State of Illinois
Department of Central Management Services

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.

Print Form

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

Required Documentation for Credential Titles

TITLE	DOCUMENTS
Accounting & Fiscal Admin. Career Trainee	College Transcript
Activity Therapist	College Transcript
Bank Examiner I	College Transcript
Behavior Analyst I	BCBA or BCBA-D Certification
Chemist I	College Transcript
Child Welfare Advanced Specialist	College Transcript
Child Welfare Associate Specialist	College Transcript
Child Welfare Specialist	College Transcript
Correctional Casework Supervisor	College Transcript
Corrections Assessment Specialist	College Transcript
Correctional Counselor I	College Transcript
Corrections Identification Technician	College Transcript Only If Applicable
Corrections Leisure Activities Specialist I	College Transcript
Corrections Nurse I	College Transcript
	CPR Certification/License
Corrections Parole Agent	College Transcript
Day Care Licensing Representative I	College Transcript
Day Care Licensing Representative II	College Transcript
Disability Claims Adjudicator I	College Transcript
Environmental Protection Engineer I	College Transcript
Financial Institutions Examiner I	College Transcript
Financial Institutions Examiner Trainee	College Transcript
Habilitation Program Coordinator	College Transcript
Human Services Caseworker	College Transcript
Information Technology Trainee	College Transcript
Internal Auditor Trainee, Options1,2	College Transcript
Juvenile Justice Specialist Intern	College Transcript
Juvenile Justice Supervisor	College Transcript
Juvenile Justice Youth and Family Specialist, Option1	College Transcript
Laboratory Associate I	College Transcript
Licensed Practical Nurse I	College Transcript/License
Licensed Practical Nurse II	College Transcript/License
Licensed Practical Nurse Corrections	College Transcript/License
Life Science Career Trainee, Options A,E,J,K,M	College Transcript
Pharmacy Technician	Copy of License Required
Psychologist I	College Transcript
Registered Nurse I	College Transcript/License
Rehabilitation Counselor Trainee, Options F,H,V	College Transcript
Revenue Auditor Trainee	College Transcript
Revenue Tax Specialist Trainee	College Transcript
Social Worker I	College Transcript
Social Worker II	College Transcript
Veterans Nursing Assistant - Certified	College Transcript/Certificate

A copy of official college transcripts for all colleges/universities attended are required.

Print Form

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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.

Print Form

PROMOTIONAL EMPLOYMENT APPLICATION

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

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.

_____ _____

Type your name to sign and 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	Minor	Number of Years	Level of Degree Earned
	SEM	QTR	Do Not Abbreviate	Do Not Abbreviate	Attended	

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: _____

Past Employer _____

Street Address _____ City _____ State _____

Position Title _____

Average Number of Hours Worked Per Week _____

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