



Southern
Illinois University
School of Medicine

OFFICE OF HUMAN RESOURCES

P.O. Box 19601
Springfield, IL 62794-9601

For Office Use Only
<input type="checkbox"/> Change entered
<input type="checkbox"/> Logged (if applying)

APPLICATION UPDATE FORM

This form may be used to update and/or change information **ONLY** if a completed and signed *Application for Civil Service Employment* form has been completed during **THIS CALENDAR YEAR**. If not, you must complete a new *Application for Civil Service Employment* form.

Updating information on file only Applying for position of: _____

PRINT LEGIBLY

Name on file:	<input type="checkbox"/> Applicant *Circle one:
	<input type="checkbox"/> Current Employee: CS FA PA EH
Change of Name to:	Effective Date of Change:
Change of Address to:	
Change of Phone Numbers: Home ()	Work () Extension
NOTE: If you are a current employee of SIU-SM with a change in name or address, contact Benefit Services for additional required forms.	

* CS = Civil Service FA = Faculty PA = Principal Administrative EH = Extra Help

Update/Change to Education and/or Training:

EDUCATION: <i>check highest grade completed</i>		College or University							
Between grades 1& 8 <input type="checkbox"/>	High School: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 or <input type="checkbox"/> GED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
Schools	Name and Location	Major	Hours Earned	Sem or Qtr Hrs (circle one)	Graduate?				
College or University				<input type="checkbox"/> semester <input type="checkbox"/> quarter	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other				<input type="checkbox"/> semester <input type="checkbox"/> quarter	<input type="checkbox"/> Yes <input type="checkbox"/> No				
List licenses, certifications, or registrations held, giving date of expiration and source of issuance:									

Update/Change to Employment:

Employer Name				Supervisor's Name and Title			
Mailing Address				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, number of hours worked per week:							
Reason for leaving:							
Did you supervise other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate # and type of position(s): # _____ types of positions:							

Please 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 by the Office of Human Resources. This page of the *Application for Civil Service Employment* will not be provided to interviewers.

Social Security Number: _____

ALL REQUESTED INFORMATION IN THESE BOXES MUST BE PROVIDED.
This information will not be provided to interviewing departments.

RELATIVES
 Does SIU School of Medicine now employ any of your relatives? Yes No
 Name _____ Department _____ Relationship _____
 Name _____ Department _____ Relationship _____
 Name _____ Department _____ Relationship _____

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.

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

List all convictions below - *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

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 <input type="checkbox"/> Felony

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 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).

APPLICATION UPDATE WILL NOT BE PROCESSED WITHOUT SIGNATURE

Signature _____ Date _____