



**Southern**  
 Illinois University  
 School of Medicine

An Equal Opportunity/Affirmative Action Employer

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

**CIVIL SERVICE EMPLOYMENT – INFORMATION & INSTRUCTIONS**

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 to list complete employment history, please request & complete a Supplemental Employment History page or attach additional pages
  - **Explain any gaps** in employment of 3 months or more. (Exception: Gaps of up to 6 months can be reasonably accepted as “unemployed & actively seeking employment”; however, unemployment periods exceeding 6 months require additional acceptable 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 8  
**Read and sign** pages 6, 7 and, if applicable, page 8 where signature is required

**SAMPLE 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 IL.

**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.

**INFORMATION FOR ANNUITANTS**

If you are a current annuitant from an employer that was covered by the Department of Central Management Services (CMS) benefits, **it is your responsibility** to contact representatives at your retirement system and CMS to determine whether or not your annuity or insurance benefits will be impacted if rehired within the same system.



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Mailing Address  
P.O. Box 19601  
Springfield, IL 62794-9601  
Fax: 217.545.1058

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**

The filing of this application does not indicate that there are positions open, and in no way obligates Southern Illinois University School of Medicine, 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.

Former employees of SIU School of Medicine, who separated from a continuous appointment, have a 60 day waiting period before reapplying for any type of employment at SIU-SM.

**GENERAL INFORMATION:**

**PLEASE TYPE OR PRINT IN BLACK INK**

Name (Last)	(First)	(Middle)	Previous Last Name(s)
Street Address	City	State	Zip Code
Please check the box following the phone number (☒) that should be used as your primary contact. Please keep phone numbers up to date.			
Phone Numbers: Home (____) _____ ☐ Work (____) _____ Extension _____ ☐			
Cell (____) _____ ☐ Other? _____ at (____) _____ ☐			
E-Mail Address: _____			
Name & phone number of person to contact if we cannot reach you: _____			
<b>Type of employment desired:</b> (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	<b>APPLYING FOR:</b> (title of specific position or posted vacancy) _____ <b>OR</b> (other employment interests - general category) _____		
Have you taken any university civil service exams within the last 30 days? ☐ Yes ☐ No If yes, where? _____			
Have you completed an <i>Application for Civil Service Employment</i> at SIU School of Medicine within the last year? ☐ Yes ☐ No			
Are you currently employed by SIU-SM? ☐ Yes ☐ No			
Have you previously been employed (permanent or temporary) by SIU School of Medicine? ☐ Yes ☐ No			
If yes, list previous dates of employment and job title at time of separation _____			
Have you ever been disciplined or discharged for sexual harassment, fighting, assault or related offenses? ☐ Yes ☐ No			
Have you ever been discharged from or asked to leave any position? ☐ Yes ☐ No If yes to either question, explain below: _____ _____			
<b>OFFICE TECHNOLOGY SKILLS:</b>			
1) List office equipment in 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 _____			



**EMPLOYMENT HISTORY (continued):**

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 \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time	Part-Time		
___ Yrs. ___ Mos.	___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

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 \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time	Part-Time		
___ Yrs. ___ Mos.	___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

**EMPLOYMENT HISTORY (continued):**

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Address (City & State)		Phone Number	
Job Title (if more than one job held with employer, please list separately)		Starting Salary \$	per
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Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
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___ Yrs. ___ Mos.	___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

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Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

**EMPLOYMENT HISTORY (continued):**

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 \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time	Part-Time		
___ Yrs. ___ Mos.	___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

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 \$	per
		Ending Salary \$	per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:	
Full-Time	Part-Time		
___ Yrs. ___ Mos.	___ Yrs. ___ Mos.		
If part-time, average number of hours worked per week:			
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)			

Did you supervise other employees?  Yes  No If yes, indicate number and type of position(s):

**EMPLOYMENT HISTORY (continued):**

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 \$ _____ per Ending Salary \$ _____ per
Employed (Mo/Yr)	Separated (Mo/Yr)	Specific Duties Performed:
Full-Time ____ Yrs. ____ Mos.	Part-Time ____ Yrs. ____ Mos.	
If part-time, average number of hours worked per week:		
Reason for leaving: ("personal", "will discuss" or "to accept new job" not specific enough)		
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number and type of position(s):		

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

*Please do not include information pertaining to illnesses or medical conditions in explanation.*

Gap from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Explanation:

Gap from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Explanation:

Gap from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Explanation:

I hereby affirm that my answers to the foregoing questions are true and correct, and I understand that misrepresentation, falsification 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), regardless of when discovered. 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 is required for most positions. I further understand that my employment would be conditioned upon my compliance with applicable provisions of the Immigration Reform and Control Act of 1986. This federal law requires all employers to verify the identity and employment authorization of every individual hired within three working days of the date of hire. I also accept that it is my responsibility to keep SIU-SM updated on any changes in the data on my application materials, including personal contact information. **Further, I 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 7 of this *Application for Civil Service Employment* form.**

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 \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

**PLEASE INDICATE HOW YOU LEARNED OF THIS POSITION OR SIU SCHOOL OF MEDICINE**

*(Please check as many as apply)*

- SIU-SM Jobs/Careers Web-Site  Other Web-Site (specify) \_\_\_\_\_  
 SIU-SM Employment Opportunities Bulletin  Job or Career Fair (date) \_\_\_\_\_  
 SIU-SM Employment Information Line  Personal Contact / Word of Mouth  
 Newspaper Advertisement (name of newspaper) \_\_\_\_\_  
 Other (please describe) \_\_\_\_\_

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 6 of this application form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE KEEP US ADVISED OF ANY CHANGES IN YOUR CONTACT INFORMATION, INTEREST OR AVAILABILITY.**

**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. However, any false answers, statements, or omissions made will be sufficient grounds for immediate discharge and/or disqualification from employment.*

**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 <input type="checkbox"/> Felony

**Provide explanation below.** Explanation should include nature of offense, rehabilitation efforts, and any other data 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 <input type="checkbox"/> Felony

**Provide explanation below.** Explanation should include nature of offense, rehabilitation efforts, and any other data 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 <input type="checkbox"/> Felony

**Provide explanation below.** Explanation should include nature of offense, rehabilitation efforts, and any other data 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 6 of this application form.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_





**Affirmative Action Employment Data**

THIS INFORMATION IS CONFIDENTIAL AND  
WILL NOT BE USED AS A BASIS FOR HIRING.

SIU School of Medicine maintains statistical data on the number and type of applicants for employment, used for reporting to state and federal agencies. Completion of this form is voluntary and all information will remain confidential.

**GENERAL APPLICANT INFORMATION**

**CIVIL SERVICE EMPLOYMENT**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Last 4 digits of SSN \_\_\_\_\_ Today's Date \_\_\_\_\_

**How did you learn of vacancy or SIU School of Medicine?**

*Please check as many as apply:*

- SIU-SM Jobs/Careers Web-Site
- SIU-SM Employment Opportunities Bulletin
- SIU-SM 24 hour Employment Information Line
- Job Fair / Open House / Presentation
- Friend / Relative / Personal Contact
- Newspaper advertisement; please indicate newspaper:  
\_\_\_\_\_
- Other Web-Site, please list: \_\_\_\_\_
- Other; please describe:  
\_\_\_\_\_

**Gender:**  Female  Male

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Veteran Status:**

Are you a veteran?  Yes  No

Are you a Vietnam-era veteran?  
(served more than 180 days in active  
duty between February 1961 & May  
1975)  Yes  No

**Race / National Origin:**

- White, Non-Hispanic:** A person having origins in any of the original peoples of Europe or the Middle East.
- Black, Non-Hispanic:** A person having origins in any of the original peoples of Africa.
- Asian or Pacific Islander:** 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 China, Japan, Korea, the Philippine Islands and Samoa.
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and who maintains identification through tribal affiliation or community recognition.
- Hispanic:** A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America or other Spanish culture or origin, regardless of race.

It is the policy of Southern Illinois University School of Medicine to provide equal employment and educational opportunities for all qualified persons without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or marital status.