



1901 Fox Drive
Champaign, IL 61820
800-275-7877
217-378-8800

Application for Employment

1. Complete application fully. Applications that are not complete will not be processed.

Please:

- Read and complete ALL sections of the application.
- Provide a copy of all your college transcripts. Unofficial transcripts are accepted; however, if an offer of employment is accepted, official transcripts will be required.
- Provide a copy of your resume.

2. Submit application in person or by mail to:

Human Resources
State Universities Retirement System
1901 Fox Drive
Champaign, IL 61820

To submit application via email, print the application, scan, and email to humanresources@surs.org. Please be aware that email may not be a secure medium. You should not send vital personal information such as your Social Security number in email correspondence.

3. Verification of Identity and Eligibility to Work

All persons must present proof of identity and of eligibility to work prior to beginning employment. If an offer of employment is made and accepted, you will be asked to present your documents and fill out the required form. Certain positions require a valid driver's license.

The State Universities Retirement System (SURS) is an equal employment opportunity employer. We do not discriminate against applicants or employees on the basis of race, color, sex, religion, marital status, sexual orientation, national origin, age, veteran status, disability, or other protected classifications. This policy of nondiscrimination extends to all terms, conditions and privileges of employment and to all personnel actions.

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APPLICATION FOR EMPLOYMENT

The filing of this application and the acceptance thereof does not indicate that there are positions open, and it in no way obligates SURS or the State Universities Civil Service System. The information contained herein will be considered confidential and is, together with all attached transcripts, etc., the property of SURS.

PART 1 — Applicant Information

Name (Last, First, Middle Initial)	Phone (daytime)	Email Address
Street Address		
City, State		ZIP Code
Type of Work Applied For		
Maiden or Previous Names		Birth Date (optional)

PART 2 — Education

Check highest grade completed	GRADE SCHOOL								HIGH SCHOOL				COLLEGE							
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6		
Name and Address of Institution (include city and state)	Course or Major Subject								Dates Attended From To				Hours Credit, Degree or Certificate						Did You Graduate?	
High School																			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College																			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College																			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Professional, or Specialized Training																			<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 3 — Employment Record

Indicate a continuous record of employment beginning with your most recent position and continuing back at least **10** years. Include military. Attach additional sheets if necessary.

Firm Name and Address		Phone	Name at Time of Employment
Employed From/To (m/y to m/y)	Name of Supervisor and Title		Supervisor's Email Address
Position Title	Reason for Leaving		Hours Worked (week)
List 3 Major Duties <u>and</u> Percent Time of Each			
If currently employed, may we contact your present employer(s) at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			

APPLICATION CONTINUES ON NEXT PAGE

Applicant Name

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APPLICATION CONTINUES ON NEXT PAGE

Applicant Name

PART 4 — General Information

Date Available for Work	Hours Available for Work	Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am not a U.S. Citizen (type of Visa) _____ Registration or Immigrant _____		
I was referred to SURS by: <input type="checkbox"/> a SURS employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Agency <input type="checkbox"/> Other _____ <input type="checkbox"/> I was previously employed by SURS on (dates) _____		
In case of an emergency, please notify: Name _____ Relationship _____ Phone _____ Address _____		
Does SURS employ any of your relatives? <input type="checkbox"/> No <input type="checkbox"/> Yes (name and relationship) _____		
Are you in default on any educational loan for a period of six months or more and in the amount of \$600 or more? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are there any special accommodations necessary to perform the job duties applied for? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____		
<p>Equal Employment Opportunity Information Request Submission of the following information requested is VOLUNTARY</p>		
RACIAL/ETHNIC DATA: Check the one with which you identify.		
<input type="checkbox"/> <i>American Indian or Alaskan Native.</i> Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.		
<input type="checkbox"/> <i>White, not of Hispanic origin.</i> Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.		
<input type="checkbox"/> <i>Black, not of Hispanic origin.</i> Persons having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> <i>Asian or Pacific Islanders.</i> Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Islands. This are includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.		
<input type="checkbox"/> <i>Hispanic.</i> Persons of Mexican, Puerto Rican, Cuban, Central and South American or Spanish culture or origin, regardless of race.		
SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male		

PART 5 - Release of Information

If I receive an offer of employment, I understand that:

1. My offer is conditioned upon satisfactory completion of a background investigation.
2. My offer is conditioned upon my ability to provide proof of identification and authorization to work in the U.S. as required by the Immigration Reform and Control Act of 1986.
3. If I have signed an employment agreement, confidentiality agreement or any other document with a prior employer that might restrict my activities if hired by SURS, I must disclose this fact before a job offer is made and that my failure to disclose such information may lead to termination of my employment.

I also understand that false statements or failure to disclose information may be sufficient to disqualify me for employment or, if employed, may result in my dismissal.

CERTIFICATION

I certify that I have answered each question on the application completely, accurately, and to the best of my recollection.

Signature of Applicant _____ **Date** _____

APPLICATION CONTINUES ON NEXT PAGE

PART 6 - Veterans Preference

Name _____

Social Security No. _____

Name of Veteran _____

Veteran's Social Security No. _____

Check one: I am not eligible for veteran's preference.
 I am eligible for veteran's preference as indicated.

- | Points | Criteria |
|------------------------------------|--|
| <input type="checkbox"/> 10 points | Purple Heart recipient |
| <input type="checkbox"/> 10 points | Veteran with a service-connected disability |
| <input type="checkbox"/> 10 points | Surviving unremarried spouse of a veteran who has suffered a service-connected death |
| <input type="checkbox"/> 10 points | Spouse of a veteran who suffered a service-connected disability that disqualifies the veteran from employment |
| <input type="checkbox"/> 10 points | Parent of an unmarried veteran who suffered a service-connected death |
| <input type="checkbox"/> 10 points | Parent of an unmarried veteran who suffered a service-connected disability that disqualifies the veteran from employment |

NOTE: If you would like Veteran's Preference Points to be included, please provide a copy of your DD-214.

If requesting preference as the parent of a veteran, list names of both parents: _____

I understand that only one parent is entitled to benefit from the veteran's preference. I certify that the other parent of the above named veteran has not received a civil service appointment using the veteran's preference. I further understand that I will lose the preference points in the event this does occur.

I hereby affirm that this information is true and correct, and I understand that misrepresentation or omission of facts may be cause for rejection of application or suspension from a civil service position.

Signature Date

- | Points | Criteria |
|-----------------------------------|--|
| <input type="checkbox"/> 5 points | Honorably discharged veteran who served during a time of hostilities under one or more of the following conditions:
- for a total of at least 6 months
- for the duration of hostilities regardless of the length of the engagement
- discharged on the basis of hardship |
| <input type="checkbox"/> 3 points | Honorably discharged peace time veteran who has served in the US armed forces, Illinois National Guard, or reserves under one or more of the following conditions:
- for a total of at least 6 months
- discharged on the basis of hardship |
| <input type="checkbox"/> 3 points | Active member of the Illinois National Guard or the reserves who has served for at least 6 months |

Periods of Hostility

- | | |
|---|------------------|
| <input type="checkbox"/> April 6, 1917 - November 11, 1918 | WWI |
| <input type="checkbox"/> December 7, 1941 - December 31, 1946 | WWII |
| <input type="checkbox"/> June 27, 1950 - January 31, 1955 | Korea |
| <input type="checkbox"/> February 28, 1961 - May 7, 1975 | Vietnam |
| <input type="checkbox"/> October 23, 1983 - November 21, 1983 | Grenada |
| <input type="checkbox"/> June 6, 1983 - December 1, 1987 | Lebanon |
| <input type="checkbox"/> December 20, 1989 - January 1, 1990 | Panama |
| <input type="checkbox"/> August 2, 1990 - November 30, 1995 | Persian Gulf |
| <input type="checkbox"/> September 11, 2001 - to the present | War on Terrorism |

For Human Resources Use Only

Marriage Certificate Verified _____

OR Birth Certificate Verified _____

Disability Verified _____

OR Death Certificate Verified _____

Nature of Service Connected Disability _____

Date of Death _____

DD214 Verified _____

Approved by _____

Date _____