in lieu of repeating information on this application.*
- *If you have questions about employment with the Office or need assistance in filling out this application form, please contact us at: 217/782-1527(phone); 217/782-1518 TDD; 217/558-5401 (fax) or DMartinez@elections.il.gov.*
- *Please submit your completed and signed application, via mail, email, or fax (contact information provided above) to:*

**Danielle Martinez
State Board of Elections
2329 S. MacArthur Blvd.
Springfield, IL 62704**

- *Additional information about the State Board of Elections can be found on our website at www.elections.il.gov.*
- *This Employment Application will be inactive after a period of one hundred and twenty (120) days.*

SECTION I – APPLICANT INFORMATION

1. PERSONAL INFORMATION

Position Title Sought:			
Last Name	First Name	Middle	Social Security Number
Street Address:		City	State Zip Code
Home Telephone:	Cell Phone:	Work Phone:	Email Address:

2. ELIGIBILITY FOR EMPLOYMENT – If you are hired, can you supply the required documentation to verify your lawful right to work in the United States? Yes No

3. VETERAN'S PREFERENCE – If you qualify and choose to apply for Veteran's Preference, please check the relevant box:

- US Veteran discharged honorably (attach most recent copy of D214/215)
- IL National Guard/Reservist (attach letter from unit personnel indicating current service in good standing or NGB22 stating honorable discharge)
- Surviving un-remarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents that veteran from qualifying for civil service employment.

4. POLITICAL AFFILIATION – Do you currently hold an elected or appointed, paid or unpaid political position? If yes, please explain in detail:
 Yes No

5. PREVIOUS EMPLOYMENT – Have you ever been fired from a job? (Downsize/layoff is not applicable) If yes, explain in detail:
 Yes No

6. DEFAULT OF STUDENT LOAN – Are you currently in default on the repayment of any state educational loan(s)? If yes, please explain in detail:
Note: State law provides that any employee who is in default 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.
 Yes No

SECTION II – WORK HISTORY

Complete this section in detail. Begin with most recent position title and work backward. If you have an extensive work history with one employer, list each change in position title separately including duties and dates for each. If additional space is needed, attach a separate sheet following the same format.

7. Current or last Employer

Employer Name:	
Street Address:	City: State: Zip Code:
Type of Organization:	Employment Dates: (Month/Year – Month/Year)
Position Title:	Monthly Salary: Starting – Ending
Responsibilities:	
Reason for Leaving:	

Employer Name:	
Street Address:	City: State: Zip Code:
Type of Organization:	Employment Dates: (Month/Year – Month/Year)
Position Title:	Monthly Salary: Starting – Ending
Responsibilities:	
Reason for Leaving:	

Employer Name:	
Street Address:	City: State: Zip Code:
Type of Organization:	Employment Dates: (Month/Year – Month/Year)
Position Title:	Monthly Salary: Starting – Ending
Responsibilities:	
Reason for Leaving:	

Employer Name:	
Street Address:	City: State: Zip Code:
Type of Organization:	Employment Dates: (Month/Year – Month/Year)
Position Title:	Monthly Salary: Starting – Ending
Responsibilities:	
Reason for Leaving:	

SECTION III –EXPERIENCE

8. ELECTION EXPERIENCE – Please describe all election experience. This may include, but not be limited to paid work, volunteer work, internships, and fields of study relevant to the election process.

9. COMPUTER SKILLS – List computer languages, programs, software, and applications that you have experience with. This may include, but not be limited to professional computer experience, social media, formal classroom instruction, and technical training.

10. MISCELLANEOUS SKILLS/TRAINING – List any other skills or training, not provided for in the two prior questions, that you possess that would be useful to successfully fulfilling the requirements of this position. These skills may include, but not be limited to social skills, professional affiliations, volunteer experience, and oral and written communication skills.

Section V – FORMAL EDUCATION

11. HIGH SCHOOL

High School Graduate? YES NO
 GED? YES NO
 Number of Years Completed? _____

12. EDUCATION BEYOND HIGH SCHOOL - List your education accurately and completely. List each college/university/trade school separately. A copy of college transcripts/degrees may be required at a later date. Attach additional sheet(s) if necessary.

NAME/LOCATION OF EDUCATIONAL INSTITUTION	TOTAL HOURS EARNED	MAJOR	MINOR	DATES ATTENDED		GPA/SCALE	TYPE & DATE OF DEGREE
				FROM	TO		
UNDERGRADUATE:				/	/		
				/	/		
				/	/		
				/	/		
				/	/		
GRADUATE:				/	/		
BUSINESS, TRADE SCHOOL				/	/		

SECTION VI – GENERAL BACKGROUND

16. MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? YES NO
 If yes, please provide the following information:

Name:			
Street Address:	City:	State:	Zip Code:
Telephone:		E-mail Address:	
Title/Occupation:			

17. REFERENCES: List three people who are knowledgeable of, and have agreed to comment on, your work-related skills. You are encouraged to list supervisors or recent professors/advisors.

NAME/ADDRESS	PHONE NUMBER	RELATIONSHIP	TITLE /OCCUPATION AND EMPLOYER	YEARS KNOWN

18. NARRATIVE STATEMENT: Tell us how your education and experience would be useful to this position. We are interested in knowing how effectively you can express your ideas as well as in the substance of your response.

SECTION VII - The following section is optional.

The State Board of Elections is an Equal Opportunity Employer. To assist in the accomplishment of our Affirmative Action goals, we ask you to consider completing the following section. To complete this section, please check ONE box in the ETHNICITY SECTION and one box in the DISABILITY SECTION.

Female	Male	ETHNICITY
<input type="checkbox"/> A	<input type="checkbox"/> G	White, not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> B	<input type="checkbox"/> H	Black or African American, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> C	<input type="checkbox"/> J	American Indian or Alaska native. A person having origins in any of the original peoples of North, Central or South America, and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> D	<input type="checkbox"/> K	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.
<input type="checkbox"/> E	<input type="checkbox"/> L	Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.
<input type="checkbox"/> P	<input type="checkbox"/> Q	Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
		DISABILITY
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an individual with a disability including, but not limited to the following: Visual, Audial, Orthopedic, Cardiovascular, Mental, Nervous System, Respiratory System, Loss of Limb(s), Other.

SECTION VIII – AUTHORIZATION

In consideration of my application for employment, I authorize the State Board of Elections (SBE): to make investigations concerning my fitness for employment with the SBE; to seek information about me from the references and employers contained in this application or any documents submitted by me; to investigate my employment history; and to make investigations concerning any oral or written information obtained about me during the course of the consideration process.

I authorize the references, educational institutions and employers listed on this application to give the SBE any and all information concerning my education and employment and pertinent information they may have, personal or otherwise, including the names of additional references which the SBE may contact. I release all parties from any and all liability for any damage that may result from furnishing information concerning me to the SBE. A photocopy of this authorization shall be as valid as the original.

I understand that this authorization includes: any communications with me, my references, former employers, educational institutions, or additional references furnished by my references or former employers; and investigations concerning information contained in cover letters, resumes, writing samples, letters of recommendation, placement office files, student records and any other documents received. I agree that all materials received by SBE become the property of the SBE.

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that omission or misrepresentation of facts is grounds for denial of employment or dismissal if hired. I understand that my employment will be governed by the requirements of the position, the Personnel Rules of the SBE, and Office policies. If hired, I agree to comply with all rules, regulations, and employment policies of the SBE. I understand that, according to those rules, the first six months of employment are probationary and may be terminated at any time. The Personnel Rules are available upon request and may be changed at any time. If contacted for an interview, I understand that I may be required to bring to the interview a photocopy of the transcript from my most recent educational program. I also agree that if asked I will authorize the release of transcripts or records of educational institutions directly to the SBE at my own expense.

Written Signature

Date of Application