

**ILLINOIS OFFICE OF THE AUDITOR GENERAL  
EMPLOYMENT APPLICATION**

The Office of the Auditor General 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, unfavorable discharge from the military, order of protection status, or pregnancy, childbirth, or related medical conditions.

The Office of the Auditor General 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 applications for employment with this office.

***DIRECTIONS***

- *Complete this application in full. Consideration will not be given to incomplete applications. You may also submit a resume with your application.*
- *If you have questions about employment with the Office or need assistance in filling out this application form, please contact us at: 217/785-2642 (phone); 888/261-2887 (TTY); 217/785-8222 (facsimile); or [jdahlquist@auditor.illinois.gov](mailto:jdahlquist@auditor.illinois.gov) (e-mail). You may also write us at the address below:  
**Jim Dahlquist**  
**Office of the Auditor General**  
**740 E. Ash St.**  
**Springfield, IL 62703-3154***
- *Additional information about the Auditor General’s Office can be found on our web site at [www.auditor.illinois.gov](http://www.auditor.illinois.gov).*
- *This Employment Application will be inactive after a period of one hundred and twenty (120) days.*

***SECTION I - APPLICANT INFORMATION***

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Telephone (include area code): \_\_\_\_\_  
Cell Phone (include area code): \_\_\_\_\_  
Work Telephone (include area code): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**2. TYPE OF POSITION SOUGHT:**

\_\_\_\_\_ Audit                      \_\_\_\_\_ Information Systems                      \_\_\_\_\_ Clerical/Support Staff  
\_\_\_\_\_ Internship                      \_\_\_\_\_ Other (describe): \_\_\_\_\_

**3. ARE YOU SEEKING AN \_\_\_\_\_ ENTRY LEVEL OR \_\_\_\_\_ EXPERIENCED POSITION?**

4 SALARY DESIRED: \_\_\_\_\_

5. 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

*(Please note: The Auditor General's Office does not sponsor for employment visas.)*

6. LOCALITY OF EMPLOYMENT - You would consider employment in:

\_\_\_\_\_ Springfield \_\_\_\_\_ Chicago \_\_\_\_\_ Either Location

7. HAVE YOU EVER BEEN FIRED FROM A JOB? If yes, please explain:

\_\_\_\_\_ Yes \_\_\_\_\_ No

---

8. IF REQUIRED, CAN YOU PRESENT EVIDENCE OF REGISTRATION WITH THE FEDERAL SELECTIVE SERVICE SYSTEM?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*As a condition of employment, State law requires that every male born on or after January 1, 1960, and less than 27 years old, shall submit documentation, at the time of appointment, evidencing his registration with the Federal Selective Service System.*

9. ARE YOU CURRENTLY IN DEFAULT ON THE REPAYMENT OF ANY STATE EDUCATIONAL LOAN?

\_\_\_\_\_ Yes \_\_\_\_\_ No

*State law provides that any employee who is in default on the repayment of any educational loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.*

10. HOW DID YOU LEARN ABOUT US? (check all that apply):

\_\_\_\_\_ Internet \_\_\_\_\_ Job Posting \_\_\_\_\_ Job Fair \_\_\_\_\_ Career Counselor  
\_\_\_\_\_ Employee Referral \_\_\_\_\_ Newspaper Ad  
\_\_\_\_\_ Other (describe): \_\_\_\_\_

---

## SECTION II - WORK EXPERIENCE

*Begin with your present or most recent position and work backwards. Include title changes, military service, part-time positions and internships. Where appropriate, you may refer to an attached resume if it provides the requested information.*

11A. Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Monthly Salary -- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Hrs Worked per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

11B. Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Monthly Salary -- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Hrs Worked per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

11C. Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Monthly Salary -- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Hrs Worked per Week: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

*(Add and complete additional sections as necessary to provide a complete work history.)*

**SECTION III - AUDIT SKILLS**

*If you are applying for a support staff position, skip questions 12 - 15.*

12. DO YOU HAVE ANY CURRENT PROFESSIONAL LICENSE, CERTIFICATION, OR REGISTRATION? \_\_\_\_\_Yes \_\_\_\_\_No If yes, provide information below:

Type of License	Number	State Issued	Date Issued MM/YYYY	Expiration Date MM/YYYY	Has regulatory action ever been taken on your license? Answer yes or no. If yes, explain.

13. DO YOU HAVE FORMAL TRAINING OR EXPERIENCE IN THE FOLLOWING? If “yes,” describe any training and experience you have had:

- A. The accounting for, or auditing of, government agencies? \_\_\_\_\_ Yes \_\_\_\_\_ No
- B. Economic or fiscal analysis? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Writing a descriptive or analytic report of an agency or program? \_\_\_\_\_ Yes \_\_\_\_\_ No
- D. Auditing Information Systems? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. ARE YOU A MEMBER OF ANY PROFESSIONAL ORGANIZATIONS (i.e., AICPA, CPA Society, etc.)?

Organization: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Membership Dates: \_\_\_\_\_  
 Office Held/Years: \_\_\_\_\_

15. IF YOU ARE NOT CURRENTLY A CPA, DO YOU PLAN TO SIT FOR THE EXAM? \_\_\_\_\_ Yes. If yes, when (month, year)? \_\_\_\_\_ No

**SECTION IV - OFFICE SKILLS**

16. LIST COMPUTER LANGUAGES, PROGRAMS, SOFTWARE, AND APPLICATIONS IN WHICH YOU HAVE TRAINING OR EXPERIENCE.

---

17. LIST ANY OTHER SKILLS OR TRAINING USEFUL TO FULFILLING THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING.

---

**SECTION V - FORMAL EDUCATION**

18. HIGH SCHOOL

Name, City, State: \_\_\_\_\_

Did you earn a degree, GED or completion certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

19A. EDUCATION BEYOND HIGH SCHOOL. List your education accurately and completely. A copy of college transcripts/degrees may be required.

NAME/ADDRESS OF COLLEGE/ UNIVERSITY	TOTAL HOURS EARNED	MAJOR (DO NOT ABBREVIATE)	MINOR (DO NOT ABBREVIATE)	DATES ATTENDED FROM MM/YYYY TO MM/YYYY		GPA/ SCALE	DEGREE AND DATE MM/YYYY
UNDERGRADUATE:							
GRADUATE:							

*(Add additional rows as necessary to provide a complete educational history.)*

19B. IF YOU ARE CURRENTLY WORKING ON A DEGREE, PLEASE PROVIDE YOUR **ANTICIPATED** GRADUATION DATE, TYPE OF DEGREE, AND TOTAL NUMBER OF HOURS TO BE EARNED.

\_\_\_\_\_

20. LIST ANY ACCOUNTING OR AUDITING CLASSES YOU HAVE TAKEN, THE NUMBER OF CREDIT HOURS FOR EACH CLASS AND THE GRADE YOU RECEIVED.

\_\_\_\_\_

21. LIST ACADEMIC HONORS OR AWARDS.

\_\_\_\_\_

**SECTION VI - GENERAL BACKGROUND**

22. MAY WE CONTACT YOUR CURRENT EMPLOYER(S)?

Yes     No    If yes, please provide the following information:

Name: \_\_\_\_\_  
 Street, City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 E-mail Address (if known): \_\_\_\_\_  
 Title/Occupation: \_\_\_\_\_

23. 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	TELEPHONE NUMBER	RELATIONSHIP	TITLE OR OCCUPATION AND EMPLOYER	YEARS KNOWN

24. **NARRATIVE STATEMENT:** Tell us how your education and experience can be useful for this position or for this office. We are interested in knowing how effectively you can express your ideas as well as in the substance of your response.
-

## **SECTION VII - AUTHORIZATION AND RELEASE FORM**

***(You must initial each paragraph in the space provided.)***

\_\_\_\_\_ *In consideration of my application for employment, I authorize the Illinois Office of the Auditor General (OAG): to conduct background checks concerning my fitness for employment with the OAG; 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 OAG 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 OAG may contact.*

\_\_\_\_\_ *I release all parties from any and all liability for any damage that may result from furnishing information concerning me to the OAG.*

\_\_\_\_\_ *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; information contained in cover letters, resumes, writing samples, letters of recommendation, student records; and any other documents and information received through the conduct of a background check, including but not limited to criminal history, credit history, and motor vehicle records. I agree that all materials received by the OAG become the property of the OAG.*

\_\_\_\_\_ *I understand that if I am invited to an interview, I will be asked to complete an Authorization for Release of Criminal History form and a Self-Disclosure of Criminal History form for the purpose of facilitating a criminal history background check to determine my suitability for employment with the OAG. An applicant is not obligated to disclose the fact of an arrest or criminal history record information ordered expunged, sealed or impounded, or expunged juvenile records. I understand that my refusal to complete the forms will result in my application for employment being withdrawn from any further consideration.*

\_\_\_\_\_ *I understand that any offer of employment and my continued employment, if I have already started work, is contingent upon the following:*

\_\_\_\_\_ *Completion of a criminal history background check to determine my suitability for employment or continued employment with the OAG; and*

\_\_\_\_\_ *Receipt by the OAG, at my expense, of transcripts directly from the colleges/universities I attended that are consistent with the representations made in my application.*

\_\_\_\_\_ *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 OAG, and Office policies. If hired, I agree to comply with all rules, regulations, and employment policies of*



*the OAG. I understand that, according to those rules, if hired I will serve a probationary period of at least six months. I further understand that during the probationary period my employment may be terminated at any time without cause or notice. The Personnel Rules are available upon request and may be changed at any time.*

\_\_\_\_\_ *I agree that a photocopy, facsimile or electronic version of this signed Authorization and Release Form shall be as valid as the original.*

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

08/14

The Auditor General’s Office is an Equal Opportunity Employer. We invite you to complete the following. Completion of this information is <b>voluntary</b> and failure to provide it will not subject you to any adverse treatment. Select <b>ONE</b> .		
FEMALE		MALE
		<b>White.</b> A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
		<b>American Indian or Alaska Native.</b> A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
		<b>Asian.</b> 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.
		<b>Black or African American.</b> A person having origins in any of the black racial groups of Africa.
		<b>Hispanic or Latino.</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
		<b>Native Hawaiian or Other Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.