

The Illinois Community College Board is the state coordinating board for community colleges and has statutory responsibility for administering state and federal grants to community college districts and adult education providers and managing high school equivalency testing for Illinois. The Illinois Community College Board is assisted by an executive director and staff of approximately 50 located in Springfield, Chicago, and East St. Louis.

Illinois community colleges serve almost 600,000 residents each year in credit, noncredit, and continuing education courses. Illinois is home to 48 colleges in 39 community college districts which provide high quality, accessible, cost-effective educational opportunities to the entire state.

ICCB offers an excellent benefits package, including competitive employee insurance premiums as well as flexible options for medical coverage. Vision insurance is included at no cost and dental insurance is available. Eligible employees participate in the State University Retirement System, which offers medical insurance upon retirement. Tuition waivers are offered for continued educational goals, and a generous paid time off package includes paid holidays, earned vacation, sick, and personal time.

For more information on benefits visit: <https://www2.illinois.gov/cms/benefits/StateEmployee/Pages/default.aspx>.

APPLICATION INSTRUCTIONS

All ICCB staff are employees of the State of Illinois. Our employment practices are governed by the Statutes and Rules of the State Universities Civil Service System (SUCSS). Within SUCSS, each position is assigned to a civil service job classification that carries its own specific and distinct set of minimum qualifications. Those job qualifications are used in evaluating each applicants' educational background and experience in order to determine their eligibility for employment. Employment applications filed with other State agencies or employment systems are not acceptable applications for employment with this office.

Application Information: Applicants should complete and **digitally sign** the following ICCB application. Submit your application to ICCB.Careers@illinois.gov via email using the **Submit Application** button on the first page of the application. Be sure to also attach the following documents:

- A current resume
- A cover letter stating how their background, experience, and education have served as preparation for this position
- Any other supporting documentation

Include a college transcript (may be unofficial) with the application if you are interested in classifications that require a degree or college coursework to meet minimum qualifications.

Application information for all open positions should be submitted electronically to ICCB.Careers@illinois.gov.

Application information can also be submitted via mail:

Brianna Dennis
Associate Deputy Director for Human Resources
Illinois Community College Board
401 East Capitol Avenue
Springfield, IL 62701-1711

The ICCB conducts criminal background checks on all job candidates upon acceptance of a contingent offer.

The ICCB is an Equal Opportunity/Affirmative Action Employer. Minorities, women, veterans, and individuals with disabilities are encouraged to apply.

Illinois Community College Board
401 East Capitol Avenue
Springfield, IL 62701
Phone: (217) 785-0123

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY. Type or print answers, using additional pages as needed.
Form must be signed and dated where indicated or application is not valid.

The information supplied will be treated as confidential and, together with all attached documents, is the property of the Illinois Community College Board. All positions under the regulations of the State Universities Civil Service System will be filled in accordance with those regulations.

Desired Position Title: _____

SECTION I: PERSONAL INFORMATION

Name: _____			
Last	First	Middle/MI	
Address: _____			
Street Address	City	State	Zip Code
Primary Phone: _____	Alternate Phone: _____	Email: _____	

Are you lawfully entitled to work in the United States? <i>Proof of citizenship or immigration status will be required upon employment. Please note ICCB will not sponsor potential employees where such sponsorship is necessary for an employee to work lawfully in the United States.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been previously employed by the ICCB? <i>If yes, provide job title and dates of employment:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to a current employee of the ICCB? <i>If yes, provide the name of the employee and their position title:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been fired from a job? (downsize/layoff is not applicable) <i>If yes, please explain in detail:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently in default on the repayment of any state educational loan(s)? <i>If yes, please explain in detail:</i>	<input type="checkbox"/> Yes *	<input type="checkbox"/> No

* State law provides that any employee who is in default for a period of six months or more and in the amount of \$600 or more shall, as a condition of employment, make satisfactory loan repayment arrangements with the maker or guarantor of the loan.

SECTION II: EMPLOYMENT HISTORY

List your current or most recent job first and work backwards, describing each job you have held. If you held different jobs with the same employer, list each job separately. Be sure to include all jobs which utilize a public retirement system in Illinois. All fields **MUST** be completed for consideration. Use a supplemental sheet if additional space is required.

(MM/YY)

Employer Name: _____	Dates of Employment: From: _____ To: _____
Employer Address: _____	
Supervisor Name and Title: _____	
Job Title: _____	Reason for Leaving: _____
Work Performed	

(MM/YY)

Employer Name: _____	(MM/YY) _____	Dates of Employment: From: _____ To: _____
Employer Address: _____		
Supervisor Name and Title: _____		
Job Title: _____	Reason for Leaving: _____	
Work Performed		

(MM/YY)

Employer Name: _____	Dates of Employment: From: _____ To: _____
Employer Address: _____	
Supervisor Name and Title: _____	
Job Title: _____	Reason for Leaving: _____
Work Performed	

SECTION III: EDUCATION

	Name and Location of School Attended	Major or Subject Matter Emphasis	Total Hours of Credit Received	Degree, Diploma, or Certificate Received
High School				
College Undergraduate				
Graduate/Professional				

Describe any additional specialized training, licensure, certificates, and skills that are work related.

SECTION IV: WORK PREFERENCES

Are you willing to relocate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION V: VETERAN'S PREFERENCE

If you qualify and choose to apply for Veteran's Preference, please check the relevant box:

<input type="checkbox"/> US Veteran discharged honorably (attach most recent copy of D214/215)
<input type="checkbox"/> IL National Guard/Reservist (attach letter from unit personnel indicating current service in good standing or NGB22 stating honorable discharge)
<input type="checkbox"/> Surviving un-remarried spouse or one parent of an unmarried veteran who suffered a service-connected death or disability that prevents that veteran from qualifying for civil service employment.

SECTION VI: REFERENCES

List three people who are knowledgeable of, and have agreed to comment on, your work-related skills. You are encouraged to list supervisors or recent professors/advisors. Do not list relatives.

Name	Job Title/Occupation	Address	Phone Number
1.			
2.			
3.			

SECTION VII: VOLUNTARY RELEASE OF ETHNIC INFORMATION FOR EQUAL EMPLOYMENT OPPORTUNITY

Illinois Community College Board provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sexual orientation, national origin, age, marital status, veteran status, or disability.

Submission of the information requested below is **VOLUNTARY** and failure to provide the information will not subject you to any adverse treatment.

All information submitted will be kept confidential to the fullest extent provided by law.

WHAT IS YOUR RACE/ETHNICITY?

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Disability**

Gender: Male Female

I understand that I may be required to submit proof of previous employment, education, military service or other statements in this application.

I authorize release of this and other information covering job-related factors for the purpose of verification and determination of suitability for state employment.

I certify that all of the information on this application is true and accurate and understand that misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

Applicant's Signature

Date