

**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 or unfavorable discharge from the military.

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 submit and refer to an attached resume, where appropriate, in lieu of repeating information on this application form.*
- *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 auditor@mail.state.il.us (e-mail). You may also write us at the below address.*
- *Please submit your completed and signed application to:*
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.*
- *This Employment Application will be inactive after a period of one hundred and twenty (120) days.*

SECTION I - APPLICANT INFORMATION

1. APPLICANT INFORMATION

First, Middle, Last Name:
Street Address:
City, State, Zip Code:
Home Telephone (include area code):
Work Telephone (include area code):
E-mail Address (if available):

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 PLED GUILTY TO OR BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? If yes, please explain:
____ Yes ____ No

(Please note: Under State law, applicants are not obligated to disclose expunged juvenile records of arrest or conviction. Also pursuant to State law, applicants are not obligated to disclose sealed or expunged records of conviction or arrest. Employers may not ask if an applicant has had records expunged or sealed, or if a juvenile record was expunged.)

8. HAVE YOU EVER BEEN FIRED FROM A JOB? If yes, please explain:
____ Yes ____ No

9. 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.

10. 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.

11. 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 position and work backwards. Include title changes, pertinent military experience, part-time positions and internships. Where appropriate, you may refer to an attached resume if it provides the requested information.

12A. Employer Name:
Street, City, State, Zip Code:
Type of Organization:
Position Title:
Employed from(month, year): ____/____ to ____/____
Monthly Salary (starting/ending): \$____ to \$____
Responsibilities:

Reason for Leaving:

12B. Employer Name:
Street, City, State, Zip Code:
Type of Organization:
Position Title:
Employed from(month, year): ____/____ to ____/____
Monthly Salary (starting/ending): \$____ to \$____
Responsibilities:

Reason for Leaving:

12C. Employer Name:
Street, City, State, Zip Code:
Type of Organization:
Position Title:
Employed from(month/year): ____/____ to ____/____
Monthly Salary (starting/ending): \$____ to \$____
Responsibilities:

Reason for Leaving:

(Attach additional sheets as necessary to provide a complete work history.)

SECTION III - AUDIT SKILLS

If you are applying for a support staff position, skip questions 13 - 16.

- 13. DO YOU HAVE ANY CURRENT PROFESSIONAL LICENSE, CERTIFICATION, OR REGISTRATION? Yes No. if "yes", provide the following information:
In what profession are you certified?
What State issued the license?
When does the license expire?
What is the registration number?

- 14. 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

- 15. IN WHICH PROFESSIONAL ORGANIZATIONS DO YOU HOLD MEMBERSHIP?
Organization:
Location:
Membership Dates:
Office Held/Years:

- 16. 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

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

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

SECTION V - FORMAL EDUCATION

- 19. HIGH SCHOOL
Name, City, State:
Did you earn a degree or GED? Yes No

20 A. EDUCATION BEYOND HIGH SCHOOL. For each college or university attended, provide:

NAME/LOCATION OF EDUCATIONAL INSTITUTION	TOTAL HOURS EARNED	MAJOR	MINOR	DATES ATTENDED		GPA/ SCALE	*TYPE OF DEGREE AND DATE
				FROM	TO		
UNDERGRADUATE:				/	/	/	
				/	/	/	
				/	/	/	
GRADUATE:				/	/	/	
				/	/	/	

(Attach additional sheets as necessary to provide a complete educational history.)

20 B. *IF YOU ARE CURRENTLY WORKING ON A DEGREE, PLEASE PROVIDE YOUR **ANTICIPATED** GRADUATION DATE AND TYPE OF DEGREE.

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

22. LIST ACADEMIC HONORS OR AWARDS.

SECTION VI - GENERAL BACKGROUND

23. 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:

24. 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

25. 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. (*Attach additional sheets, as necessary.*)

26.

The Auditor General's Office is an Equal Opportunity Employer. We invite you to complete the following. Completion of this information is **voluntary** and failure to provide it will not subject you to any adverse treatment. Circle **ONE** letter.

FEMALE	MALE	
A	G	White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
B	H	African American not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
C	J	Native American. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community.
D	K	Asian. 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, for example, China, Japan, Korea, the Philippine Islands and Samoa.
E	L	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

SECTION VII - AUTHORIZATION

In consideration of my application for employment, I authorize the Illinois Office of the Auditor General (OAG): to make investigations 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. A photocopy of this authorization shall be as valid as the original.

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; and investigations concerning information contained in cover letters, resumes, writing samples, letters of recommendation, placement office files, student records and any other documents received. I agree that all materials received by the OAG become the property of the OAG.

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, the first six months of employment are probationary and may be terminated at any time. The Personnel Rules are available upon request and may be changed at any time. If contacted for an interview, I understand that I may be required to bring to the interview a photocopy of the transcript from my most recent educational program. I also agree that if asked I will authorize the release of transcripts or records of educational institutions directly to the OAG at my own expense.

Written Signature

Date of Application

8/07