

JUDICIAL BRANCH OF ILLINOIS

Administrative Office of the Illinois Courts 3101 Old Jacksonville Road Springfield, Illinois 62704 Phone: (217) 524-6429

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An Equal Opportunity Employer

THE JUDICIAL BRANCH HAS RECRUITMENT AND EMPLOYMENT POLICIES SEPARATE FROM THE LEGISLATIVE AND EXECUTIVE BRANCHES OF STATE GOVERNMENT.

PLEASE TYPE OR PRINT IN INK. ANSWER ALL ITEMS FULLY OR INDICATE "N/A" IF NOT APPLICABLE. PLEASE ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. THE ATTACHMENT OF A RESUME WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR RESPONSES TO ANY SECTION OF THIS APPLICATION.

PRINT NAME:	LAST	FIRST	MIDDLE	
PRESENT STREET ADDRESS	5:			
CITY	STATE	ZIP CODE	TITLE OF POSITIO	N DESIRED
	AREA CODES AND TELEPHONE N	UMBERS:	MINIMUM ACCEPTABLE	ANNUAL SALARY
DAY: ()	EVENING: ()		
	SLY EMPLOYED BY THE JUDICIAL E, LOCATION AND DATES OF EMP	BRANCH OF GOVERNMENT IN ILLINC PLOYMENT:	DIS? YES	NO
HOW WERE YOU REFERRE	D TO THIS OFFICE?			
ARE YOU CURRENTLY IN E	DEFAULT ON THE REPAYMENT OF	ANY EDUCATIONAL LOANS?	YES *	NO
DO YOU HAVE A CHILD SU	JPPORT OBLIGATION UNDER A CO	OURT OR ADMINISTRATIVE ORDER?	YES	NO
	TLED TO WORK IN THE UNITED S R IMMIGRATION STATUS WILL BE REQ		YES	NO
HAVE YOU EVER APPLIED IF YES, GIVE DATE AND	FOR EMPLOYMENT WITH THE JU D POSITION TITLE:	DICIAL BRANCH IN THE PAST?	YES	NO
ARE YOU CURRENTLY EMP	PLOYED?		YES	NO
MAY WE CONTACT YOUR	PRESENT EMPLOYER?		YES**	NO
ON WHAT DATE WOULD Y	OU BE AVAILABLE TO BEGIN WO	RK?		
ARE YOU AVAILABLE TO V	VORK: FULL TIME □ F	PART TIME □ TEMPORARY	/ □	
CAN YOU TRAVEL IF THE			YES	NO
ARE YOU RELATED TO A C IF SO, GIVE NAME OF E	CURRENT EMPLOYEE OF THE JUDI EMPLOYEE:	ICIAL BRANCH?	YES	NO
MORE AND IN AN AMOUN OF THE LOAN AS A COND	T OF \$600.00 OR MORE SHALL MAKE ITION OF EMPLOYMENT.	DEFAULT OF AN EDUCATION LOAN FOR A LOAN REPAYMENT ARRANGEMENTS WIT	H THE MAKER OR GUARANTOI	

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EXPERIENCE

LIST YOUR CURRENT OR MOST RECE EMPLOYERS, MAKE A COPY OF THIS WITH THE SAME EMPLOYER, LIST EA	PAGE BEFORE	YOU BEGIN, INDICATE RE			
NAME AND ADDRESS OF EMPLOYER'S ORGANIZATION (INCLUDE ZIP CODE, IF KNOWN)			DATES EMPLOYED (MON	ITH, DATE AND YEAR)	NUMBER OF EMPLOYEES
			FROM:	TO:	YOU SUPERVISED
			EXACT TITLE OF YOUR J	JOB	1
YOUR IMMEDIATE SUPERVISOR (NAME):	AREA CODE	TELEPHONE NUMBER	YOUR REASON FOR LEAV	VING	
DESCRIPTION OF WORK: DESCRIBE YOUR S CARPENTRY AND PAINTING, OR PERSONNE					
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			EXACT TITLE OF YOUR JO	∩R	
			EXACT TILE OF TOOK SK	55	
YOUR IMMEDIATE SUPERVISOR (NAME):	AREA CODE	TELEPHONE NUMBER	YOUR REASON FOR LEAV	VING	
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			FROM: EXACT TITLE OF YOUR	TO:	
			EXACT TILE OF TOUR S	JUB	
YOUR IMMEDIATE SUPERVISOR (NAME):	AREA CODE	TELEPHONE NUMBER	YOUR REASON FOR LEAV	VING	
DESCRIPTION OF WORK: DESCRIBE YOUR S CARPENTRY AND PAINTING, OR PERSONNE					

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EDUCATION

	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE	
HIGH SCHOOL					
UNDERGRADUATE COLLEGE					
GRADUATE/ PROFESSIONAL					
OTHER (SPECIFY)					
DESCRIBE ANY ADDI	TIONAL SPECIALIZED TRAINING, A	PPRENTICESHIP AND SKI	LLS THAT ARE \	WORK RELATED	
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION					
		LEVEL OF	FPROFICIENCY	(PLEASE CHECK)	
SPECIALIZED SKILLS		ABOVE AVERAGE	AVERAGE	LITTLE OR NO SKILL OR TRAINING	
PERSONAL COMPUTER					
CALCULATOR					
MULTI-LINE TELEPHON	E				
COPIER/FAX MACHINE					
PLEASE LIST PERSONAL COMPUTER SOFTWARE YOU HAVE USED ON THE JOB AND/OR HAVE TRAINING IN AND INDICATE PROFICIENCY USING THE SCALE ABOVE.					
		•		•	

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PLEASE LIST THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE DEFINITE KNOWLEDGE OF YOUR WORK QUALIFICATIONS.				
FULL NAME	RELATIONSHIP	TELEPHONE NUMBER		
FULL NAME	RELATIONSHIP	TELEPHONE NUMBER		
FULL NAME	RELATIONSHIP	TELEPHONE NUMBER		
PLEASE READ	THE FOLLOWING CAREFULLY BEFORE SIGNING	THIS APPLICATION		
TO THE BEST OF MY KNOWLE STATEMENTS MADE HEREIN V MY EMPLOYMENT. I AUTHORIZE THE JUDICIAL BE CONTAINED IN THIS APPLICATALL MY EMPLOYERS, REFERENEMPLOYMENT DECISION. I HE INSTITUTIONS AND THE JUDIC ARISING FROM THE GIVING OF I UNDERSTAND AND AGREE THE TERMINATED, WITH OR WI	ENTS MADE BY ME IN THIS APPLICATION, ARE DGE AND ARE MADE IN GOOD FAITH. I UNDER VILL VOID THIS APPLICATION AND CAN, IF HIRE RANCH OFFICE TO WHICH I AM APPLYING TO INTION. I FURTHER AUTHORIZE THAT OFFICE TO NCES, AND ACADEMIC INSTITUTIONS WHICH MEREBY RELEASE ALL OF THOSE EMPLOYERS, RECIAL BRANCH OFFICE TO WHICH I AM APPLYING RECEIVING OF SUCH INFORMATION. HAT, IF HIRED, MY EMPLOYMENT IS FOR NO DETAILS THE THOUT A REASON, AT ANY TIME AND WITHOUT.	STAND THAT ANY FALSE ED, RESULT IN TERMINATION OF NVESTIGATE ALL STATEMENTS SECURE ANY INFORMATION FROM IAY BE RELEVANT TO AN FERENCES, AND ACADEMIC G FROM ANY AND ALL LIABILITY EFINITE PERIOD, AND THAT I MAY JT PRIOR NOTICE.		
SIGNATURE OF APPLICANT >	(DATE		
	RTUNITY EMPLOYER. WE DO NOT DISCRIM N, COLOR, SEX, AGE, NATIONAL ORIGIN OF	·		

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