



**UPWARD MOBILITY PROGRAM
INSTRUCTIONS TO APPLY FOR A CREDENTIAL TITLE**

To receive a promotional grade through the Upward Mobility Program:

- 1) You must complete the enclosed Upward Mobility Program Promotional Employment Application in its entirety. The promotional application cannot be accepted if the target title (including the option) is not listed. You must also identify the counties (maximum of 3) which you would be willing to accept a position.
- 2) Please reference the guide on page 2 stating the required documentation that must accompany the application submitted for each title. Email the promotional application and the required documentation to CMS.UMP100@illinois.gov.

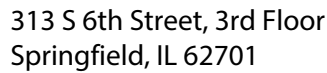
If you are unable to email the promotional application and all required documentation, please mail or fax to:

Upward Mobility Program
313 S 6th Street, 3rd Floor
Springfield, IL 62701

Fax: 217-557-9635
Phone: 1-833-452-4836, TDD 1-800-526-0844
1-800-442-1300, TDD 1-800-526-0844
Springfield Centrex 4-1073, TDD 1-217-785-3979

A legible scanned copy of your official college transcripts indicating degree and date conferred must accompany this application. Emailed transcripts from outside entities will not be accepted.

If you have questions regarding the Upward Mobility Program, please email CMS.UMPCounselor@illinois.gov.



TITLE

Accounting & Fiscal Admin. Career Trainee
Activity Therapist
Bank Examiner I
Behavior Analyst I
Chemist I
Child Protective Associate Specialist
Child Welfare Advanced Specialist
Child Welfare Associate Specialist
Child Welfare Specialist
Correctional Casework Supervisor
Corrections Assessment Specialist
Correctional Counselor I
Corrections Identification Technician
Corrections Leisure Activities Specialist I
Corrections Nurse I

Corrections Parole Agent
Day Care Licensing Representative I
Day Care Licensing Representative II
Dietitian
Disability Claims Adjudicator I
Environmental Protection Engineer I
Financial Institutions Examiner I
Financial Institutions Examiner Trainee
Habilitation Program Coordinator
Human Services Caseworker
Information Technology Trainee
Internal Auditor Trainee, Options 1,2
Juvenile Justice Specialist Intern
Juvenile Justice Supervisor
Juvenile Justice Youth and Family Specialist, Option 1
Laboratory Associate I
Liability Claims Adjuster Trainee
Licensed Practical Nurse I
Licensed Practical Nurse II
Licensed Practical Nurse Corrections
Life Science Career Trainee, Options A,E,J,K,M
Pharmacy Technician
Psychologist I
Psychologist II
Registered Nurse I
Rehabilitation Counselor Trainee, Options F,H,V
Revenue Auditor Trainee
Revenue Tax Specialist Trainee
Social Worker I
Social Worker II
Veterans Nursing Assistant - Certified

College Transcript
College Transcript
College Transcript
BCBA or BCBA-D Certification
College Transcript
College Transcript
College Transcript
College Transcript
College Transcript
College Transcript
College Transcript
College Transcript
College Transcript (Only If Applicable)
College Transcript
College Transcript
CPR Certification/License
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College Transcript
College Transcript
College Transcript/Certificate

Print Form



UPWARD MOBILITY PROGRAM

313 S 6th Street, 3rd Floor
Springfield, IL 62701

Complete this application in detail; previous applications will not be considered.

Omissions, variations or misstatements of material facts may cause forfeiture of rights to promotion in the service of the State of Illinois. Applications without necessary information will be returned.

TYPE OR PRINT IN BLACK.

A separate application is required for each position and option. Email each application and all required documentation, including copies of official college transcripts, to CMS.UMP100@illinois.gov. Please sign and date the signature section on the application. If you are unable to email the application and all required attachments, please mail the application packet to Upward Mobility Program, 313 S 6th Street, 3rd Floor, Springfield, IL 62701 or fax to 217-557-9635.

PROMOTIONAL EMPLOYMENT APPLICATION

Print Form

Select the Title of the Position Applied For:

Select One

Office Use
Only
Leave Blank

Exam Date

Position Code

POSITION/CONTACT INFORMATION

Last Name _____ First Name _____ MI _____ SSN (last 4) _____

Street Address _____ County _____ Personal Phone _____

City _____ State _____ ZIP Code _____ Work Phone _____

Email Address: _____

Drivers License _____ State _____ Month/Year Expires _____

Restrictions _____ Non-CDL ☐ A ☐ B ☐ C ☐ D ☐ L ☐ M CDL ☐ A ☐ B ENDR ☐ X ☐ N

Reset

CURRENT PAYROLL TITLE & OPTION (IF APPLICABLE)	CURRENTLY EMPLOYED IN AGENCY	DIVISION (OR INSTITUTION)
MAILING ADDRESS OF WORK SITE:	COUNTY WHERE EMPLOYED:	

Office Use Only Leave Blank	Agency	Division	County
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WORK LOCATION PREFERENCE:

List 1, 2, or 3 counties in which you will consider selection.

1 County _____ 2 County _____ 3 County _____

I understand I may be required to submit proof of previous employment, education, or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification. I certify that the information on this application is true and correct to the best of my knowledge and misrepresentation of any material fact may be grounds for ineligibility or termination of employment.

Signature - I agree to the statement above

Date

Official Use Only Leave Blank					
Test Center:	Dict.:				
Ed:	A:	B:	C:	Total:	
Rej. Qual:	Typing:	By:	Date:	Grade:	

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Central Management Services at 217 782-6921 or TDD 217 524-1383.

EDUCATION**HIGH SCHOOL**High School Graduate or GED? ☐ Yes ☐ No**BUSINESS, TRADE, CORRESPONDENCE SCHOOL**

Business, Trade, Correspondence School: Name and Address	Number of Years Attend	Time Full/Part	Subjects	Course Length	Completed Yes/No
					
					
					

TECHNICAL/PROFESSIONAL LICENSE

Technical/Professional License	Number	State Issued	Date Issued MM/YYYY	Expiration Date MM/YYYY
				
				
				

EDUCATION REPORT

List your education accurately and completely. A copy of official college transcripts for all colleges/universities attended are required. The number of credit hours you have earned may be needed to meet the minimum requirements for some titles. This information is also useful for career counseling purposes.

All degrees and coursework will be validated using a copy of the applicant's official transcripts. The applicant will be responsible for submitting a copy of their official transcripts.

Name and Address (City & State) of Colleges/Universities Attended	Hours Earned		Major (Do Not Abbreviate)	Minor (Do Not Abbreviate)	Number of Years Attend	Level of Degree Earned
	SEM	QTR				
						
						
						
						
						
						

Print Form

WORK HISTORY

LIST AND DESCRIBE YOUR WORK EXPERIENCE SEPARATELY BY TITLE. Begin with your present position and work backwards, listing both State and non-State experience. **VOLUNTEER EXPERIENCE:** Related volunteer experience for which no salary was received may be given the same credit as equivalent paid experience. List the actual number of hours worked per week or month and describe fully the duties performed so appropriate credit can be given.

LIST EACH CHANGE IN PAYROLL, TITLE, AND THE APPROPRIATES DATES OF EMPLOYMENT FOR EACH TITLE.

Current (or last) Employer _____

Street Address _____ City _____ State 

Position Title _____

Average Number of Hours Worked Per Week _____

Dates of Employment: Month/Year _____ To Month/Year _____ Total Years _____ Months _____

Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:

Manual/Trades _____ Professional _____ Technical/Para-Professional _____ Clerical _____ Administrative _____

Describe in detail the duties you performed in this position title:

Reason for Leaving: _____

OFFICE USE - Leave Blank	Level: _____	Amt: _____
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Past Employer _____

Street Address _____ City _____ State 

Position Title _____

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