# 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 <a href="mailto:CMS.UMPCounselor@illinois.gov">CMS.UMPCounselor@illinois.gov</a>.



## Required Documentation for Credential Titles

Accounting & Fiscal Admin. Career Trainee

Activity Therapist Bank Examiner I Behavior Analyst I

Chemist I

TITLE

Child Protective Associate Specialist Child Welfare Associate Specialist

Child Welfare Specialist

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 Services Intern

Information Services Intern Internal Auditor Trainee, Options1,2 Juvenile Justice Specialist Intern Juvenile Justice Supervisor

Juvenile Justice Youth and Family Specialist, Option1

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

Pharmacist 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

**DOCUMENTS** 

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 Only If Applicable

College Transcript
College Transcript

CPR Certification/License

College Transcript

College Transcript
College Transcript
College Transcript
College Transcript/License

College Transcript/License
College Transcript/License

College Transcript

Copy of License Required

College Transcript
College Transcript

College Transcript/License

College Transcript
College Transcript
College Transcript
College Transcript
College Transcript

College Transcript/Certificate

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



### 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 <a href="Mailto:CMS.UMP100@illinois.gov">CMS.UMP100@illinois.gov</a>. 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

Select the Title	of the Position Applied	For:	_				
				Office Use Only Leave	Exam Date	Position Code	
POSITION/CONT	ACT INFORMATION			Blank			
_ast Name		First Name		MI	SSN ( las	t 4)	
Street Address _		County	Person	al Phone:			
City	State	Zip Code	Work Ph	one:			
Email Address:							
Drivers License			State	Mon	th/Year Expires		
Restrictions	Non-C	DL A D B C D	L M C	DL A 🗌 B 🏻	□ ENDR X □ N	I 🗌	
	AYROLL TITLE & OPTIC F APPLICABLE)		EMPLOYED IN ENCY	DI\	IVISION (OR INSTITUTION)		
MAILING ADD	RESS OF WORK SITE:	COUNTY WHE	RE EMPLOYED:				
Office Use Only Leave Blank	ENCY)	(DIVISION)	County				
	unities in winch	County	2 County		3 County		
I understand I manderstand I managed authorize release on this application	ay be required to submit e of this and other informa on is true and correct to the mination of employment.	ation covering job related	l factors for purpos	es of verificat	ion. I certify that	the information	
Type your name	to sign and agree to the	statement above			Dat	re	
		Official Use On	ly Leave Blank				
Test Center:		Dict.:					
Ed:	A:	B :	C:		_ Total:		
Rej. Qual:	Typing:	Ву:	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 SCH	IOOL							
Business, Trade, Correspondence School: Name and Address		ber of Attend	Time Full/Part		Subjects	Cou Len		
TECHNICAL/PROFESSIONAL LICENSE								
Technical/Professional License	Number		State Issued		Date Issued MM/YYYY		Expiration Dat MM/YYYY	
EDUCATION REPORT	•							
List your education accurately and completely. A required. The number of credit hours you have earnformation is also useful for career counseling put	arned ma	ay be ne						
All degrees and coursework will be validated usin for submitting a copy of their official transcripts.	g a copy	of the	applicant's	officia	l transcripts. The	e applicar	nt will k	e responsible
Name and Address (City & State) of Colleges/ Universities	Hours Earned		Major		Minor	Numbe Year		Level of Degre Earned
Attended	SEM	QTR	Do No Abbrevia		Do Not Abbreviate	Attend	ded	

#### **WORK HISTORY**

Current (or last) Employer

**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.

Street Address	City	State
Position Title		
Average Number of Hours Wor	ked Per Week	
Dates of Employment Month	Year To Month Year Total Year	rs Months
Supervisory Responsibility: If y	ou supervised employees, record the number supervised in the following car	legories:
Manual/Trades Profe	ssional Technical/Para-Professional Clerical Ad	dministrative
Describe in detail the duties yo	u 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									
Dates of Employment Month	Year To Mon	th Year	Total Years Months							
Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:										
Manual/Trades Profession	onal Technical/Para-P	rofessional Clerical	Administrative							
Describe in detail the duties you p	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									
Dates of Employment Month	Year To Mon	th Year	Total Years Months							
Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:										
Manual/Trades Profession	onal Technical/Para-P	rofessional Clerical	Administrative							
Describe in detail the duties you p	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									
Dates of Employment Month	Year To Mon	th Year	Total Years Months							
Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:										
Manual/Trades Profession	onal Technical/Para-P	rofessional Clerical	Administrative							
Describe in detail the duties you p	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					
Dates of Employment Month	Year	To Month	Year	Tota	al Years	Months
Supervisory Responsibility: If you s	upervised emplo	yees, record the r	number supervise	ed in the follow	ing categories	<b>S</b> :
Manual/Trades Profession	nal Tec	hnical/Para-Profe	ssional (	Clerical	Administr	ative
Describe in detail the duties you pe	rformed in this p	osition title:				
Reason for Leaving:						
OFFICE USE - Leave Blank		Le	evel:		Amt:	

Past Employer						
Street Address			City			State
Position Title						
Average Number of Hours Worked	Per Week					
Dates of Employment Month	Year	To Month	Year	Tota	al Years	Months
Supervisory Responsibility: If you s	upervised emplo	yees, record the r	number supervise	ed in the follow	ing categories	<b>S</b> :
Manual/Trades Profession	nal Tec	hnical/Para-Profe	ssional (	Clerical	Administr	ative
Describe in detail the duties you pe	rformed in this p	osition title:				
Reason for Leaving:						
OFFICE USE - Leave Blank		Le	evel:		Amt:	

Past Employer										
Street Address		City	State							
Position Title										
Average Number of Hours Worked	Per Week									
Dates of Employment Month	Year To Mon	th Year	Total Years Months							
Supervisory Responsibility: If you supervised employees, record the number supervised in the following categories:										
Manual/Trades Profession	onal Technical/Para-P	rofessional Clerical	Administrative							
Describe in detail the duties you p	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					
Dates of Employment Month	Year	To Month	Year	Tota	al Years	Months
Supervisory Responsibility: If you s	upervised emplo	yees, record the r	number supervise	ed in the follow	ing categories	<b>S</b> :
Manual/Trades Profession	nal Tec	hnical/Para-Profe	ssional (	Clerical	Administr	ative
Describe in detail the duties you pe	rformed in this p	osition title:				
Reason for Leaving:						
OFFICE USE - Leave Blank		Le	evel:		Amt:	

Past Employer						
Street Address			City			State
Position Title						
Average Number of Hours Worked	Per Week					
Dates of Employment Month	Year	To Month	Year	Tota	al Years	Months
Supervisory Responsibility: If you s	upervised emplo	yees, record the r	number supervise	ed in the follow	ing categories	<b>S</b> :
Manual/Trades Profession	nal Tec	hnical/Para-Profe	ssional (	Clerical	Administr	ative
Describe in detail the duties you pe	rformed in this p	osition title:				
Reason for Leaving:						
OFFICE USE - Leave Blank		Le	evel:		Amt:	

Past Employer						
Street Address			C	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 s	upervised emplo	yees, record the	number supe	ervised in the	following categori	es:
Manual/Trades Profession	nal Tech	nnical/Para-Prof	essional	Clerical	Adminis	strative
Describe in detail the duties you per	rformed in this po	sition title:				
Reason for Leaving:						
OFFICE LIGHT 1 Plant			Level:		Amt:	
OFFICE USE - Leave Blank			_evei.		AINU.	