



HUMAN RESOURCE SERVICES

NORTHERN ILLINOIS UNIVERSITY

Thank you for your interest in Civil Service employment opportunities at Northern Illinois University.

Attached is an application and general information about Civil Service employment at NIU. When completing the application form, please note that there are five sections:

- **Application for Employment** (*Enter all information and answer all questions*)
- **Education** (*If you have completed college courses or have a degree, transcripts are required*)
- **Military Service** if applicable (*Copy of DD214 is required*)
- **Skills and Abilities** if applicable
- **Employment Record** (*Complete job history from high school to present employment is required. If you require additional space, please request a supplemental sheet. List reasons for any breaks in employment, i.e. attending school, unemployed, etc.*)

Please complete all applicable questions and read the pre-employment statement at the bottom of the second page. You must sign and date your completed application and return to Human Resource Services, 1515 W. Lincoln Highway, DeKalb, IL 60115. Your application will be maintained at Human Resource Services for a minimum of one year.

For current job opportunities, please visit our website at www.hr.niu.edu or call the 24-Hour Job Line at (815) 753-1051. If you are interested in applying for any of the current job opportunities listed, please call (815) 753-6000 and identify the position title. Your application will then be forwarded to an Employment Officer. After a review of your qualifications, you will be contacted to discuss the employment and testing process.

NIU is an EEO/AA Employer.



FOR OFFICE USE ONLY

Classification	Initial	Date	Test Date

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FOR OFFICE USE ONLY:

NAME

APPLICATION FOR EMPLOYMENT

It will be to the applicant's advantage to answer each question fully, accurately, and honestly. Northern Illinois University is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, disability, or status as a disabled or Vietnam-era veteran. The Constitution and Bylaws of Northern Illinois University afford equal treatment regardless of political views or affiliation, and sexual orientation. This is in keeping with the Regulation regarding nondiscrimination included in the Statute which covers all State Universities Civil Service System positions.

Please Type or Print in Ink

An Equal Opportunity/Affirmative Action Employer

Last Name:		First Name and Middle Initial:		Social Security Number:	
Street/ P.O. Box:			Telephone: Residence: _____ / _____ / _____ (listed under what name: _____)		
City: _____ State: _____ Zip Code: _____			Business: _____ / _____ / _____ (if permissible to call you at work)		
Name and phone number of person to contact if we cannot reach you regarding employment. _____ / _____ / _____ (Area Code)			Type of Work Desired: <input type="checkbox"/> Managerial <input type="checkbox"/> Computer <input type="checkbox"/> Clerical/Secretarial <input type="checkbox"/> Nursing <input type="checkbox"/> Library <input type="checkbox"/> Skilled Craft <input type="checkbox"/> Accounting <input type="checkbox"/> Food Service <input type="checkbox"/> Maintenance <input type="checkbox"/> Other _____		
Are you under 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>			Type of Employment Desired: <input type="checkbox"/> Permanent <input type="checkbox"/> Permanent, part time <input type="checkbox"/> Temporary, full time / part time		
Are you an NIU student? Yes <input type="checkbox"/> No <input type="checkbox"/> Semester/year _____					
If yes, are you receiving financial aid? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, what type of aid? _____					
How many hours are you carrying? _____					
Illinois law requires all employees of state agencies to honor student loan commitments.					
Are you in default on the repayment of any educational loan for a period of six (6) months or more and in an amount of \$600 or more? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a crime, not misdemeanors and traffic offenses, within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are there any felony charges pending against you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes to either of the above questions, describe in full. _____					
Does NIU now employ any of your relatives? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name		Department	
If answer is YES, please fill out this section.				Relationship	

EDUCATION—Official Transcripts Must Be Furnished

Circle Highest Grade Completed	Grade School								High School				Other		College					
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	1	2	3	4	5	6
Name and Address of School (High School; College; Graduate, Trade, Business, Correspondence Schools; etc.)	Course or Major Subject												Dates Attended From Mo./Yr. To Mo./Yr.		No. of Semester Hours	Did you graduate?	Degree Earned			
High School _____																Yes <input type="checkbox"/> No <input type="checkbox"/>				
College/University _____																Yes <input type="checkbox"/> No <input type="checkbox"/>				
College/University _____																Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other _____																Yes <input type="checkbox"/> No <input type="checkbox"/>				

MILITARY SERVICE

Are you a U.S. veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates of Service From _____ To _____		If you desire preference based on this service, please furnish your report of separation or discharge (Form DD214).
Do Not Write in This Space Date _____ Initial _____ Veterans Preference Verification _____				

SKILLS AND ABILITIES

Please check appropriate squares and indicate proficiency:

Keyboarding/typing _____ wpm (est.) Microcomputer hardware and software: _____

Speed writing/shorthand _____ wpm (est.) Mainframe computer and languages: _____

Indicate other trades, skills, or foreign languages which you have acquired. Note any special training or technical or professional license which you possess.

EMPLOYMENT RECORD (PLEASE COMPLETE EVEN IF A RESUME IS ATTACHED.)

Indicate **ALL** employment (including military service)—start with most recent employment.

Firm Name	Kind of Business	Your Salary \$ _____ per _____	
Address of Firm	Phone No.	Hours/Week	To (Mo/Year)
Describe Your Duties		Title	
Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

Firm Name	Kind of Business	Your Salary \$ _____ per _____	
Address of Firm	Phone No.	Hours/Week	To (Mo/Year)
Describe Your Duties		Title	
Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

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If additional space is required, ask receptionist for supplement sheet.

May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been suspended or discharged from any position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____
REMARKS
Have you taken any University Civil Service Examinations? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____
Have you previously completed a Civil Service application at NIU? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, under what name? _____
Have you ever been employed under Civil Service at NIU? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, under what name? _____
This space is provided for you to make any additional remarks that you wish to include: _____ _____

PRE-EMPLOYMENT STATEMENT

I voluntarily give Northern Illinois University the right to make a thorough investigation of my past employment, and agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree that the entire contents of this application form, as well as the report of any examination, may be used by the University in whatever manner it may wish within the limits of existing laws.

I also understand that I am subject to a medical examination and/or criminal background investigation, drug testing for certain jobs as a condition of employment. All medical examinations are to be made by a medical provider at no cost to me.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above mentioned investigation, will be sufficient grounds for immediate discharge.

Please sign and date.

Date _____ Signature _____

Name _____ Social Security Number _____

**APPLICATION FOR EMPLOYMENT – Supplement
EMPLOYMENT RECORD (Continued)**

Firm Name		Kind of Business		Your \$ _____ Salary per _____	
Address of Firm		Phone No.	Hours/Week	From (Mo/Year)	To (Mo/Year)
Describe Your Duties			Title		
Name of Supervisor		Supervisor's Title		Your Reason for Leaving	

Firm Name		Kind of Business		Your \$ _____ Salary per _____	
Address of Firm		Phone No.	Hours/Week	From (Mo/Year)	To (Mo/Year)
Describe Your Duties			Title		
Name of Supervisor		Supervisor's Title		Your Reason for Leaving	

Firm Name		Kind of Business		Your \$ _____ Salary per _____	
Address of Firm		Phone No.	Hours/Week	From (Mo/Year)	To (Mo/Year)
Describe Your Duties			Title		
Name of Supervisor		Supervisor's Title		Your Reason for Leaving	

Firm Name		Kind of Business		Your \$ _____ Salary per _____	
Address of Firm		Phone No.	Hours/Week	From (Mo/Year)	To (Mo/Year)
Describe Your Duties			Title		
Name of Supervisor		Supervisor's Title		Your Reason for Leaving	

Firm Name		Kind of Business		Your \$ _____ Salary per _____	
Address of Firm		Phone No.	Hours/Week	From (Mo/Year)	To (Mo/Year)
Describe Your Duties			Title		
Name of Supervisor		Supervisor's Title		Your Reason for Leaving	

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EMPLOYMENT RECORD (Continued)**

Firm Name	Kind of Business	Your Salary \$ _____ per _____	
Address of Firm	Phone No.	Hours/Week	From (Mo/Year) To (Mo/Year)
Describe Your Duties		Title	
Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

Firm Name	Kind of Business	Your Salary \$ _____ per _____	
Address of Firm	Phone No.	Hours/Week	From (Mo/Year) To (Mo/Year)
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Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

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Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

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Describe Your Duties		Title	
Name of Supervisor	Supervisor's Title	Your Reason for Leaving	

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Please sign and date.

Date _____ Signature _____

Northern Illinois University

Equal Employment Opportunity Information Request Form For Civil Service (revised 5/03)

Federal law requires organizations that receive federal funds to collect specific information regarding each applicant for employment. Northern Illinois University receives funds from the federal government and thus must comply with this federal mandate. Please complete this form and return it to Affirmative Action and Diversity Resources, 1515 West Lincoln Highway, Northern Illinois University, DeKalb, IL 60115. Do not return this form to the employing department.

Completion of this form is voluntary and will not adversely affect your consideration of employment at NIU. The information contained on this form will be used to monitor the success of various recruitment efforts and/or our ability to provide reasonable accommodations to individuals with disabilities. This information will remain confidential and will be maintained by Affirmative Action and Diversity Resources.

NIU is an equal opportunity employer and does not discriminate on the basis of race, ethnicity, color, religion, sex, age, marital status, national origin, disability, status as a disabled veteran or Vietnam-era veteran, sexual orientation, political affiliation or factors unrelated to scholarly or professional performance.

Should you have any questions regarding this form please contact Diane Tyrrell, Coordinator, EEO and Search Administration, at (815) 753-1119 or by e-mail at dianet@niu.edu.

Name: _____ Soc. Sec. No.: _____ Sex: Male? Female?

Address: _____ City and State: _____

Today's date: _____ Position applied for: _____

How did you learn about this vacancy? _____

Please indicate the appropriate group category:

- Black/African American: A person having origins in any of the black racial groups of Africa.
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.
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.
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.

Please answer "yes" or "no" to all the questions below:

- 1. Are you a Vietnam-era veteran having more than 180 days of active duty, any part of which occurred between August 5, 1964 and May 7, 1975, with a discharge other than dishonorable? Yes No
2. Were you discharged or released for a service-related disability in the above time period? Yes No
3. Are you a disabled veteran with a 30 per centum disability in the above time period? Yes No
4. Do you have an emotional, mental, physical, or other type of handicap or history of any of these? Yes No
5. Are you 40 years of age or over? Yes No

APPLICATION FOR VETERANS PREFERENCE



This form must be completed by the person applying for veterans preference. **See reverse side for eligibility criteria and required documentation.** This form and the required documentation must be returned to NIU--Human Resource Services along with your employment application. Veterans preference points are awarded on Original Entry examinations to qualified persons who have been members of the Armed Forces of the United States or to qualified persons who, while citizens of the United States, were members of the armed forces of allies of the United States in the time of hostilities with a foreign country, and to certain other persons based on the following criteria.

Name (please print clearly): _____

Preference for which you believe you are entitled (PLEASE CHECK ONLY ONE BOX)

- | Points Allotted | Criteria |
|------------------------------------|--|
| <input type="checkbox"/> 5 Points | Veteran who served during a period of hostility who was separated from service under honorable conditions and who served under one or more of the following conditions: <ul style="list-style-type: none">• for a total of at least 6 months active service, or• for the duration of hostilities regardless of the length of the engagement, or• discharged on the grounds of hardship. |
| <input type="checkbox"/> 5 Points | Member of the National Guard or Reserves activated during a period of hostility who was separated from service under honorable conditions and who served under one or more of the following conditions: <ul style="list-style-type: none">• for a total of at least 6 months active service, or• for the duration of hostilities regardless of the length of the engagement, or• discharged on the grounds of hardship. |
| <input type="checkbox"/> 3 Points | Veteran who served during peacetime who was separated from service under honorable conditions and who served under one or more of the following conditions: <ul style="list-style-type: none">• for a total of at least 6 months active service, or• discharged on the grounds of hardship. |
| <input type="checkbox"/> 3 Points | Member of the National Guard or Reserves activated during peacetime who was separated from service under honorable conditions and who served under one or more of the following conditions: <ul style="list-style-type: none">• for a total of at least 6 months active service, or• discharged on the grounds of hardship. |
| <input type="checkbox"/> 3 Points | Member of the Illinois National Guard or Reserves who was never activated who was separated from service under honorable conditions and who served under one or more of the following conditions: <ul style="list-style-type: none">• for a total of at least 6 months active service, or• discharged on the grounds of hardship. |
| <input type="checkbox"/> 10 Points | Veteran with a service-connected disability certified by the US Department of Veterans Affairs who was separated from service under honorable conditions. |
| <input type="checkbox"/> 10 Points | Veteran of an allied country with a service-connected disability who was separated from service under honorable conditions. |
| <input type="checkbox"/> 10 Points | Purple Heart recipient. |
| <input type="checkbox"/> 10 Points | Surviving unmarried spouse of a veteran who suffered a service-connected death or service-connected disability that disqualifies the veteran from civil service employment. Name of veteran: _____ |
| <input type="checkbox"/> 10 Points | Parent of an unmarried veteran who suffered a service-connected death or service-connected disability that disqualifies the veteran from civil service employment (credit is given to the first parent to apply). Name of veteran: _____ |

I hereby affirm that this information is true and correct and I understand that misrepresentation or omission of facts may result in the rejection of my employment application or in disciplinary action against me. **Signed:** _____ **Date:** _____

ELIGIBILITY CRITERIA AND REQUIRED DOCUMENTATION

A separation from service under **honorable conditions** is established by any of the following character of service entries on the military documents used to verify military service:

- Honorable
- General (Under Honorable Conditions)
- General

A separation from service under honorable conditions is **not** established by any of the following character of service entries on the military documents used to verify military service:

- Bad Conduct
- Dishonorable
- Uncharacterized
- Under Other Than Honorable Conditions
- Undesirable
- Entry Level Separation

NOTE: Points apply to all military personnel including the Illinois National Guard/United States Military Reserve still serving if you meet the applicable criteria and submit a letter from your unit personnel indicating honorable service.

Proof of eligibility must include, as a minimum, a copy of your DD214/DD215 form (Department of Defense), NGB22 form (National Guard), or Discharge Orders or DD256 Discharge Certificate (Reserves). If you are claiming a service-connected disability, you must provide a copy of your DD214/DD215 form and a copy of the United States Department of Veteran Affairs award letter authorizing the disability benefit.

Periods of hostility can be determined from the "RECORD OF SERVICE or STATEMENT OF SERVICE or LENGTH OF SERVICE". If any portion of your service time falls within any of the periods of hostility, you are eligible as a veteran who served during a period of hostility.

World War I	April 6, 1917 to November 11, 1918
World War II	December 7, 1941 to December 31, 1946
Korea	June 27, 1950 to January 31, 1955
Vietnam	February 28, 1961 to May 7, 1975
Lebanon	June 6, 1983 to December 1, 1987
Grenada	October 23, 1983 to November 21, 1983
Panama	December 20, 1989 to January 1, 1990
Persian Gulf	August 2, 1990 to November 30, 1995
War on Terrorism	September 11, 2001 to the present