

APPLICATION FOR EMPLOYMENT

DEPT. _____

Student

Hire Date _____

PRINT Last	First	Middle	UIN	
Home Address	City	County	State	Zip Code
Telephone Number ()	e-mail address	Type of work applied for:	Minimum salary/rate desired:	

GENERAL

U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no: type of visa: _____	Country of citizenship: _____
Registration or immigrant number: _____	
If employed, are you willing to take a medical examination including the required immunization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Person to be notified in case of emergency: Name: _____ Relationship: _____	
Address: _____ Telephone: _____	
Spouse's Name: _____	
Does the University now employ any of your relatives? ____ Yes ____ No	
If yes: Name _____	Relationship _____ Department _____
Have you ever completed an application at the University of Illinois before? _____ If Yes, when? _____	
Have you ever been employed at the University of Illinois before? _____ If yes, when? _____ Where? <input type="checkbox"/> West side <input type="checkbox"/> East side.	

EDUCATION

Circle highest grade completed:	Grade School	High School	Other	College
	1 2 3 4 5 6 7 8	9 10 11 12	1 2 3	1 2 3 4 5 6
Name and address of institution: (Include city and state of address)	Course or Major subject	Dates Attended From To	Hours Credit, Degree, or Certificate	Did you graduate? Yes or No
High School				
College				
College				
Technical, Professional, or Specialized Training				

SKILLS AND WORK EXPERIENCE

Typing _____wpm Word processing _____Yrs. Science _____Yrs. Key punch _____Yrs.
 Steno. _____wpm Bookkeeping _____Yrs. Accounting _____Yrs. Business English _____Yrs.
 Mechanical Dictation _____Yrs. Office Practices _____Yrs. Computer _____Yrs. Data Processing _____Yrs.

Languages Spoken? _____

EMPLOYMENT RECORD

Indicate a continuous record of employment beginning with your most recent position. Include what you have done to the time you left school. Include military. (Please add a supplementary sheet if additional space is needed.)

Firm Name	Firm address, city, state	Phone number	Name at time of employment
Employed from Mo./Yr. to Mo./Yr.	Salary at termination	Name of supervisor and title	
Position title and duties	% time	Reason for leaving	
Firm Name	Firm address, city, state	Phone number	Name at time of employment
Employed from Mo./Yr. to Mo./Yr.	Salary at termination	Name of supervisor and title	
Position title and duties	% time	Reason for leaving	
Firm Name	Firm address, city, state	Phone number	Name at time of employment
Employed from Mo./Yr. to Mo./Yr.	Salary at termination	Name of supervisor and title	
Position title and duties	% time	Reason for leaving	

Time Available for Work:

Monday: _____
 Tuesday: _____
 Wednesday: _____
 Thursday: _____
 Friday: _____

Weekend Time Available for Work:

Saturday: _____
 Sunday: _____

FOR OFFICE USE ONLY - Do not write in this space.