



ILLINOIS DEPARTMENT OF  
CENTRAL MANAGEMENT SERVICES

EMPLOYMENT APPLICATION

Print legibly in blue or black ink or type in black only. Original applications are preferred. Pencil will not be accepted. Fax copies and previously submitted applications will not be considered. Applications without complete information will be returned. This application may be utilized as the actual test for some titles. Mail completed applications to: CMS, Bureau of Personnel, Wm. G. Stratton Building, Room 500, Springfield, Illinois 62706.

1. TITLE OF POSITION APPLIED FOR (Indicate agency for Executive and Administrative Assistant series only.) <b>Executive I - Public Service Administrator</b>		OPTION	LEAVE BLANK
2. SOCIAL SECURITY NUMBER [REDACTED]		EXAM DATE AT TEST CENTER MONTH DAY YEAR CENTER	BIRTH DATE (OPTIONAL) MONTH DAY YEAR
LAST NAME <b>HILGERS</b>		FIRST NAME <b>STEVE</b> MI <b>S</b>	
STREET ADDRESS [REDACTED]		COUNTY [REDACTED]	
CITY [REDACTED]		STATE ZIP CODE AREA CODE TELEPHONE NUMBER	
3. CITIZENSHIP: I certify that I am: <input checked="" type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with permanent work authorization <input type="checkbox"/> a non-citizen with renewable work authorization		7. VETERANS PREFERENCE: To be eligible, applicant must have received a discharge under <b>honorable conditions</b> and served under one or more of the following conditions: Check box(es) that apply. a. <input type="checkbox"/> Served, for at least six months, in the armed forces of the United States, the Illinois National Guard, or any reserve component of the armed forces of the United States, or, while a U.S. citizen, must have been a member of the armed forces of an ally of the U.S. in time of hostilities with a foreign country, or; <input type="checkbox"/> Discharged on the grounds of hardship, or; <input type="checkbox"/> Released from active duty because of a service connected disability, or; <input type="checkbox"/> Served for the duration of hostilities regardless of the length of engagement. Applicants are entitled to points added to a passing grade <u>or</u> points added to a passing grade and appointment preference. <b>Please complete the following:</b> Branch of Service _____ Dates of Service _____ to _____ MO DY YR MO DY YR (If more than one, indicate on an additional sheet.) <b>Please check all boxes that apply:</b> <input type="checkbox"/> Discharged under honorable conditions <input type="checkbox"/> Member of Illinois National Guard or reserve component activated into U.S. armed forces. <input type="checkbox"/> Not discharged under honorable conditions <input type="checkbox"/> Veteran with a service-connected disability <input type="checkbox"/> Member of Illinois National Guard/Reservist <input type="checkbox"/> Purple Heart recipient	
4. STATEMENTS: If your answer to any of the following questions is "yes", please attach a detailed explanation. Have you ever been fired from a job? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Have you ever pled guilty to or been found guilty of any criminal offense or convicted for other than a minor traffic violation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Are you currently in default on the repayment of any State educational loan? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO State law provides that any employee who is in default on the repayment of any education loan for a period of 6 months or more and in the amount of \$600.00 or more shall, as a <b>condition of employment</b> , make a satisfactory loan repayment arrangement with the maker or guarantor of the loan. NOTE: 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 or default in payment.		b. If you are the spouse or parent of a veteran and believe you qualify for veterans preference under the provisions listed below, please check this box: <input type="checkbox"/> A surviving unmarried spouse of a veteran who suffered a service-connected death or the present spouse of a veteran who suffered a service-connected disability that prevents the veteran from qualifying for civil service employment shall be entitled to the same preference to which the veteran would have been entitled. One parent of an unmarried veteran who suffered a service connected death or disability that prevents the veteran from qualifying for civil service employment shall only be entitled to points added to a passing grade. If you meet the criteria in 7b, you must also complete CMS Form 255 Information Questionnaire Sheet. Please request a copy from your test monitor. If you are not at a test center, checking the box above will cause a form to be sent to you. Please complete the form and return it to CMS.	
5. COUNTY CHOICE: List one primary county in which you will work. Failure to do so may delay processing of your application. List zone if applicable, see insert for zone map. Primary <u>Sangamon</u> Zone _____ Secondary county is used <u>ONLY</u> if no applicants remain on the primary county eligible list or to assist the employing agency in achieving Affirmative Action goals. Secondary _____ Zone _____		LEAVE BLANK	
6. AVAILABILITY: Check the appropriate box. (Temporary means 6 months or less.) a. <input checked="" type="checkbox"/> Available for permanent employment; will not accept temporary employment. (Trainee titles must choose a.) b. <input type="checkbox"/> Available for permanent employment; will accept temporary employment. c. <input type="checkbox"/> Eligible for temporary employment only.			
8. I understand I may be required to submit proof of previous employment, education, military service or other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification and determination of suitability for State employment. I state that I have not submitted an application for this written and/or performance title within the last 30 days. I certify that the information on this application is true and accurate to the best of my knowledge and misrepresentation of any material fact may be grounds for denial of employment or termination of employment.			

9. EXPERIENCE REPORT: PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED — COMPLETE THIS FORM IN DETAIL — Begin with present position and work backward. Include:

- Each change in position title including dates
- Military experience including dates listing each change in rank and/or title
- College internships / practicums successfully completed
- Related volunteer experience including dates and hours worked per week or month

Resumes submitted must be in the SAME FORMAT as below.

CURRENTLY (OR LAST) EMPLOYED BY: Marten Motors, Inc. DATES OF EMPLOYMENT: FROM 8/93 TO Current  
ADDRESS: P.O. Box 199 TOTAL: YEARS 2 MONTHS 9 YEAR MONTH YEAR MONTH  
Emden, IL MONTHLY SALARY: STARTING \$2850 ENDING \$2850  
PAYROLL TITLE: Manager LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK 50  
PART TIME: YES NO X AVERAGE HOURS WORKED PER WEEK 50

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<u>3</u>	<u>1</u>		

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
As General Manager of the Dealership, I am in charge of Sales of the Chrysler-Plymouth and Dodge Products. I supervise 4 employees including a Secretary and 3 Technicians. I communicate via computer with the Corporate Office on issues such as warranty, parts and employee training. When involved in the sale of vehicles, I utilize my computer knowledge to order the vehicles requested. I am involved in the daily operations and in all personnel  
REASON FOR LEAVING: Still employed

EMPLOYED BY: Kansas City P.M., Inc. DATES OF EMPLOYMENT: FROM 05 90 TO 07 93  
ADDRESS: 3201 Gillham Plaza TOTAL: YEARS 3 MONTHS 2 YEAR MONTH YEAR MONTH  
Kansas City, Missouri 64109 MONTHLY SALARY: STARTING ENDING  
PAYROLL TITLE: Manager - Jiffy Lube LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK 50  
PART TIME: YES NO X AVERAGE HOURS WORKED PER WEEK 50

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
I was responsible for all Managerial aspects of running a business, which included the interviewing, selection, discipline and termination of individuals. I was responsible for the budgeting and controlling of income and expenses for the business. The total budget I oversaw was \$275,000. I also oversaw all customer complaints and claims to their resolution or arbitration.

REASON FOR LEAVING: Opportunity at Marten Motors

EMPLOYED BY: Fox & Partee DATES OF EMPLOYMENT: FROM 02 87 TO 05 90  
ADDRESS: 4600 Madison, Suite 1010 TOTAL: YEARS 2 MONTHS 10 YEAR MONTH YEAR MONTH  
Kansas City, Missouri 64112 MONTHLY SALARY: STARTING ENDING  
PAYROLL TITLE: Investigator LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK 50  
PART TIME: YES NO X AVERAGE HOURS WORKED PER WEEK 50

IF YOU HAD SUPERVISORY RESPONSIBILITY, LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
I performed criminal and civil investigations including witness and document collection review in the areas of white collar crimes, anti-trust violations, fraud and racketeering charges. Responsible for witness debriefing and preparation in civil and domestic cases requiring a wide range of investigative work. Investigated bodily injury, workers comp, wrongful death suits that included obtaining and evaluation medical reports, compiled  
REASON FOR LEAVING:

EMPLOYED BY: Kansas City, Missouri Police Dept. DATES OF EMPLOYMENT: FROM 06 83 TO 12 87  
ADDRESS: 1125 Locust TOTAL: YEARS 4 MONTHS 6 MONTH YEAR MONTH YEAR  
Kansas City, Missouri 64106 MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \$2850  
PAYROLL TITLE: Police Officer LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK 50  
PART TIME: YES \_\_\_\_\_ NO X AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
Investigation and enforcement of municipal, state and federal laws. Assignment to Tactical Response Unit (S.W.A.T) from 1985 - 1987. Assigned duties of acting sergeant which included supervision of six officers. Compiled sector statistical reports for officers performance evaluations. Interpreted and analyzed report data on crime patterns and initiated patrol tactic plans. On Sergeant promotional list at time of resignati  
REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED BY: Johnson County Medical Action DATES OF EMPLOYMENT: FROM 08 78 TO 06 83  
ADDRESS: 10901 Lowell, Suite 135 TOTAL: YEARS 4 MONTHS 10 MONTH YEAR MONTH YEAR  
Overland Park, Kansas 66210 MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
PAYROLL TITLE: Emergency Mobile Intensive Care Tech. LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_  
PART TIME: YES \_\_\_\_\_ NO X AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
Performed rescue and treatment of the traumatically injured and critically ill.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_ DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ MONTH YEAR MONTH YEAR  
PAYROLL TITLE: \_\_\_\_\_ MONTHLY SALARY: STARTING \_\_\_\_\_ ENDING \_\_\_\_\_  
PART TIME: YES \_\_\_\_\_ NO \_\_\_\_\_ AVERAGE HOURS WORKED PER WEEK \_\_\_\_\_  
LIST NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE BOX OR BOXES BELOW:

MANUAL / TRADES	CLERICAL / TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, FOLLOWING THE FORMAT ON THIS PAGE. **PLACE THE SHEET INSIDE THE APPLICATION.**

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 Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Central Management Services at 217-782-6921 or TDD 217-524-1383.

# 10. FORMAL EDUCATION REPORT:

List your education accurately and completely. **Proof of education, training and military service claimed must be submitted at time of interview.** These documents are not required at time of examination. Each application must be complete, since applications previously submitted are not reviewed.

HIGH SCHOOL				OR				GED				COLLEGE - UNIVERSITY							
CIRCLE NO. YEARS COMPLETED 0 1 2 3 <b>4</b> GRADUATED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				RECEIVED GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO				CIRCLE NO. YEARS COMPLETED 0 1 <b>2</b> 3 4 5 6 7 8 GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO											
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL				FROM TO TIME				SUBJECTS				LENGTH OF COURSE		COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND LOCATION				MO. YR.		MO. YR.		FULL PART											
IL DRIVERS LICENSE		ENDORSEMENT		RESTRICTION		CLASS RATINGS - (CIRCLE BELOW)				LICENSE NUMBER		DATE ISSUED		CURRENT?					
TECHNICAL / PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED		CURRENT?					
												MO. YR.		<input type="checkbox"/> YES <input type="checkbox"/> NO					
TECHNICAL / PROFESSIONAL LICENSE				NUMBER				STATE IN WHICH ISSUED				DATE ISSUED		CURRENT?					
												MO. YR.		<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND ADDRESS OF COLLEGES OR UNIVERSITIES ATTENDED				TOTAL NO. OF HOURS EARNED				NAME OF MAJOR		NAME OF MINOR		DATES ATTENDED				LEVEL OF DEGREE EARNED		DATE DEGREE AWARDED	
				SEM. HRS. (OR) QTR. HRS. (OR) UNITS								FROM TO							
UNDERGRADUATE: (NAME / CITY / STATE)												MO. YR. MO. YR.						MO. YR.	
												/ /						/	
												/ /						/	
												/ /						/	
GRADUATE: (NAME / CITY / STATE)												MO. YR. MO. YR.						MO. YR.	
												/ /						/	
												/ /						/	
<ul style="list-style-type: none"> <li>DO NOT INCLUDE COURSES MORE THAN ONCE.</li> <li>LIST UNDERGRADUATE AND GRADUATE HOURS SEPARATELY.</li> <li>INDICATE THE NUMBER OF SEMESTER OR QUARTER HOURS EARNED.</li> </ul>																			
FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE		FIELDS OF STUDY		UNDERGRAD		GRADUATE			
		SEM. HRS. QTR. HRS.		SEM. HRS. QTR. HRS.				SEM. HRS. QTR. HRS.		SEM. HRS. QTR. HRS.				SEM. HRS. QTR. HRS.		SEM. HRS. QTR. HRS.			
Accounting						Forensic Science						Programming							
Afro-American Studies						Forestry						Psychology							
Agriculture						Game Management						Public Administration							
Agronomy						Genetics						Radio-Television							
Animal Science						Geography						Recreation							
Architecture						Geology						Secretarial Science							
Art						Guidance and Counseling						Social Work							
Audiovisual Instruction						Health/Public Health						Sociology							
Bacteriology						History						Speech and Drama							
Biology						Home Economics						Statistics							
Botany						Humanities						Therapy (specify)							
Business Administration/Mgmt.						Industrial Arts						Urban Studies							
Chemistry						Institutional Management						Zoology							
Computer Science						Insurance						Other:							
Conservation						Journalism													
Criminal Justice Admin.						Law (specify)													
Criminology						Law Enforcement													
Dietetics						Law Enforcement Administration													
Economics						Library Science													
Education (specify)						Marketing													
Engineering (specify)						Mathematics													
Environmental Science						Medical Records													
English						Medicine													
Engineering Technology						Microbiology													
Finance						Nursing													
Fire Science						Park Management													
Fish Management						Pharmacy													
Food, Nutrition						Physics													
Foreign Language (specify)						Political Science/Govt.													

## **Steve S. Hilgers Work Experience Report Cont'd**

### **Marten Motors Cont'd**

decisions at the Dealership including but not limited to; employing, terminating, employee scheduling, employee evaluations, bonuses, etc. I oversee the Chrysler Satisfaction Guarantee for the Dealership.

### **Fox & Partee Law Firm Cont'd**

valuation studies, interviewing all applicable parties to the suit, participated in depositions and provided support services during the trials. Additional responsibilities included management of the computer network system and knowledge of various software packages such as WordPerfect and Quatro.

### **Education**

Regional Police Training academy  
Penn Valley Community College  
June 1983 - October 1983

Special Courses: Criminal Law, Criminal Investigation, Community Relations, Accident Investigation & Crime Scene Investigation.

Achievements: Honor Roll, Graduated Second in Class

Kansas City Community College  
7250 State Avenue  
Kansas City, Kansas 66106  
August 1974 - January 1980

Special Courses: Medical Terminology, Business Law & Personnel Management

Achievements: Dean's Honor Roll

The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this information is not required. Circle the ONE letter and, if applicable, the appropriate number(s).

FEMALE MALE

**White** not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

**Black** not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.

**Native American.** A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community.

**Asian American.** 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.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

blindness / visual impairment  
deafness / hearing impairment  
orthopedic impairment  
cardiovascular disorder  
mental disorder  
nervous system disorder  
respiratory related impairment  
loss of limbs  
other (specify)

## STATE OF ILLINOIS TEST CENTERS

### ROCKFORD (by appointment only)

Central Management Services  
E.J. "Zeke" Giorgi Center  
200 South Wyman  
Rockford, Illinois 61101  
Phone: 815-987-7004  
Illinois Relay Center 800-526-0844 (TDD only)

### CHAMPAIGN (by appointment only)

Central Management Services  
State Regional Office Building  
2125 South First  
Champaign, Illinois 61820  
Phone: 217-244-1012  
Illinois Relay Center 800-526-0844 (TDD only)

### MARION (by appointment only)

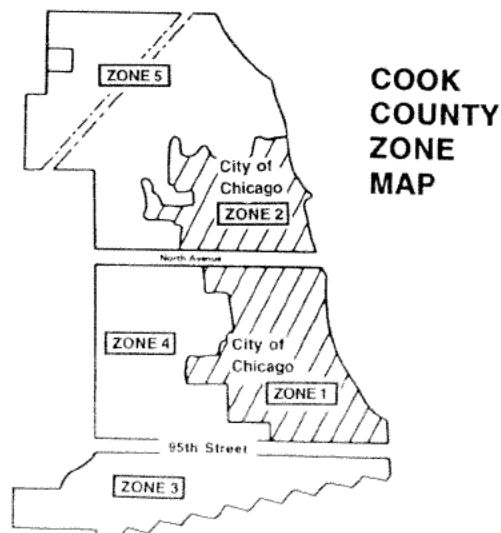
Central Management Services  
State Regional Office Building  
2309 West Main Street  
Marion, Illinois 62959  
Phone: 618-993-7005  
Illinois Relay Center 800-526-0844 (TDD only)

### SPRINGFIELD

Central Management Services  
Wm. G. Stratton Building – Room 500  
401 South Spring Street  
Springfield, Illinois 62706  
Phone: 217-782-6921  
TDD: 217-524-1383

### CHICAGO

Central Management Services  
James R. Thompson Center – Suite 3-300  
100 West Randolph Street  
Chicago, Illinois 60601  
Phone: 312-793-3565  
TDD: 312-814-4458



NOTE: If you are an individual with a disability and are in need of a reasonable accommodation to participate in the application process, please contact the testing center nearest you to schedule your examination. You may be asked to provide documentation in support of your request.