

CHICAGO STATE UNIVERSITY

Office of Human Resources (OHR)
 ADM 203 | Ph: 773.995.2040 | Fax 773.995.2942 | HR@CSU.edu

EMPLOYEE CLASSIFICATION:

ADMINISTRATION CIVIL SERVICE FACULTY EXTRA HELP SPECIAL HIRE GRAD ASSISTANT NON STUDENT TUTOR STUDENT HIRE

Last Name:		First Name:		MI:	Social Security #	
Name of School	Location: City & State	Graduate		Degree: Major Field of Concentration		Date(s) Obtained Or Attended
High School:		Yes	No			
College /Technical:		Yes	No			
College /Technical:		Yes	No			
College /Technical:		Yes	No			

List the fields of work for which you are licensed, registered or certified, giving date(s) and sources(s) of issuance:

Employment History: Please list all employment starting with current or last employer / attaché resume or use addition sheets if necessary.

Read Carefully: A complete employment history is mandatory for all civil service positions. The employment history will be reviewed to determine if it appears that minimum qualifications are satisfied; therefore, it is critical that you provide clear and concise information.

Current or Last Employer:		Mailing Address :		Telephone:	
Job Title:		Supervisor's Name:		Employed From : (Mo/Yr)	Employed To: (Mo/Yr)
Starting Salary:	Ending Salary:	Reason for Leaving:			
<input type="checkbox"/> Full Time	If part time, indicate hours per week:	Did you supervise?		If yes, indicate number of employees:	
<input type="checkbox"/> Part Time		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Duties:

Employer:		Mailing Address :		Telephone:	
Job Titles		Supervisor's Name		Employed From : (Mo/Yr)	Employed To: (Mo/Yr)
Starting Salary:	Ending Salary:	Reason for Leaving:			
<input type="checkbox"/> Full Time	If part time, indicate hours per week:	Did you supervise?		If yes, indicate number of employees:	
<input type="checkbox"/> Part Time		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Duties:

Employer:		Mailing Address :		Telephone:	
Job Titles		Supervisor's Name		Employed From : (Mo/Yr)	Employed To: (Mo/Yr)
Starting Salary:	Ending Salary:	Reason for Leaving:			
<input type="checkbox"/> Full Time	If part time, indicate hours per week:	Did you supervise?		If yes, indicate number of employees:	
<input type="checkbox"/> Part Time		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Duties:

Educational Loan Certification: Illinois Public Act 85-0827(5ILCS385) requires that all state agencies obtain certification that employees hired after January 1, 1988 are not in default on educational student loans from the State of Illinois or any other public funds. Are you in default for a period of six months or more AND in the amount of \$600 or more, on the repayment of any educational loan guaranteed by the Illinois State Scholarship Commission or mad from state or federal funds for the purpose of attendance at an institution of higher education?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
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If you are in default on repayment of any educational loan, YOU must contact the lender and establish a repayment plan within six months of your hire date and have them provide us with a WRITTEN certification that the repayment plan is satisfactory. In accordance with the Act, failure accordance with the State Salary and Annuity Withholding Act.

Note: Falsification of any information on this document may result in rejection of your application or termination of your employment.

Signature: _____ Date: _____