

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.



STATE OF ILLINOIS
 COMPTROLLER
 SUSANA A. MENDOZA

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. Mail 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
 ILLINOISCOMPTROLLER.GOV

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 1-7 is "yes" or question 8 is "no", attach a detailed statement.

- 1. Have you ever been discharged from a job?..... yes no
- 2. Have you ever pled guilty or been found guilty of any offense other than minor traffic violation?..... yes no
- 3. Are you now facing any criminal charges other than minor traffic violations?..... yes no
- 4. Have you taken the test for this title in the last 30 days?..... yes no
- 5. Are you obligated by court or administrative order to provide any type of child support?*..... yes no
- 6. Are you currently in default on the repayment of any State education loan?***..... yes no
- 7. Do you have any relatives working in the Office of the Comptroller?..... yes no
- 8. 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 am aware that former employers (and my present employer, if I so indicate), and educational institutions may be contacted for verification and evaluation, and herewith authorize all parties contacted to provide any information requested. I am also aware that other background checks and investigations may be made. I understand that any position rendered me by the Office of the Comptroller will be contingent upon the information contained in this application, possibly supplemented by other verification and that any false statements or willful withholding of information in filling out this application will be cause for termination of consideration for employment or, if discovered after employment, may be cause for immediate discharge or other disciplinary action.

I hereby certify that the information on this application is true and accurate to the best of my knowledge and belief.

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 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 Circle 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 Circle No. Years Completed: 0 1 2 3 4 5 6 7 8 Graduated Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|

| 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. | 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 | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



Supplemental Application Record

THIS IS PART OF THE APPLICATION.

Must complete NAME, EMAIL ADDRESS, and TITLE APPLIED FOR.

Applicant Name: _____

Email Address: _____

Title Applied For: _____

COMPLETION OF THE INFORMATION LISTED BELOW IS NOT REQUIRED.

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. Check the ONE letter and ANY of the numbers which are appropriate.

FEMALE

MALE

- A G White not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- B H Black not of Hispanic Origin. A person having origins in any of the black racial groups of Africa.
- C J 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.
- D K Asian American. A person having origins in any of the original peoples of the Far East, South-east Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- E L Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

- 1. blindness / visual impairment 2. deafness / hearing impairment 3. orthopedic impairment
- 4. cardiovascular disorder 5. mental disorder 6. nervous system disorder
- 7. respiratory related impairment 8. loss of limbs 9. other (specify)

How Did You Learn Of This Position? (check one)

- _____ Internal Job Posting
- _____ Personal Contact
- _____ Internet Site - Please list internet site that was accessed: _____
- _____ Newspaper - Please specify: _____
- _____ Other - Please specify: _____



**State of Illinois
Reasonable Accommodation Request for Applicants**

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. Reasonable accommodation means a modification to work site, work process or work schedule that would enable a person with a disability to perform a particular job. Employers are not required to provide accommodations that would impose undue hardship on the operations of their programs. The procedures for accommodation request appear on the back of this form. Completed accommodation request forms along with current medical documentation should be submitted to the agency's Equal Employment Opportunity Officer/ADA Coordinator and the original documents should be submitted to the immediate supervisor. The agency EEO Officer/ADA Coordinator can respond to questions about the accommodation process.

| | |
|---------------|-------------------------|
| Name: | Interviewing Agency: |
| Home Address: | |
| Telephone: | Functional Limitations: |

Type of Accommodation Needed

- Sign Language Interpreter for the Employment Interview
- Reader Service
- Accessible Interviewing Site
- Re-formatting of Examinations for Learning Disabled Applicant
- Examination Markers for Applicants with Limited Manual Dexterity
- Other (indicate type of accommodation needed) _____

Narrative Explanation

Describe how your functional limitation interferes with a portion of the preemployment process, e.g., applying, testing or interviewing. Explain how the requested accommodation would be used to enable you to complete the application process. (Use additional sheet if necessary).

| | |
|------------------------|-------|
| Applicant's Signature: | Date: |
|------------------------|-------|

Agency Action

Interviewing Officer's Determination Grant Deny

Remarks (If denied, provide explanation) _____

Final Agency Approval

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|



Accommodation Request Procedures for Applicants

Qualified applicants and employees with disabilities have the right to request reasonable accommodation under the law. Applicants may request accommodation to any stage of the application process, including the employment application, examination procedure or interviewing process. Once an individual with a disability has been hired, he or she has the right to request accommodation to the work site, work schedule or work process that would enable him or her to perform the job in question. Procedures for applicants to follow in making an accommodation request are listed below. The agency Equal Employment Opportunity Officer/ADA Coordinator can provide additional information about the accommodation process.

Procedures:

1. Applicants may request accommodations to the application process orally or in writing (either through correspondence or the use of the accommodation request form for applicants). If the request is made orally or through written correspondence, the agency EEO Officer/ADA Coordinator will complete accommodation request forms in the matter for purposes of processing and documenting the request.
2. Applicants shall submit accommodation requests to the EEO Officer/ADA Coordinator. In cases where the EEO Officer/ADA Coordinator completes the form for the disabled applicant, the EEO Officer/ADA Coordinator shall submit completed forms to the interviewing officer and retain a copy for him or herself.
3. A response to the request will be provided to the applicant within five days following receipt of the request by the interviewing officer.
4. If it is within the bounds of the authority of the interviewing officer to grant the request and he or she believes it to be reasonable, the accommodation will be provided. Information regarding the type of accommodation provided will be sent to the EEO Officer/ADA Coordinator.
5. If another official within the agency must be consulted in order for the accommodation to be provided, he or she will determine whether the agency will grant the request.
6. If the agency denies the request, the applicant has the right to file an internal complaint with the EEO Officer/ADA Coordinator and/or external complaint with the Illinois Department of Human Rights within 180 days of the denial. An applicant may also have the right to file a complaint with the U. S. Equal Employment Opportunity Commission (EEOC).

8/04