

Welcome

Welcome to the Office of the Comptroller! Thank you for the opportunity to consider, with you, the possibility of employment with our office. We are an equal opportunity employer and think you will find that our salary, benefit and personal development programs are most progressive. Our open competitive examination process is based upon merit and fitness and identifies the most suitable candidates to join our professional team. We are pleased to have the opportunity to review your qualifications for employment consideration.

State of Illinois
Comptroller

Instructions and General Information

1. The Merit System in the Illinois Office of the Comptroller (IOC) provides an opportunity for applicants under the Open Competitive Examination Program.
2. 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 the Comptroller does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Human Resources at 217/782-6084 or TT/TDD 217/782-1308.
3. Examinations are held for the purpose of establishing eligibility lists from which appointments to merit positions may be made in accordance with needs.
4. Testing for regularly opened examinations will be conducted at the Department of Central Management Services (CMS). For specific times and places for testing, please refer to the current testing schedule. (See back of this page for schedule and specific test information)
5. Testing for closed, non-routine examinations are given by the Illinois Office of the Comptroller and/or CMS will be scheduled as the need arises. It will be necessary for applicants to apply in advance for these titles to insure that they will be notified when the examinations are opened and scheduled. Some examinations may consist only of a rating of education, training and experience as listed on the application.
6. To apply for closed, non-routine examinations, comply with the following guidelines:
 - a) Complete an Office of the Comptroller Application for Employment in detail following the directions contained therein. (Complete a separate application for each job title and level for which you are applying.)
 - b) Submit the completed application to: Human Resources Department, 325 West Adams, Springfield, Illinois, 62704-1858.
 - c) Unless otherwise notified, participate in the appropriate test on the scheduled date. (A test may be repeated only after 30 days. The most current grade appears on the eligibility list whether it is higher or lower than any previous grade.)
7. Since the Merit System is based on competitive testing, only those applicants in the highest category grouping on the eligibility list will be interviewed.
8. Based on needs and other factors, job opportunities for individual titles may vary. Where openings are limited and the number of applicants is high, a high examination rating will not necessarily guarantee that an individual will receive an interview or offer of employment.
9. Preference for employment is granted to residents of Illinois.
10. Applications for closed examinations will remain on file for one year. If an examination is opened during that time, applicants will be notified of the test date, time and location. If an examination is not opened for one year after filing, it will be necessary to submit a new application to the Department of Human Resources providing the applicant is still interested in participating in the examination program for that title.
11. Under Illinois law, veterans who meet eligibility requirements are entitled to additional points on examinations. See the Application for Employment for further information.

13. Relevant volunteer experience for which no salary was received will be given the same credit as equivalent paid experience. To receive credit, list the actual number of hours worked per week or month, and describe fully the duties performed.
14. It is the responsibility of the applicant to keep the Department of Human Resources notified of changes of address, name or telephone so that correspondence and referrals can be forwarded.

Testing Schedule for Regularly Scheduled Open Examinations

The following is in conjunction with the Department of Central Management Services' test schedule. The test titles listed are based on the Comptroller's classifications that require written tests. All tests will be given only at the places and times indicated.

Upon receipt of the test grade, it is the applicant's responsibility to submit the original grade notice to the Comptroller's Department of Human Resources along with an IOC employment application indicating the position for which the applicant is applying.

TESTING LOCATIONS

TESTING POSITIONS

Springfield
 Capital City Center
 130 West Mason
 Springfield, IL
 (217) 557-6885

Office Assistant - Office Associate
Accounting Specialist ("Comptroller Accounting Specialist" test)
Office Specialist -
Walk-In Testing every Monday, Tuesday, Wednesday and Thursday
 Between 8:00 a.m. - 2:00 p.m.

Chicago
 James R. Thompson Center
 100 West Randolph Street
 Suite 3-300
 Chicago, IL
 (312) 793-3565

Office Assistant - Office Associate
Accounting Specialist ("Comptroller Accounting Specialist" test)
Office Specialist -
Walk-In Testing every Monday, Tuesday, Wednesday and Thursday
 Between 8:00 a.m. - 1:30 p.m.

Special Accommodations

Pursuant to the requirements of state and federal laws, a qualified individual with a disability has the right to request reasonable accommodation in conjunction with his or her employment. Applicants may request accommodation at any stage of the application process, including the employment application, examination procedure and interview process.

If you are an individual with a disability and need reasonable accommodation to participate in the open testing process, please contact the Department of Central Management Services, Disabled Workers Coordinator before the date of the test. Springfield (217) 524-1321 (voice)—(217) 524-1383 (TTY).

If an accommodation is needed to participate in the application process, other testing process or interview, please contact the Office of the Comptroller, Human Resources Department at (217) 782-6084 or TT/TDD (217) 782-1308. Completion of an Accommodation Request Form will be required.

The front side of the building of the Office of the Comptroller, 325 West Adams, Springfield, Illinois is accessible. Parking is available at the front of the building.



STATE OF ILLINOIS
COMPTROLLER

SUSANA A. MENDOZA

EMPLOYMENT APPLICATION ADDENDUM

Applicants seeking employment with the State of Illinois are not obligated to disclose:

- 1) an arrest or conviction record that has been expunged or sealed, pursuant to Public Act 93-0211, effective January 1, 2004 (20 ILCS 2630/12(a));
- 2) an expunged juvenile record, pursuant to Public Act 93-0912, effective August 12, 2004 (705 ILCS 405/5-915 (8a)).

Employers may not ask if an applicant has had these types of records expunged or sealed. Neither Public Act applies to law enforcement agencies, the Department of Corrections, State's Attorneys or other prosecutors.



Application For Employment

An Equal Opportunity/Affirmative Action Employer

This Is A Test when submitted for a title that is evaluated by training and experience. **If the title for which you are applying requires a written test and you will need a special accommodation, (please contact the Human Resources Department at 217/782-6084 TT/TDD 217/782-1308.) Complete this application in detail; only add attachments if you run out of space on the application form; previous applications will not be considered.** Any material misrepresentation may be grounds for termination of employment or ineligibility. **A separate application is required for each position and each level.** Email or completed application to the address at the right.

Department of Human Resources
 Room 102
 325 West Adams
 Springfield, Illinois 62704-1858
 217/782-6084 TT/TDD 217/782-1308
<http://www.ioc.state.il.us>

Section I - Print or type only. Signature only in blue ink only. Fax copies are not accepted.

PRINT COMPLETE TITLE OF POSITION APPLIED FOR:

POSITION NUMBER:

- -

Birth Date (optional)

Last Name

First Name

MI

Street Address

County

City

State

-

Zip Code

Area Code Telephone Number (Home)

Area Code Telephone Number (Daytime)

Citizenship: I certify that I am either:

- a U.S. Citizen
- a non-citizen with permanent work authorization; or
- a non-citizen with a renewable work authorization

If hired, you will be required to complete the Employment Eligibility Verification form (INS Form I-9) and present for review documentation evidencing employment authorization in the United States.

Availability: Check the appropriate box.

- a. Available for permanent employment; will not accept temporary employment.
- b. Available for permanent employment; will accept temporary employment.
- c. Available for temporary employment only (6 months or less).
- d. Available for intermittent employment.

If your answer to questions 1-6 is "yes" or question 6 is "no", attach a detailed statement.

- 1. Have you ever been discharged from a job? yes no
- 2. Have you taken the test for this title in the last 30 days? yes no
- 3. Are you obligated by court or administrative order to provide any type of child support? * yes no
- 4. Are you currently in default on the repayment of any State education loan? yes no
- 5. Do you have any relatives working in the Office of the Comptroller? yes no
- 6. If you are a male (citizen) less than 27 years old, have you registered with the Selective Service? *** NA yes no

*State law requires that you furnish certain information about your child support obligations at the time you are hired. The fact that you have a child support obligation or that you are in default is not a condition of employment.

**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 condition of employment, make a satisfactory loan repayment arrangement with the maker or guarantor of the loan.

***As a condition of employment, State law requires that every male less than 27 years old, shall submit documentation, at the time of appointment, evidencing his registration with the Federal Selective Service System.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge or other disciplinary action. I understand that if hired I am required to abide by all rules and regulations of the Office of the Illinois State Comptroller. I understand that if hired I authorize the State of Illinois to conduct an investigation into all aspects of my qualifications and background; any individual, organization, or agency that maintains records relating to me to provide these records upon request to any agency of the State of Illinois conducting such as investigation. This authorization is not limited to employment records, credit records, and criminal history records. I release any individual, organization, or agency from any and all liability incurred as a result of providing such records. Proof of citizenship or immigration status will be required upon employment. If an adverse employment decision is made in whole or part regarding the information on the credit report that is run by any duly authorized State of Illinois Agent procures, the Office of the State Comptroller will: Give me a copy of the background report.

Written Signature _____

Date _____

— All applications must have original signature and date. —

TO BE ELIGIBLE FOR VETERANS' PREFERENCE, YOU MUST COMPLETE THE FOLLOWING SECTION:

To qualify for Veterans' Preference, job candidates must have been a member of the U.S. armed forces (or, while a U.S. citizen, must have been a member of the armed forces of an ally of the United States) or a reserve component, member of the Illinois National Guard for a period of at least six months, and must have received a discharge under honorable conditions. To establish eligibility, please complete the following information. Proof must be submitted at time of hire.

Branch of Service _____ Dates of Service _____ / ____ / ____ to ____ / ____ / ____
M D Y to M D Y

Please check all boxes that apply. Discharged Under Honorable conditions Not Discharged Under Honorable Conditions Purple Heart Recipient
 Member of Illinois National Guard/Reservist Illinois National Guard Member or reserve component activated U.S. armed forces
 Veteran with a service-connected disability

A surviving unremarried 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 meeting the criteria listed above shall be entitled to veterans' preference examination points. If you are a spouse or parent of a veteran and believe you qualify for veterans' preference under the provisions listed above, please check this box: You must also complete the Veterans Information Questionnaire Sheet. Checking the box above will cause a form to be sent to you. Please complete and return the form.
 Candidates who served for less than six months may also be eligible. If one of the following conditions apply, please check the appropriate box: I served for less than six months, but was discharged on the grounds of hardship. I was released from active duty because of a service connected disability. I served less than six months, but my service was during a time of hostilities with a foreign country, and I served for the duration of those hostilities.

Section II - Experience Report - Begin with your current or last position and work backwards. List and describe your work experience.

THIS IS A TEST - "Some examinations may consist only of a rating of education, training and experience, as listed on the application."

Include job title changes resulting from promotions. List pertinent military experience. Omissions or misstatements of material facts may cause forfeiture of rights to employment.

VOLUNTEER EXPERIENCE: Related volunteer experience for which no salary was received will be given the same credit as equivalent paid experience.

List the actual number of hours worked and describe fully the duties performed.

PREVIOUS APPLICATIONS WILL NOT BE CONSIDERED - COMPLETE THIS FORM IN DETAIL - RESUMES MAY NOT BE SUBSTITUTED

List EACH change in payroll title and the appropriate dates of employment for each title. Use supplemental sheets if needed.

1. Current or Last Employer		Mailing Address	
Job Title		Supervisor's Name	
Date Employed (mo. and yr.)	Date Separated (mo. and yr.)	Starting Salary \$ _____ per	Reason For Leaving
Full Time Years _____ Months _____		Ending Salary \$ _____ per	
Part Time Years _____ Months _____ If Part Time, number of hours worked per week? _____ May we contact Employer? yes _____ no _____		Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Duties Performed			
2. Employer		Mailing Address	
Job Title		Supervisor's Name	
Date Employed (mo. and yr.)	Date Separated (mo. and yr.)	Starting Salary \$ _____ per	Reason For Leaving
Full Time Years _____ Months _____		Ending Salary \$ _____ per	
Part Time Years _____ Months _____ If Part Time, number of hours worked per week? _____		Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Duties Performed			

3. Employer			Mailing Address	
Job Title			Supervisor's Name	
Date Employed (mo. and yr.)	Date Separated (mo. and yr.)	Starting Salary \$	per	Reason For Leaving
Full Time Years _____ Months _____		Ending Salary \$	per	
Part Time Years _____ Months _____ If Part Time, number of hours worked per week? _____		Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Specific Duties Performed

4. Employer			Mailing Address	
Job Title			Supervisor's Name	
Date Employed (mo. and yr.)	Date Separated (mo. and yr.)	Starting Salary \$	per	Reason For Leaving
Full Time Years _____ Months _____		Ending Salary \$	per	
Part Time Years _____ Months _____ If Part Time, number of hours worked per week? _____		Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Specific Duties Performed

5. Employer			Mailing Address	
Job Title			Supervisor's Name	
Date Employed (mo. and yr.)	Date Separated (mo. and yr.)	Starting Salary \$	per	Reason For Leaving
Full Time Years _____ Months _____		Ending Salary \$	per	
Part Time Years _____ Months _____ If Part Time, number of hours worked per week? _____		Was position supervisory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Specific Duties Performed

Section III - Formal Education Report

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

HIGH SCHOOL Check No. Years completed: 0 1 2 3 4 Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>	OR	GED Received GED Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>	COLLEGE-UNIVERSITY Check No. Years Completed: 0 1 2 3 4 5 6 7 8 Graduated Yes <input type="checkbox"/> No <input type="checkbox"/>
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Business, Trade, or Correspondence School Name and Location	From		To		Time		Subjects	Length of Course	Completed
	MO	YR	MO	YR	FULL	PART			

List field of work for which you are licensed, registered or certified giving date(s) and source(s) of issuance: _____

List any other relevant training you wish considered: _____

Name and Address of Colleges or Universities Attended	Total No. of Hours Earned		Name of Major	Name of Minor	Dates Attended		Type of Degree Earned	Date Degree Awarded
	Sem Hrs. or Qtr.	Hrs or Units			From	To		
Undergraduate					Mo. Yr. /	Mo. Yr. /		Mo. Yr. /
					/	/		/
					/	/		/
Graduate					/	/		/
					/	/		/
					/	/		/

In the space below, list undergraduate and graduate courses for which you have received credit. For each subject area listed, indicate the number of credit hours. Do not include courses more than once.

Fields of Study	Undergrad		Graduate		Fields of Study	Undergrad		Graduate		Fields of Study	Undergrad		Graduate	
	SEM	QTR	SEM	QTR		SEM	QTR	SEM	QTR		SEM	QTR	SEM	QTR
Accounting/Auditing					Geography					Personnel Management				
Afro-American Studies					Graphic Arts					Programming				
Architecture					Guidance and Counseling					Psychology				
Art					Health/Public Health					Public Administration				
Audiovisual Instruction					History					Radio-Television				
Business Administration					Humanities					Recreation				
Communication					Institutional Management					Secretarial Science				
Computer Science					Insurance					Social Work				
Criminal Justice Admin.					Journalism					Sociology				
Criminology					Labor Relations					Speech and Drama				
Economics					Law (specify)					Statistics				
Education (specify)					Law Enforcement/Administrative					Urban Studies				
Education Administration					Library Services					Other				
Engineering (specify)					Marketing									
English					Mathematics									
Finance					Microcomputing									
					Management Info. Systems									

Click here to submit your application and resume electronically. You must include your electronic Signature.