

APPLICATION FOR AUDITOR GENERAL STATE OF ILLINOIS

The State of Illinois does not discriminate on the basis of race, religion, color, sex, national origin, age, marital status, physical or mental disability, or any other classification protected by federal or state law.

The Illinois State Auditing Act (30 ILCS 5/2-3) states that, "...[U]pon a vacancy in the office of Auditor General the [Legislative Audit] Commission shall diligently search out qualified candidates for the office and make recommendations to the General Assembly."

The following information is pertinent to anyone holding the position of Auditor General. According to 30 ILCS 5/2-9, the principal office of the Auditor General shall be maintained in Springfield, IL. The Auditor General does not receive a housing allowance or any other remuneration from the State beyond a paycheck and travel reimbursement. The Auditor General is eligible for a vehicle provided by the State.

The statute (30 ILCS 5/2-7) prohibits the Auditor General from the following activities, as well as other activities, as long as he or she serves as Auditor General:

- becoming a candidate for any elective public office;
- holding any elected or appointed office, except governmental advisory boards or study commissions;
- having any other employment;
- being actively involved in the affairs of any political party;
- participating in a campaign for any public office created by the Illinois Constitution or any Illinois statute;
- participating in a campaign for a referendum or public question related to the Illinois Constitution, the government of the State of Illinois, or any local or private agency audited by the Office of the Auditor General;
- holding any interest in any entity which contracts with the Office of the Auditor General; and
- holding any interest in any agency audited by the Office of the Auditor General.

DIRECTIONS

- *Complete this application in full. Consideration will not be given to incomplete applications. Please submit a resume and cover letter with your application no later than August 19, 2015 to AuditCommission@ilga.gov. Applications received by mail must be received no later than August 19, 2015 (please allow at least 10 days for USPS delivery).*
- *If you have questions or need assistance in filling out this application form, please contact us at: 217/782-7097 or AuditCommission@ilga.gov. You may also write us at the address below:*

***Jane Stricklin
Legislative Audit Commission
622 Stratton Office Building
Springfield, IL 62706***

- Additional information about the Legislative Audit Commission can be found on our web site at http://ilga.gov/commission/lac/lac_home.html. Additional information about the Office of the Auditor General may be found on the web site at www.auditor.illinois.gov.

SECTION I - APPLICANT INFORMATION

1. APPLICANT INFORMATION

Name: _____
 Street Address: _____
 City, State, Zip Code: _____
 Home Telephone (include area code): _____
 Cell Phone (include area code): _____
 Work Telephone (include area code): _____
 E-mail Address: _____
 (Please verify the address as most correspondence will be conducted by e-mail.)
 All Social Media Accounts _____

2. 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 Legislative Audit Commission does not sponsor for employment visas.)

3. LOCALITY OF EMPLOYMENT – SPRINGFIELD ONLY - Are you willing to relocate to Springfield, Illinois?

_____ Yes _____ No

4. HAVE YOU EVER BEEN FIRED FROM A JOB? If yes, please explain:

_____ Yes _____ No

5. 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.

6. 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.

7. HOW DID YOU LEARN ABOUT THIS POSITION? (check all that apply):

- Internet Job Posting
 Employee Referral Newspaper Ad
 Other (describe):

SECTION II - 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.

8A. Employer Name: _____
Street, City, State, Zip Code: _____
Type of Organization: _____
Position Title: _____
Employed from (month/year): _____ / _____ to _____ / _____
Monthly Salary -- Starting: _____ Ending: _____
Responsibilities: _____
Hrs Worked per Week: _____
Reason For Leaving: _____

8B. Employer Name: _____
Street, City, State, Zip Code: _____
Type of Organization: _____
Position Title: _____
Employed from (month/year): _____ / _____ to _____ / _____
Monthly Salary -- Starting: _____ Ending: _____
Responsibilities: _____
Hrs Worked per Week: _____
Reason For Leaving: _____

8C. Employer Name: _____
Street, City, State, Zip Code: _____
Type of Organization: _____
Position Title: _____
Employed from (month/year): _____ / _____ to _____ / _____
Monthly Salary -- Starting: _____ Ending: _____
Responsibilities: _____
Hrs Worked per Week: _____
Reason For Leaving: _____

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

SECTION III - SKILLS

9. DO YOU HAVE ANY CURRENT PROFESSIONAL LICENSE, CERTIFICATION, OR REGISTRATION? _____Yes _____No If yes, provide information below:

Type of License	Number	State Issued	Date Issued MM/YYYY	Expiration Date MM/YYYY	Has regulatory action ever been taken on your license? Answer yes or no. If yes, explain.

10. DO YOU HAVE FORMAL EXPERIENCE OR COMPETENCY IN THE FOLLOWING? If “yes,” describe any experience and competency you have:

- A. Governmental auditing? _____ Yes _____ No
- B. Financial management? _____ Yes _____ No
- C. Government operation? _____ Yes _____ No
- D. Knowledge of State Government? _____ Yes _____ No

11. ARE YOU A MEMBER OF ANY PROFESSIONAL ORGANIZATIONS (i.e., AICPA, CPA Society, NASACT, etc.)?

Organization: _____

Location: _____

Membership Dates: _____

Office Held/Years: _____

SECTION IV - FORMAL EDUCATION

12. HIGH SCHOOL

Name, City, State: _____

Did you earn a diploma, GED or completion certificate? _____ Yes _____ No

13. Are you a military veteran? _____ Yes _____ No

Branch Dates of Service: from _____ to _____

14A. EDUCATION BEYOND HIGH SCHOOL. List your education accurately and completely. A copy of college transcripts/degrees may be required.

NAME/ADDRESS OF COLLEGE/ UNIVERSITY	TOTAL HOURS EARNED	MAJOR (DO NOT ABBREVIATE)	MINOR (DO NOT ABBREVIATE)	DATES ATTENDED FROM MM/YYYY TO MM/YYYY		GPA/ SCALE	DEGREE AND DATE MM/YYYY
UNDERGRADUATE:							
GRADUATE:							

(Add additional rows as necessary to provide a complete educational history.)

14B. IF YOU ARE CURRENTLY WORKING ON A DEGREE, PLEASE PROVIDE YOUR **ANTICIPATED** GRADUATION DATE and TYPE OF DEGREE.

15. LIST HONORS OR AWARDS.

SECTION V - GENERAL BACKGROUND

16. 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: _____

17. REFERENCES: List three people who are knowledgeable of, and have agreed to comment on, your work-related skills.

NAME/ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	TITLE OR OCCUPATION AND EMPLOYER	YEARS KNOWN

18. ADDITIONAL STATEMENT: If there is anything you would like to add in a written statement, please provide that information below.

SECTION VI - AUTHORIZATION AND RELEASE FORM

(You must initial each paragraph in the space provided.)

_____ *In consideration of my application for employment, I authorize the Legislative Audit Commission (LAC): to conduct background checks concerning my fitness for employment as Auditor General; 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 LAC 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 LAC may contact.*

_____ *I release all parties from any and all liability for any damage that may result from furnishing information concerning me to the LAC.*

_____ *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 LAC become the property of the LAC.*

_____ *I understand that if I am invited to 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 State of Illinois. An applicant will be provided a copy of the background check when it is received. An applicant is not obligated to disclose the fact of an arrest or criminal history record information ordered expunged, sealed or impounded, or expunged juvenile records. I understand that my refusal to complete the forms will result in my application for employment being withdrawn from any further consideration.*

_____ *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 and Office policies. If hired, I agree to comply with all rules, regulations, and employment policies of the State of Illinois and the Office of the Auditor General.*

_____ *I agree that a photocopy, facsimile or electronic version of this signed Authorization and Release Form shall be as valid as the original.*

Written Signature

Date of Application

Street Address

City, State, Zip Code

07/15