

APPLICATION FOR EMPLOYMENT

Illinois House of Representatives

Please check which Office you are applying with:

- House Democrat Leadership – Please attach updated resume and either return to: House Democratic Leadership Office Room 200-4S Stratton Building, Springfield, Illinois 62706, fax to 217-785-1217, or email to harms@hds.ilga.gov
- House Republican Leadership – Please attach updated resume and either return to: House Republican Leadership Office Room 316 State House, Springfield, Illinois 62706, fax to 217-782-7012, or email to chermes@hrs.ilga.gov
- Office of the Clerk: Please attach updated resume and either return to: House Clerk's Office Room 420 State House, Springfield, Illinois 62706, fax to 217-782-3885, or email to sshankland@ilga.gov

Date		e-mail address		Telephone #	
Name					
	(Last)	(First)	(Middle)		
Address					
	(Street)	(City State, Zip)		(County)	
U.S. Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Birthdate (Optional)		
Have you ever pled guilty to or been found guilty of any criminal offense other than a minor traffic violation?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, explain			

EDUCATION

Check off Education Completed					
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree			
<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> College			Major	
<input type="checkbox"/> Masters/Advanced					
<input type="checkbox"/> Other/Professional License					
Are you currently in default on the repayment of any State educational loan? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT

(Indicate past employment beginning with most recent position)

Firm Name				Firm Address			
Employed from		To		Starting Salary		Ending Salary	
Position and duties							
Supervisor				Reason for Leaving			
Firm Name				Firm Address			
Employed from		To		Starting Salary		Ending Salary	
Position and duties							
Supervisor				Reason for Leaving			

EMPLOYMENT (cont.)

Firm Name		Firm Address	
Employed from		To	
Starting Salary		Ending Salary	
Position and duties			
Supervisor			Reason for Leaving

Firm Name		Firm Address	
Employed from		To	
Starting Salary		Ending Salary	
Position and duties			
Supervisor			Reason for Leaving

Position Desired			
Date you can start		Minimum salary requirement	
Applicants Signature (not required if submitting electronically)			

References

Name	Professional Relationship	Contact Information

OPTIONAL

Pursuant to State Employment Records Act (5 ILCS 410, as amended by P.A. 88-126, effective 1/1/94) providing the following information is OPTIONAL.

Check the boxes which are appropriate:

<input type="checkbox"/> Male		<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> Blindness/visual impairment
<input type="checkbox"/> Female		<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Deafness, hearing impairment
		<input type="checkbox"/> Native American	<input type="checkbox"/> Orthopedic impairment
		<input type="checkbox"/> Asian American	<input type="checkbox"/> Cardiovascular disorder
		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Mental disorder
			<input type="checkbox"/> Nervous system disorder
			<input type="checkbox"/> Respiratory related impairment
			<input type="checkbox"/> Loss of limbs
			<input type="checkbox"/> Other (specify)
Do you currently have a valid driver's license and auto insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No