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| DOTLOGO2 | | | | | | | | | | | | | | | | | | | | | | | | | | **2011-2012 Application for**  **Temporary Winter Employment**  **District 1** | | | | | | | | | | | | | | | | | | |
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| **PERSONAL** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name | | | | |  | | | | | | | | | | | | | | | | | | |  | | | Social Security Number | | | | | | | | |  | | | | | | | | |
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| Address | | | | |  | | | | | | | | | | | | | | | | | | |  | | | County | | |  | | | | | | | | | | | | | | |
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| City | | | | |  | | | | | | | | | | | | | | | | | | |  | | | State | | |  | | | | | Zip Code | | | | |  | | | | |
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| Phone Number | | | | | | | | |  | | | | | | | | | | | | | | |  | | | 2nd Phone Number | | | | | | | |  | | | | | | | | | |
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| **Driver’s License Information – Must attach a copy of CDL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This position requires a CDL Class “A” license with an N or X endorsement. Can you meet this requirement? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CDL# | | | |  | | | | | | | | | | | | | | | | | | | CDL CLASS | | | | | A | CDL Endorsement | | | | | | | | |  | |  | | | |
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| CDL Expiration Date | | | | | | | | | | | | | |  | | | | | | | | Restrictions | | | | | |  | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Position subject to physical examination and random drug and alcohol testing.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| County Preference | | | | | | | | | | | | | | | | 1. | |  | | | | | | | | | | | |  |  | | 1 2 3 4 5 | | | | | | | | | |  |
| ***(Specify Zone for Cook County)*** | | | | | | | | | | | | | | | | Primary | | | | | | | | | | | | | |  | | | If Cook County please circle Zone | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | 2. | |  | | | | | | | | | | | |  |  | | 1 2 3 4 5 | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | Secondary | | | | | | | | | | | | | |  | | | If Cook County please circle Zone | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | zones3 | | | | | | | | | | | | | |
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| *You will only be considered for the yards in the zone that you choose. Failure to designate a zone for Cook County will result in random assignments based on location and operational needs.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **County Preference** | | | | | | | | | | | **Zone Preference (Cook County Only)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Cook County | | | | | | | | | | Zone 1 | | | | | | | | | | | | Zone 2 | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Dan Ryan | | | | | | | Eisenhower | | | | | Kennedy | | | | Northside | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Zone 3 | | | | | | | | | | | | Zone 4 | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Alsip | | | | | | | Bishop Ford | | | | | Hillside | | | | Stevenson | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Harvey | | | | | | | I-57 | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Zone 5 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | Arlington Heights | | | | | | | Edens | | | | | Northbrook | | | | Rodenburg | | | |  | | | | | | | | | | | | | |
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| DuPage County | | | | | | | | | | Naperville | | | | | | | | | | | | Oakbrook | | | | | | | |  | | | | | | | | | | | | | |
| Kane County | | | | | | | | | | St Charles | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| Lake County | | | | | | | | | | Grayslake | | | | | | | | | | | | Gurnee | | | | | | | |  | | | | | | | | | | | | | |
| McHenry County | | | | | | | | | | Woodstock | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| Will County | | | | | | | | | | I-55 | | | | | | | | | | | Joliet | | | | New Lenox | | | | |  | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Relationship: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Have you ever pled guilty to or been convicted of any criminal offense other than a minor traffic violation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | |
| ***If you answer “yes” to this question, please provide a detailed explanation including date and nature of crime.*** “Will | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| explain in interview” is unacceptable. | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you ever been fired from a job?  Yes  No ***If you answer “yes” to this question, please provide a detailed*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***explanation.*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **AFFIRMATIVE ACTION DATA** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. Provide this information is strictly voluntary on your part. Should you decide to offer the information, please check the appropriate box below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Female | | | | | Male | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | | | | | G | | | | | | | White, not of Hispanic origin. A person having origins in any of the original people of Europe, North Africa or the Middle East. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | | | | | H | | | | | | | Black, not of Hispanic origin. A person having origins in any of the black racial groups of Africa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | | | | | J | | | | | | | Native American. A person having origins in any of the peoples of North American and who maintain cultural identification through tribal affiliation of community. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | | | | | L | | | | | | | Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please indicate whether you have any of the following conditions by checking the appropriate boxes below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0. | | No Impairment | | | | | | | | | | | | | | | | | | 3. | | Orthopedic Impairment | | | | | | | | | | 6. | | Nervous System Disorder | | | | | | | | | |
| 1. | | Blindness/Visual Impairment | | | | | | | | | | | | | | | | | | 4. | | Cardiovascular Disorder | | | | | | | | | | 7. | | Respiratory Impairment | | | | | | | | | |
| 2. | | Deafness/Hearing Impairment | | | | | | | | | | | | | | | | | | 5. | | Mental or Emotional Disorder | | | | | | | | | | 8. | | Loss of Limbs | | | | | | | | | |
| 9. | | Other (Specify) | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant’s** **Signature** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Date** | | | | | |  | | | | | | |
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| **Applications are to be returned to the Illinois Department of Transportation**  **Attn: Personnel**  **201 West Center Ct.**  **Schaumburg, IL 60196**  **or Fax to 847/705-4489.**  **Please return application by 4:00 p.m. on the posting deadline.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |