

**ILLINOIS OFFICE OF THE AUDITOR GENERAL (OAG)  
EMPLOYMENT APPLICATION**

Please submit your application and related materials to Jim Dahlquist by email at  
[jdahlquist@auditor.illinois.gov](mailto:jdahlquist@auditor.illinois.gov)

If you have any questions about the application process, you can contact Jim Dahlquist by email or  
at (217) 785-2642 or (888) 261-2887 (TTY)

**Part I**

1. APPLICANT INFORMATION

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

2. POSITION SOUGHT:

\_\_\_\_\_

3. 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.*

Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Responsibilities:

Hours Worked per Week: \_\_\_\_\_

Reason for Leaving:

Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Responsibilities:

Hours Worked per Week: \_\_\_\_\_

Reason for Leaving:

Employer Name: \_\_\_\_\_  
Street, City, State, Zip Code: \_\_\_\_\_  
Type of Organization: \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Employed from (month/year): \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Responsibilities:

Hours Worked per Week: \_\_\_\_\_

Reason for Leaving:

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

4. Do you hold a professional license/certification (i.e. CPA, CISA)? If yes, please provide details (such as license number, when received, organization received from) If no, do you have plans to sit for a professional license/certification examination? If so, when?

5. List any degrees held or currently being worked on. For each degree, please provide major, graduation date or anticipated graduation date, type of degree (BA/BS/Masters), overall grade point average, and total number of hours earned/to be earned. *Where appropriate, you may refer to an attached resume if it provides the requested information.*

**Part II**

6. Please list three professional references, not related to you, who are knowledgeable of and have agreed to comment on your qualifications for the position sought.

Name/Title: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Name/Title: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_ YES      \_\_\_\_\_ NO.

If yes, please list:

Name/Title: \_\_\_\_\_  
Organization/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

8. Desired starting salary: \_\_\_\_\_

9. NARRATIVE STATEMENT: In **no more than 3 paragraphs**, please tell us why you want to work for the Illinois OAG, including the position(s) for which you want to be considered, and how your education and experience can help you in working for this Office.

**Part III**

10. 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.)*

11. 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.*

12. 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.*

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	OTHER	
			<b>White.</b> Individuals with origins in any of the peoples of Europe.
			<b>Black or African American.</b> Individuals with origins in any of the Black racial groups of Africa, including, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, and Somali.
			<b>American Indian or Alaska Native.</b> Individuals with origins in any of the original peoples of North, Central, and South America, including, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, and Maya.
			<b>Asian.</b> Individuals with origins in any of the original peoples of Central or East Asia, Southeast Asia, or South Asia, including, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese.
			<b>Hispanic or Latino.</b> Includes individuals of Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, and other Central or South American or Spanish culture or origin.
			<b>Native Hawaiian or Other Pacific Islander.</b> Individuals with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands, including, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese.
			<b>Middle Eastern or North African:</b> Individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, and Israeli.
			<b>Multiracial/Multiethnic:</b> if you identify with more than one of the above reporting categories.

**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.*

\_\_\_\_\_ *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. I understand I am not obligated to disclose the fact of an arrest or criminal history record information ordered expunged, sealed or impounded. I understand I am not obligated to disclose expunged juvenile records of adjudication or arrest. 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.*

\_\_\_\_\_  
Signature

*(Typing your signature above has the same effect as if it were handwritten)*

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

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

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

*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.*

- *This Employment Application will be inactive after a period of one hundred and twenty (120) days.*
- *\*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).*

*The Office of the Auditor General is an Equal Opportunity Employer and does not discriminate on the basis of actual or perceived race, color, religion, sex, sexual orientation, national origin, ancestry, citizenship or work authorization status, arrest record, order of protection status, age, marital status, disability, military status or unfavorable discharge from military service, pregnancy, childbirth or related medical condition, reproductive health decisions, or family responsibilities.*

*Unless otherwise prohibited by law, a criminal conviction shall not bar an individual from employment with the Office of the Auditor General unless there is a substantial relationship between one or more of the previous criminal offenses and the employment sought, or the granting of employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.*