



Applicant Information

First Name:

Last Name:

SSN:

Telephone #:

Position Information

Title(s) and Option(s) for which request is being made:

Information Requested to be Changed

Current:

New:

Signature & Date

Signature:

Date:

Please Return Signed Change of Information Form to: work4illinois@illinois.gov

Central Management Services requests disclosure of information that is necessary to accomplish its obligations, primarily the statutory purposes outlined under the Personnel Code (20 ILCS 415). Disclosure of the information requested on this form is mandatory, and failure to provide requested information may result in rejection of this form or delay in making a determination on eligibility or employment. Social Security numbers are used in the application and employment processes to identify and differentiate between candidates and/or employees. Confidentiality of Social Security numbers obtained through this application process will be preserved as prescribed by 5 ILCS 179 et seq.