ILLINOIS EASTERN COMMUNITY COLLEGES

Employment Application Addendum

This form is required for ALL applicants (full and part-time).

Educational Loan Default Statement

Public Act 85-827 requires that any application forms used by state agencies shall include a statement to be signed by the applicant concerning whether the applicant is in default on a student loan. Each applicant must complete this form by checking one of the following boxes, signing and dating the form, and submitting it along with other employment application forms:

☐ I ***am not*** in default for a period of six months or more and in the amount of $600 or more on the repayment of any educational loan guaranteed by the State Scholarship Commission or made by an Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.

☐ I ***am*** currently in default on a student loan as described in the preceding paragraph. (Note: A state agency is required to terminate employment of any employee who has not made a satisfactory repayment arrangement with the maker or guarantor of the loan prior to completion of the sixth month of employment).*

*If you checked the box indicating default, please provide the name and address of the bank or lending institution where your loan was obtained:

_____

Non-Affected Annuitant Statement

I hereby state that I am not an "affected annuitant" within the definition contained in Public Act 97-0968 (The Act). I agree that if I fail to disclose fully and accurately any prior employment with another entity covered by the State Universities Retirement System (SURS) and my subsequent employment by Illinois Eastern Community Colleges (IECC) causes me either to become an "affected annuitant" as defined in The Act or causes IECC to inherit my status as an "affected annuitant", if such status has already been established, and the "affected annuitant" status requires the payment of any funds or penalties by the Board of Trustees of Illinois Eastern Community College District # 529 to SURS, that I assume personal liability and responsibility for the repayment and full reimbursement of such funds or penalties to IECC immediately.

PLEASE PRINT: First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Email Address _____

Applicant Signature _____ Date _____ Witness Signature _____ Date _____

For IECC internal use only: Above applicant is being recommended for_____**full-time** employment_____**part-time** employment as

_____ Position Title _____. College

Part-time employment approval -_____ Supervisor

Proposed hourly rate: _____ Average hours projected to be worked in a week: _____

Proposed start date: _____ Proposed end date: _____

Budget code: _____ Motor Vehicle Report (MVR): ☐ Yes ☐ No

For HR use only: The applicant above has been reviewed and_____**is** approved /_____**is not** approved for full-time or part-time employment.

Begin date:_____. (Full-time is pending Board of Trustees approval)

_____ Signature - Chancellor or Director of Human Resources _____ Date