



# Illinois Department of Transportation

Office of Finance and Administration  
2300 South Dirksen Parkway / Springfield, Illinois / 62764

## 2015 WINTER TECHNICIAN TRAINEE PROGRAM CENTRAL OFFICE-CHICAGO/JRTC

### POSITION LOCATION:

- James R. Thompson Center, 100 West Randolph Street, Suite 6-600, Chicago, IL

WHEN: January 20, 2015 – May 15, 2015

APPLICATION: Applicants must submit completed IDOT Application for Winter Technician Trainee (PM2424), Authorization for Release of Criminal History Information form (CMS284A) and Self-Disclosure of Criminal History form (CMS284B) in order to be eligible.

SALARY: \$12.00 per hour

DATE OF POSTING: December 4, 2014

CLOSING DATE: December 17, 2014

The Illinois Department of Transportation will accept applications for non-engineering winter employment. The Winter Technical Program is designed to give non-engineering students an opportunity to obtain on the job training.

Applicants must be at least **18 years old by December 31, 2014** and must be able to work for the duration of the program. Location preferences will be limited to one location choice.

**Applications should be returned to Illinois Department of Transportation, 2300 South Dirksen Parkway, Room 113, Springfield, IL 62764, fax: 217/557-3134 by 4:30 p.m. on Wednesday, December 17, 2014.**

A handwritten signature, likely belonging to the State Auditor, is placed here.

**\*TEMPORARY TECHNICIANS WHO ARE CURRENTLY EMPLOYED MUST APPLY IN ORDER TO BE ELIGIBLE FOR THE 2015 WINTER TECHNICIAN TRAINEE PROGRAM.**



**PERSONAL**

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Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Location Preference (please circle one):

Email Address \_\_\_\_\_

District 1      District 2      District 4      Central Office  
District 7      District 8      District 9      Central Office-  
Chicago/JRTC

College \_\_\_\_\_

The Illinois Department of Transportation has a policy against relatives working in superior or subordinate relationships. Do you have a relative employed by the Illinois Department of Transportation?

Yes  No

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Relationship: \_\_\_\_\_

Work Location: \_\_\_\_\_

Have you ever been fired from a job?

Yes  No

If you answer "yes" to this question, please provide the name of the employer and a detailed explanation.

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This position requires you to be available to work for the duration of the program.

Are you able to meet this requirement?

Yes  No

**QUESTIONS**

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This is the beginning of the questionnaire. The following questions will be used to determine employment selection. Some of the following questions may have more than one part. **Please answer completely.** Attach additional sheets of paper if necessary.

1. Describe your experience performing professional office duties. Include the number of years you have performed these duties, the name of your previous employer and specific duties performed.

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2. Please list the computer software programs that you are familiar with and how you have used them in your past work or school experiences. \_\_\_\_\_

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3. Please list the education and training that you have that makes you qualified for this position.

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4. Please describe a group project you were involved in. Describe your role in the project and the outcome.

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5. What experience do you have in organizing a project, either at school or at another job? What method did you use?

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6. Please give examples of things you have done in previous jobs or at school that demonstrate your willingness to work hard. \_\_\_\_\_

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7. This position may come in contact with all levels of personnel and the public. Describe how you would interact with them. \_\_\_\_\_

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## AFFIRMATIVE ACTION DATA

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The State of Illinois is an Equal Opportunity Employer. Each state agency is required to maintain demographic statistics for Equal Employment Opportunity/Affirmative Action purposes. To assist us in this matter we are seeking voluntary information from you. Providing this information is strictly voluntary on your part. Should you decide to offer the information, please check the appropriate box below.

Female	Male	
<input type="checkbox"/> A	<input type="checkbox"/> G	White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa or the Middle East.
<input type="checkbox"/> B	<input type="checkbox"/> H	Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> C	<input type="checkbox"/> J	Native American. A person having origins in any of the peoples of North America and who maintain cultural identification through tribal affiliation or community.
<input type="checkbox"/> D	<input type="checkbox"/> K	Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<input type="checkbox"/> E	<input type="checkbox"/> L	Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> P	<input type="checkbox"/> Q	Native Hawaiian or other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Please indicate whether you have any of the following conditions by checking the appropriate boxes below.

<input type="checkbox"/> 0. No Impairment	<input type="checkbox"/> 3. Orthopedic Impairment	<input type="checkbox"/> 6. Nervous System Disorder
<input type="checkbox"/> 1. Blindness/Visual Impairment	<input type="checkbox"/> 4. Cardiovascular Disorder	<input type="checkbox"/> 7. Respiratory Impairment
<input type="checkbox"/> 2. Deafness/Hearing Impairment	<input type="checkbox"/> 5. Mental or Emotional Disorder	<input type="checkbox"/> 8. Loss of Limbs
<input type="checkbox"/> 9. Other (Specify) _____		

Does your disability require a job coach?  Yes  No

## CONDITIONS

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1. I understand that employment may be contingent upon satisfactory results from a urine drug screen.
2. I voluntarily authorize IDOT to verify information related to my education and employment and release from liability all personal or entities supplying or collecting such information.
3. I understand and agree that the information I have provided on this application is accurate to the best of my knowledge. Any misrepresentation or deliberate omission of any fact in my application, resume or any other materials submitted will be justification for the refusal of employment or, if employed, termination from IDOT employment.
4. I understand that if selected, IDOT would be appointing me to a temporary position for a period not to exceed 6 months. This temporary appointment does not entitle me to any future permanent or temporary appointment with IDOT.

Applicant's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return application by 4:30 on the posted deadline.**

**Applications are to be returned to the Illinois Department of Transportation at the following locations:**

District 1  
Illinois Department of Transportation  
Attn: Charles Klemz  
201 W Center Court  
Schaumburg, IL 60196  
Fax number 847/705-4489

District 7  
Department of Transportation  
Attn: Donna Niemerg  
400 West Wabash  
Effingham, IL 62401  
Fax number 217/342-8384

District 2  
Illinois Department of Transportation  
Attn: Gina Christoffersen  
819 Depot Ave  
Dixon, IL 61021  
Fax number: 815/284-5908

District 8  
Illinois Department of Transportation  
Attn: Ross Breckenridge  
1102 Eastport Plaza Dr  
Collinsville, IL 62234  
Fax number 618/346-3386

District 4  
Illinois Department of Transportation  
Attn: Martin Clinch  
401 Main Street  
Peoria, IL 61602  
Fax number 309/671-4882

District 9  
Illinois Department of Transportation  
Attn: Beth Brooks  
PO Box 100  
Carbondale, IL 62903  
Fax number 618/351-5298

Central Office  
Illinois Department of Transportation  
Harry Hanley Building  
2300 South Dirksen Parkway, Room 113  
Springfield, IL 62764  
Fax Number 217/557-3134

For information about IDOTs collection and use of confidential information review the department's [Identity Protection Policy](#).

**Illinois Department of Central Management Services**  
**Self-Disclosure of Criminal History**

**Use of this form is only permitted once an applicant has been deemed eligible and is being considered for a specific position.**

Per Administrative Order #1, 2013, it is the policy of the State of Illinois to not base employment decisions on the criminal history of an applicant for state employment unless:

Federal or state law prohibits hiring an individual with certain criminal convictions for the position that applicant is seeking; OR

The applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

An agency, board or commission may only consider current convictions and may not consider arrests. However, an agency, board or commission may consider information which indicates that the candidate actually engaged in the conduct for which he/she was arrested. Nevertheless, convictions which have been subsequently pardoned, expunged, or sealed, unless otherwise permitted by law, may not be considered.

Any voluntarily disclosed prior criminal history shall not be considered during the interview process and is only subject to consideration at a separate point in the hiring process. The review process shall only exclude a candidate relative to his/her criminal history where it is determined that exclusion is job-related and consistent with business necessity, including consideration of at least the following factors:

1. The nature and gravity of the offense;
2. The time that has elapsed since the conviction and/or completion of sentence; and
3. The nature of the job being sought.

Providing this Self-Disclosure of Criminal History information may be required in accordance with the hiring agency, board or commission's policies and procedures regarding employment within that agency, board or commission. In these instances, failure to complete the self-disclosure or adequately disclose criminal history as described above on the Self-Disclosure of Criminal History information form may disqualify an applicant from further employment consideration.

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Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Self-Disclosure of Criminal History form. I certify that the information provided by me on this release is true and accurate to the best of my knowledge and understand that misrepresentation of this material may be grounds for ineligibility for or termination of employment.

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Witness

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Signature and Date

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM**

**Illinois Department of Central Management Services**  
**Self-Disclosure of Criminal History**  
**(continued)**

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**Printed Name (include full name, maiden name, and include any other names by which you have been known)**

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**Signature**

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**Date of Birth**

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**Address**

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**City, State**

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**Zip Code**

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**Driver's License Number/State Issued**

**Have you ever been convicted of a criminal offense other than a minor traffic violation?**

**Yes**       **No**

**If your answer to the foregoing question is "yes," please provide a detailed statement for each said occurrence (use additional paper as necessary):**

Completion of a separate Authorization for Release of Criminal History information form may be required for the purpose of conducting a background check through the Illinois State Police in accordance with the Uniform Conviction Information Act.

Where the hiring agency elects to require completion of the Self-Disclosure of Criminal History form, an agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the form.

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**To be completed by hiring agency:**

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**Position Title**

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**Position Number**

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**Date of Interview**

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**Agency Representative Signature**

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM**

**Illinois Department of Central Management Services  
Authorization for Release of Criminal History Information**

TO: Director, Illinois State Police

I, \_\_\_\_\_, do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any conviction which it might have concerning me to any agency, board or commission of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois. I further authorize any agency, board or commission which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees/contractors/agents who furnish this information concerning me, and any agency, board or commission and its officers and employees which provide these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees/contractors/agents, and any other agency, board or commission and its officers and employees which provide records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

If criminal history background checks are conducted, unless otherwise specified under statute or administrative rule, the Illinois State Police statutory and administrative procedures for conducting Uniform Conviction Information Act (UCIA), [20 ILCS 2635/1, et seq.] checks shall be followed. The criminal history transcripts can be included as part of a nexus review. The applicant shall be provided a copy of his/her criminal background check. The applicant has the obligation and responsibility to notify the hiring agency and the Illinois State Police Bureau of Identification within seven (7) business days if the information is inaccurate or incomplete. The hiring agency shall notify the applicant should he/she be disqualified for a specific position applied for due to his/her past criminal convictions.

It is incumbent upon the applicant to ensure his/her criminal history information is accurate and up-to-date at all times. Errors in criminal history transcripts and/or delays in challenging or correcting record information shall not be construed as sufficient justification to delay the hiring process. A candidate who has provided notice that his criminal history information is incorrect may be by-passed by the hiring agency in favor of another candidate.

An agency, board or commission shall refuse to consider further any candidate who refuses to complete and sign the Authorization for Release of Criminal History Information form.

An electronic transmittal or photocopy of this release form will be valid as an original thereof, even though said document does not contain an original writing of my signature.

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Applicant Certification:

I have read and understand the contents of and conditions of use for information provided on this Authorization for Release of Criminal History information form. I also understand that completion of this background check does not preclude the hiring agency from performing other background checks (such as drug-testing, prior employment, reference checks, etc.) in accordance with agency policy and/or as required for a particular position.

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Witness

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Applicant Signature and Date

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM**

**Illinois Department of Central Management Services  
Authorization for Release of Criminal History Information  
(continued)**

Pursuant to Administrative Order #1 (2013), it is the policy of the State of Illinois not to base employment decisions on the criminal history of an applicant for state employment unless: (1) federal or state law prohibits hiring an individual with certain criminal convictions for the position that an applicant is seeking; or (2) the applicant has been convicted of an infraction that is reasonably related to the position sought, and denial of employment based on that criminal history is consistent with business necessity and the State's duty to serve and protect its citizens.

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**Printed Name (include full name, maiden name, and include any other names by which you have been known)**

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**Signature**

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**Date of Birth**

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**Address**

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**Driver's License Number/State Issued**

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**City, State**

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**Zip Code**

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**INTERNAL INSTRUCTIONS FOR HIRING AGENCY**

This form must be accompanied by either the UCIA Name Inquiry form (Form ISP 6-405B) or the UCIA Fingerprint Inquiry form (Form ISP 6-404B) and is to be completed by the hiring agency. These ISP forms provide Principal Requester Contact Information and Category of Inquiries Information. These forms may only be ordered from the ISP home page or by contacting [ISP\\_Customer\\_Support@illinois.state.il.us](mailto:ISP_Customer_Support@illinois.state.il.us). The name check process can be performed electronically and details are provided at: <http://www.isp.state.il.us/crimhistory/convictioninquiries.cfm>. The UCIA fingerprint form can be ordered and then taken to a local law enforcement agency for fingerprinting or the individual applicant may contact one of ISP's licensed live scan fingerprint vendors listed at: <https://www.idfpr.com/LicenseLookUp/fingerprintlist.asp>. Each form may only be used once and cannot be copied or duplicated as each form contains a unique Transaction Control Number used for internal ISP tracking purposes.

The Illinois Uniform Conviction Information Act, 20 ILCS 2635/13, provides that results pursuant to this criminal background check should only be relied upon for 30 days. As such, this background check is not limited to a specific position and may be secondarily disseminated for a period of 30 days and is not limited to a single reason for inquiry. Each executed Authorization for Release of Criminal History Information must be maintained on file for at least 2 years pursuant to 20 ILCS 2635/7. Upon receipt of the criminal history record information, the hiring agency, board or commission shall provide a copy to the candidate and notify him/her that he/she has the obligation and responsibility to notify the hiring agency within seven (7) days if the information is inaccurate or incomplete.

Any questions related to the UCIA process or UCIA results may be sent to ISP at [ISP\\_Customer\\_Support@illinois.state.il.us](mailto:ISP_Customer_Support@illinois.state.il.us).

**COMPLETE AND SIGN BOTH SIDES OF THIS FORM**