



Southern
 Illinois University
 School of Medicine

OFFICE OF HUMAN RESOURCES	
<u>Mailing Address:</u>	P.O. Box 19601 Springfield, IL 62794-9601
<u>Physical Location:</u>	327 W. Calhoun Avenue, Springfield
<u>Reception:</u>	217.545.0223
<u>Fax Machine:</u>	217.545.1058

An Equal Opportunity/Affirmative Action Employer

CIVIL SERVICE EMPLOYMENT – INFORMATION & INSTRUCTIONS

IMPORTANT: PLEASE READ

The *Application for Civil Service Employment* form has been carefully designed to gather information we believe is necessary to determine whether or not an applicant appears to be a viable candidate for employment opportunities at SIU School of Medicine. Accordingly, **we will only process applications that are complete, appear accurate and where instructions have been followed and the applicant, overall, appears to be a good match for employment opportunities at SIU School of Medicine.** The following information will assist you in completing this form:

YOU MUST:

- **Provide complete employment history** - do not tailor the application to the job you are applying for; if additional space is needed, please request & complete a Supplemental Employment History page
- **Explain any gaps** in employment of 3 months or more. (Exception: Gaps of up to 6 months can be reasonably accepted as “unemployed & seeking employment”; however, remaining unemployed for more than 6 months requires additional satisfactory explanation.)
- **Answer all questions** on the application form and if “yes” is checked for a conviction, you are required to complete the reverse side of page 5
- **Read and sign** pages 4, 5 and, if applicable, page 6 where signature is required

OTHER REASONS WE MAY CHOOSE TO NOT PROCESS AN APPLICATION:

- **Unsatisfactory work record** (i.e., appearance of job-hopping, unacceptable reasons for separation)
- **Certain types of criminal convictions** that we believe may present a potential risk to SIU School of Medicine (i.e., theft and theft-related crimes, certain drug-related crimes, battery, intentional disregard for the law (*violating probation; driving on a revoked license, etc.*), any crime involving moral turpitude (*i.e., rape, child abuse*), manslaughter, murder, stalking)
- **Misrepresentation of or conflicting information** provided on application and/or any related materials

OUT-OF-STATE APPLICANTS

Applicants for university civil service employment, with rare exception, must be citizens or residents of the state of Illinois.

DISABILITIES – REASONABLE ACCOMMODATION

If you believe that you may require a reasonable accommodation during the application, testing, or interviewing process, please notify the Office of Human Resources at 545-0223 prior to the date needed so that appropriate arrangements may be made.

VETERANS PREFERENCE

To determine eligibility for veterans preference points on employment exams, you must submit a legible copy of your discharge papers (DD214), which lists the branch of service, dates of service, and character of discharge. This is the only purpose for which the DD214 will be used.

CRIMINAL INVESTIGATIONS

Most positions at SIU School of Medicine require a criminal background investigation as a condition of employment.

PROBATIONARY PERIOD

All Civil Service employees are required to complete a probationary period of either six or twelve months duration, depending on the job title.

Please keep this sheet for your information.



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For HR Office Use Only
<input type="checkbox"/> Logged
<input type="checkbox"/> Demographics
<input type="checkbox"/> Updated application
Application accepted as of:

An Equal Opportunity/Affirmative Action Employer

APPLICATION FOR CIVIL SERVICE EMPLOYMENT

Your attention to instructions and to providing all information requested is required for our office to accept and process your application materials.

The filing of this application does not indicate that there are positions open, and in no way obligates the State Universities Civil Service System or any institution or agency served by it. The information contained herein, together with all attached papers, references, etc., will be the property of the University. Application materials remain active in the Office of Human Resources for the current calendar year.

GENERAL INFORMATION:

PLEASE TYPE OR PRINT IN BLACK INK

Name (Last)	(First)	(Middle)	Previous Last Name(s)	
Street Address		City	State	Zip Code
Telephone and/or U.S. mail are primary methods used to contact applicants, so please keep this information updated with our office. Phone Numbers: Home () Work () Extension Cell () Other? at () E-Mail Address:				
Type of employment desired: (check all that apply) <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Summer only				
APPLYING FOR: Title of position or posted vacancy <u>OR</u> other employment interests (general category)				
Have you taken any university civil service exams within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? Have you completed an <i>Application for Civil Service Employment</i> at SIU School of Medicine within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed by SIU-SM? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously been employed (permanent or temporary) by SIU School of Medicine? <input type="checkbox"/> Yes* <input type="checkbox"/> No If yes, list previous dates of employment and job title at time of separation				
Have you ever been suspended or terminated from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				

EXPLANATION OF ALL GAPS IN EMPLOYMENT (If more space is needed, please attach additional sheet of paper.)

Please do not give specific information pertaining to illnesses or medical conditions.

From / / to / / Explanation:

From / / to / / Explanation:

From / / to / / Explanation:

EDUCATION:

	Grade School	High School	or	GED	College or University
Circle highest grade completed :	1 2 3 4 5 6 7 8 9 10 11 12			YES	1 2 3 4 5 6 7 8
<i>Schools</i>	<i>Name and Location</i>	<i>Major</i>	<i>Graduation Information</i>		<i>Total Hours Earned</i>
High School			Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no		
College or University			List degree / diploma earned:		<input type="checkbox"/> sem. hrs. <input type="checkbox"/> quarter hrs. <input type="checkbox"/> _____
College or University			List degree / diploma earned:		<input type="checkbox"/> sem. hrs. <input type="checkbox"/> quarter hrs. <input type="checkbox"/> _____
Other			List degree / diploma earned:		<input type="checkbox"/> sem. hrs. <input type="checkbox"/> quarter hrs. <input type="checkbox"/> _____

List licenses, certifications, or registrations held, giving date of expiration and source of issuance:

OFFICE TECHNOLOGY SKILLS:

- 1) List office equipment with which you are proficient:
- 2) List office-related skills you possess:
- 3) List software applications in which you are proficient:
- 4) List computer languages in which you have programmed

READ CAREFULLY:

A complete employment history is mandatory for all civil service positions. The employment history will be reviewed to determine if it appears that minimum qualifications are satisfied; therefore, it is critical that you provide clear and concise information.

BEGINNING WITH YOUR MOST RECENT EMPLOYMENT AND WORKING BACKWARDS, LIST YOUR COMPLETE EMPLOYMENT HISTORY, INCLUDING ANY GAPS IN EMPLOYMENT AND AN EXPLANATION FOR THE GAPS.

It is our policy to require this official application form for all civil service hires. Therefore, while a resume may be submitted with the application, data for each employer must be listed on this application form (the words "See Resume" may only be used as a substitute in the section entitled "Specific Duties Performed"). If multiple positions were held with the same employer, please indicate each position and its duties separately.

If additional space is needed to list all employment history, please attach additional sheets.

EMPLOYMENT HISTORY:

Current or Last Employer Name				Supervisor's Name and Title			
Address (City & State)				Phone Number			
Job Title (if more than one job held with employer, please list separately)				Starting Salary		Ending Salary	
				\$	Per	\$	Per
Employed (Mo/Yr)	Separated (Mo/Yr)		Specific Duties Performed:				
Full-Time	Part-Time						
Yrs. Mos.	Yrs. Mos.						
If part-time, number of hours worked per week:							
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)							
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, indicate # and type of position(s):							
For Current Employer only: May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No							

APPLICANT NAME (typed):

EMPLOYMENT HISTORY (continued):

Current or Last Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary	Ending Salary
		\$ Per	\$ Per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time Yrs. Mos.	Part-Time Yrs. Mos.		
If part-time, number of hours worked per week:			
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate # and type of position(s):			
Current or Last Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary	Ending Salary
		\$ Per	\$ Per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time Yrs. Mos.	Part-Time Yrs. Mos.		
If part-time, number of hours worked per week:			
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate # and type of position(s):			
Current or Last Employer Name		Supervisor's Name and Title	
Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary	Ending Salary
		\$ Per	\$ Per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time Yrs. Mos.	Part-Time Yrs. Mos.		
If part-time, number of hours worked per week:			
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)			
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate # and type of position(s):			

APPLICANT NAME (typed):

EMPLOYMENT HISTORY (continued):

Current or Last Employer Name				Supervisor's Name and Title			
Address (City & State)				Phone Number			
Job Title (if more than one job held with employer, please list separately)				Starting Salary		Ending Salary	
				\$	Per	\$	Per
Employed (Mo/Yr)	Separated (Mo/Yr)		Specific Duties Performed:				
Full-Time	Part-Time						
Yrs. Mos.	Yrs. Mos.						
If part-time, number of hours worked per week:							
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)							
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, indicate # and type of position(s):							
Current or Last Employer Name				Supervisor's Name and Title			
Address (City & State)				Phone Number			
Job Title (if more than one job held with employer, please list separately)				Starting Salary		Ending Salary	
				\$	Per	\$	Per
Employed (Mo/Yr)	Separated (Mo/Yr)		Specific Duties Performed:				
Full-Time	Part-Time						
Yrs. Mos.	Yrs. Mos.						
If part-time, number of hours worked per week:							
Reason for leaving: ("personal" or "will discuss" is not an acceptable answer)							
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, indicate # and type of position(s):							

I hereby affirm that my answers to the foregoing questions are true and correct, and I understand that misrepresentation or omission of facts called for in any of my application materials, examination documents, or during the interview process may constitute grounds for rejection of application or for termination of employment from Southern Illinois University School of Medicine (SIU-SM). I authorize investigation of all information contained in my application materials including, but not limited to, employment history, educational achievements, references, and criminal conviction history. Further, I release from liability the Board of Trustees of Southern Illinois University governing SIU-SM and its representatives for seeking such information and all other persons, companies, or organizations for providing such information. I also understand that a criminal conviction background investigation may be required for certain positions. I accept that it is my responsibility to keep SIU-SM updated on any changes in the data on my application materials, including but not limited to name, address, and phone number(s). I also understand that I will be expected to complete and submit a current *Application for Civil Service Employment* form each calendar year to be considered an active applicant for employment. A photocopy or facsimile of this form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Signature _____ Date _____

NOTE: Signature is also required on page 5 of this *Application for Civil Service Employment* form.

APPLICANT NAME (typed):

We request that you voluntarily provide us with your social security number. This will be used as a unique identifier to manage your records in the applicant database system maintained and accessed only by the Office of Human Resources. This page of *the Application for Civil Service Employment* will not be provided to interviewers. You are not required to provide this information; however, without it we must go through additional steps that will take longer to process your application.

Social Security Number:

SIU School of Medicine is an Equal Opportunity/Affirmative Action Employer. We are committed to the policy of equal employment opportunity and affirmative action in recruitment, hiring, career advancement, and all other personnel practices. Your job-related experience and other qualifications will be considered without discrimination on grounds of race, color, religion, sex, national origin, age, disability, or physical or mental handicap.

ALL REQUESTED INFORMATION IN THESE BOXES MUST BE PROVIDED.

This information is reviewed by the Office of Human Resources.

CONVICTION HISTORY (Note: You are not obligated to disclose conviction records that you know have been sealed or expunged.)

Have you ever been convicted of a TRAFFIC offense? Yes* No
 Have you ever been convicted of a MISDEMEANOR? Yes* No
 Have you ever been convicted of a FELONY? Yes* No

* If the answer to any of these questions is yes, you must also complete and sign the reverse side of this form.

DATE OF BIRTH (Only to be completed if you are under 18 years of age.) - -

EMPLOYMENT ELIGIBILITY

In compliance with the Immigration Reform and Control Act of 1986, should you be offered employment, you will be required to produce documents establishing both identity and employment eligibility. Employment is contingent upon a review and verification of acceptable documents within the first three days of employment.

RELATIVES

Does SIU School of Medicine now employ any of your relatives? Yes No

Name:
Name:
Name:

Department:
Department:
Department:

Relationship:
Relationship:
Relationship:

PLEASE INDICATE HOW YOU LEARNED OF THIS POSITION OR S.I.U. SCHOOL OF MEDICINE.

- SIU-SM Employment Opportunities Bulletin
- SIU-SM Employment Information Line
- SIU-SM Jobs/Careers Internet Site
- Newspaper Advertisement (name of newspaper):
- Other (please describe):
- Job or Career Fair (date)
- Notice in Professional Journal
- Other Web-Site (specify):
- Personal Contact
- Placement Service

I hereby affirm that my answers to questions on this page are true and correct, and I understand that misrepresentation or omission of facts called for are subject to the same conditions as set forth on page 4 of this application form.

Signature _____ Date _____

PLEASE DO NOT WRITE IN THIS BOX - FOR HR USE ONLY

Drivers License Information Verified

Type of License: _____ State: _____ No: _____ Exp. Date: _____

PLEASE COMPLETE THIS PAGE FOR USE BY HUMAN RESOURCES ONLY

This information will not be provided to interviewing departments.

THIS PAGE MUST BE COMPLETED IF YOU HAVE A RECORD OF CONVICTION(S)

A conviction record will not necessarily be a bar to employment; factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account in terms of the position applied for.

List all convictions below (Note: You are not obligated to disclose any conviction records that you know have been sealed or expunged.)
If additional space is needed, please copy this page

1.	Conviction for:			
	Date of Offense:	Date of Conviction:	<input type="checkbox"/> Traffic	<input type="checkbox"/> Misdemeanor

Please provide explanation below. Explanation should include nature of offense, rehabilitation efforts, and any other data you wish to provide that you believe will be useful in the review of your conviction history.

2.	Conviction for:			
	Date of Offense:	Date of Conviction:	<input type="checkbox"/> Traffic	<input type="checkbox"/> Misdemeanor

Please provide explanation below. Explanation should include nature of offense, rehabilitation efforts, and any other data you wish to provide that you believe will be useful in the review of your conviction history.

3.	Conviction for:			
	Date of Offense:	Date of Conviction:	<input type="checkbox"/> Traffic	<input type="checkbox"/> Misdemeanor

Please provide explanation below. Explanation should include nature of offense, rehabilitation efforts, and any other data you wish to provide that you believe will be useful in the review of your conviction history.

You are welcome to provide any additional comments or factors that you feel should be considered.

I hereby affirm that my answers to questions on this page are true and correct, and I understand that misrepresentation or omission of facts called for are subject to the same conditions as set forth on page 4 of this application form.

Signature _____ Typed Name _____ Date _____

