

APPLICATION FOR EMPLOYMENT- COURT REPORTING SERVICES

INSTRUCTIONS: Complete this application and return to the Chief Judge's Office. Carefully read all questions and answer completely. If an question cannot be answered or does not apply to you, please put 'N/A'.

An Equal Opportunity Employer

Please type or print in ink. Attach additional sheets if more space is needed.

NAME: LAST	FIRST	MI	PREFERRED NAME, IF DIFFERENT
ADDRESS			
CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
TELEPHONE NUMBER WITH AREA CODE	EMAIL	CSR NUMBER, IF APPLICABLE	

HOW DID YOU LEARN OF EMPLOYMENT OPPORTUNITIES WITH THE ILLINOIS COURTS?

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE JUDICIAL BRANCH OF GOVERNMENT IN ILLINOIS? Yes No

IF YES, PROVIDE JOB TITLE AND DATES OF EMPLOYMENT:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No

IF YES, PROVIDE DETAILS: _____

ARE YOU CURRENTLY IN DEFAULT ON THE REPAYMENT OF ANY EDUCATIONAL LOANS? Yes No

DO YOU HAVE A CHILD SUPPORT OBLIGATION UNDER A COURT OR ADMINISTRATIVE ORDER? Yes No

ARE YOU LAWFULLY ENTITLED TO WORK IN THE UNITED STATES? Yes No

CAN YOU TRAVEL IF THE JOB REQUIRES IT? Yes No

IF YOU ARE CURRENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? Yes No

ON WHAT DATE WOULD YOU BE AVAILABLE TO BEGIN WORK? _____

* 5 ILCS 385/1 ET SEQ. PROVIDES THAT PERSONS WHO ARE IN DEFAULT OF AN EDUCATION LOAN FOR A PERIOD OF 6 MONTHS OR MORE AND IN AN AMOUNT OF \$600.00 OR MORE SHALL MAKE LOAN REPAYMENT ARRANGEMENTS WITH THE MAKER OR GUARANTOR OF THE LOAN AS A CONDITION OF EMPLOYMENT.

EMPLOYMENT HISTORY

List past employment beginning with the most recent. Attach additional sheets if necessary. If you have had more than three employers, make a copy of this page before you begin.

NAME AND ADDRESS OF EMPLOYER	TITLE
	DATES EMPLOYED (MONTH AND YEAR) FROM: TO:
DAYTIME TELEPHONE	SALARY AVG. HOURS PER WEEK \$ PER
DUTIES	
REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	TITLE
	DATES EMPLOYED (MONTH AND YEAR) FROM: TO:
DAYTIME TELEPHONE	SALARY AVG. HOURS PER WEEK \$ PER
DUTIES	
REASON FOR LEAVING	

NAME AND ADDRESS OF EMPLOYER	TITLE
	DATES EMPLOYED (MONTH AND YEAR) FROM: TO:
DAYTIME TELEPHONE	SALARY AVG. HOURS PER WEEK \$ PER
DUTIES	
REASON FOR LEAVING	

EDUCATION	NAME AND ADDRESS OF SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
COURT REPORTING SCHOOL			
OTHER (SPECIFY)			

DO YOU HAVE AN ACTIVE ILLINOIS CERTIFIED SHORTHAND REPORTER'S LICENSE? Yes No

IF YES, HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED OR DISCIPLINED? Yes No

HAVE YOU PASSED THE PART-A "OFFICIALSHIP" PROFICIENCY EXAM? Yes No

HAVE YOU PASSED THE NATIONAL COURT REPORTER ASSOCIATION'S CERTIFIED REALTIME REPORTER (CRR) EXAM? (IF YES, PLEASE ATTACH A COPY OF YOUR CERTIFICATE) Yes No

DO YOU USE A COMPUTER-AIDED TRANSCRIPTION SYSTEM FOR TRANSCRIPT PREPARATION? Yes No

LIST SOFTWARE(S) USED: _____

PLEASE LIST ANY ADDITIONAL CERTIFICATIONS, MEMBERSHIPS, OR TRAINING THAT YOU HAVE OBTAINED THAT IS RELEVANT TO THE POSITION THAT YOU ARE APPLYING.

REFERENCES - Please list three persons, not related to you, who have definite knowledge of your work qualifications.

FIRST NAME	LAST NAME	RELATIONSHIP
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ADDRESS

CITY	STATE	ZIP	DAYTIME TELEPHONE
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FIRST NAME	LAST NAME	RELATIONSHIP
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ADDRESS

CITY	STATE	ZIP	DAYTIME TELEPHONE
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FIRST NAME	LAST NAME	RELATIONSHIP
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ADDRESS

CITY	STATE	ZIP	DAYTIME TELEPHONE
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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

I certify that the statements made by me in this application are correct, complete, and true to the best of my knowledge. I understand that any false statements made herein will void this application and can, if hired, result in termination of my employment.

I authorize the Chief Judge's office of the circuit in which I am applying and Court Reporting Services to investigate all statements contained in this application. I further authorize the Chief Judge's office or Court Reporting Services to secure any information from my employers, references, and academic institutions which may be relevant to an employment decision. I hereby release all employers, references, academic institutions, and the office to which I am applying from any and all liability arising from the giving or receiving of such information.

I understand and agree that, if hired, my employment is for no definite time period, and that I may be terminated, with or without reason, at any time and without prior notice unless otherwise defined by a collective bargaining agreement.

APPLICANT'S SIGNATURE

DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN OR DISABILITY.