

**OFFICE OF EXECUTIVE INSPECTOR GENERAL  
For the Agencies of the Illinois Governor**

**EMPLOYMENT APPLICATION**

**PLEASE PRINT LEGIBLY OR TYPE INFORMATION.**

**SECTION 1: GENERAL INFORMATION**

**TITLE OF OPEN OEIG POSITION** \_\_\_\_\_ **LOCATION: Springfield** \_\_\_ **Chicago** \_\_\_  
(The OEIG only accepts applications for positions that are currently available within the agency.)

**Where did you hear about this opportunity?** Please be as specific as possible. \_\_\_\_\_

**NAME** \_\_\_\_\_  
Last First Middle

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIP CODE** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **CONTACT PHONE NUMBER** \_\_\_\_\_  
*Optional*

**If your answer to any of the following questions is “Yes” please attach a signed detailed explanation.**

Have you ever been fired from a job? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Downsize and/or layoffs are not considered being fired.)

Are you currently in default on the repayment of any educational loan? Yes \_\_\_\_\_ No \_\_\_\_\_

\*State law provides that any employee who is in default on the repayment of certain publicly financed education loans for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

**SECTION 2: EDUCATION REPORT**

**School History:** List your education accurately and completely. Proof of education/training will be required during the hiring process.

NAME AND ADDRESS OF HIGH SCHOOL/COLLEGES OR UNIVERSITIES	MAJOR (DO NOT ABBREVIATE)	DATES ATTENDED		LEVEL AND DATE OF DEGREE EARNED	
		From MO/YR	To MO/YR	LEVEL	MO/YR

**SECTION 2: EDUCATION REPORT (Continued)**

TECHNICAL/PROFESSIONAL LICENSE(S) \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ DATE ISSUED (MO/YR) \_\_\_\_\_

EXPIRATION DATE (MO/YR) \_\_\_\_\_

---

**SECTION 3: EMPLOYMENT HISTORY**

---

Complete this section in detail by providing employment history (since high school or college). Resumes may not be substituted for completing this section. Begin with your current or last position and work backward. An unsigned or incomplete application may result in the application not being considered. If you have an extensive employment history with one employer, list each change in payroll title separately, including duties associated with each. If additional space is needed, submit the information following the same format on a separate sheet of paper.

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TITLE \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_  
MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TITLE \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_  
MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TITLE \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_  
MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING \_\_\_\_\_

**SECTION 3: EMPLOYMENT HISTORY (Continued)**

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ TITLE \_\_\_\_\_ EMPLOYMENT DATES: \_\_\_\_\_ TO \_\_\_\_\_  
MO/YR MO/YR

DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING \_\_\_\_\_

---

**SECTION 4: PERSONAL STATEMENT**

---

The position for which you have applied requires submission of a written personal statement of no more than one page on the following topic:

The OEIG is responsible for ensuring and maintaining integrity in state government. Please explain what integrity means to you and how your skills and/or experiences will help this office achieve its mission.

Please submit the statement with your application.

**Failure to submit a personal statement may result in the application not being considered.**

---

**SECTION 5: ACKNOWLEDGEMENTS**

---

I understand and acknowledge that I may be required to submit proof of previous employment, military service, or other statements in this application. I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment. I certify that the information on this application is true and accurate. I understand that any misrepresentation may be grounds for ineligibility or termination of employment.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at-will nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this at-will employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand and acknowledge that false or misleading information given in my application, interview(s), or background check may result in immediate discharge.

I understand and acknowledge that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
**WRITTEN SIGNATURE REQUIRED**

\_\_\_\_\_  
**DATE**

---

## **SECTION 6: EQUAL OPPORTUNITY EMPLOYER**

---

The Office of Executive Inspector General is an Equal Opportunity Employer and provides reasonable accommodations to applicants and employees with disabilities. We invite you to voluntarily answer the questions below. Completion of this information is not required. This information is being requested solely for purposes of complying with state, federal, and equal employment opportunity laws.

**What is your Sex?**

- FEMALE
- MALE

**What is your Race?**

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander

---

## **SECTION 7: ADDITIONAL INFORMATION**

---

State law requires that you furnish certain information about your child support obligations at the time you are hired. The possibility of employment is not affected by a child support obligation.

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

In compliance with the state and federal constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Office of Executive Inspector General does not discriminate in employment, contracts, or any other activity. If you have a discrimination complaint, please contact the Office of Executive Inspector General at 312-814-5600 (voice) or 888-261-2734 (TTY).