

**Example 4.2a**

**EXAMPLE OF A PROPERLY PREPARED REGISTER CARD  
AND NOTICE OF EXAMINATION SCORE FOR A FULLY QUALIFIED APPLICANT**

*Front of Register Card*

REGISTER SCORE	<b>SUCSS</b>	SCORES <b>2, 2, 4, 2</b>	CLERICAL CLASSES FAILED	EXAM.	SCORE													
<input checked="" type="checkbox"/> P <b>78.00</b> <b>(77.50)</b>			WRITTEN _____ TYPING _____	<input checked="" type="checkbox"/> OE	<input checked="" type="checkbox"/> PASSING <b>78.00 vp</b>													
<input type="checkbox"/> F _____		STENO. _____ TRANS. _____	STENO. _____ TRANS. _____	<input type="checkbox"/> PROM	<input type="checkbox"/> FAILING _____													
		TYPING _____ T/E _____	DATE OF APPLICATION _____	<input type="checkbox"/> REWRITE	FOR CLERICAL CLASSES ONLY: <u>FAILED</u>													
EXAM. CLASS	NAME																	
<b>Financial Aid</b>	<b>Smith, Mary Jane</b>																	
<b>Adviser I</b>	ADDRESS																	
	<b>2000 North Main Street</b>																	
	CITY	STATE	ZIP															
	<b>Urbana</b>	<b>IL</b>	<b>61802</b>															
FOR REGISTER AT	TELEPHONE	SSN																
<b>900</b>	<b>(217)278-3150</b>	<b>000-00-0000</b>																
EDUCATION LEVEL - CIRCLE ONE (HIGHEST GRADE COMPLETED)																		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	DEGREE - (CIRCLE HIGHEST)		
																<input checked="" type="radio"/>	<input type="radio"/> M	<input type="radio"/> D
EXAM. DATE	EXAM. NUMBER	APPLICANT'S SIGNATURE																
<b>12/8/1998</b>	<b>900-99-0022</b>	<i>Mary Jane Smith</i>																
STATE UNIVERSITIES CIVIL SERVICE SYSTEM REGISTER CARD																		

  

CLASS	
<b>Financial Aid Adviser I</b>	
EXAM. DATE	EXAM. NUMBER
<b>12/8/1998</b>	<b>900-99-0022</b>
STATE UNIVERSITIES CIVIL SERVICE SYSTEM	
<i>Richard J. ...</i> DIRECTOR	BY: <b>JD</b>
NAME	
<b>Mary Jane Smith</b>	
ADDRESS	
<b>2000 North Main Street</b>	
CITY	STATE ZIP
<b>Urbana</b>	<b>IL 61802</b>
STATE UNIVERSITIES CIVIL SERVICE SYSTEM	
NOTICE OF EXAMINATION SCORE	

Example 4.2a

Back of Register Card

I CERTIFY THAT THERE IS ON FILE IN THE OFFICE OF THE EMPLOYER AN APPLICATION FOR EMPLOYMENT DULY SIGNED BY THE APPLICANT AND/OR A RECORD OF HIS/HER EMPLOYMENT IN THIS SYSTEM, WHICH VERIFIES THAT THE AGE, PHYSICAL, EDUCATIONAL, AND EXPERIENCE QUALIFICATIONS AS WELL AS THE CITIZENSHIP OR RESIDENCE REQUIREMENTS IN THE STATE OF ILLINOIS FOR THE CLASS INDICATED HERE-ON ARE MET BY THIS APPLICANT AND ON BEHALF OF THE DIRECTOR, I ADMIT HIM/HER TO EXAMINATION.

12/8/1998

(Signature of DER)

I CERTIFY THAT THIS APPLICANT IS ENTITLED TO VETERANS PREFERENCE.

1. REMOVED RULE DATE RESTORED RULE DATE
2. REMOVED RULE DATE RESTORED RULE DATE
3. REMOVED RULE DATE RESTORED RULE DATE

DATE EMPLOYER
FILL IN BLANKS BELOW FOR ALL REWRITE EXAMINATIONS.
THIS EXAMINATION IS REWRITE NO. 1 2 3 4 (PLEASE CIRCLE)
MOST RECENT EXAM.:
SCORE: P F
DATE OF EXAM.:
EXAM. NUMBER:
PLEASE CHECK (✓) THE STATEMENTS BELOW AND SIGN.
I WILL NOT ACCEPT TEMPORARY WORK.
I WILL NOT ACCEPT PART-TIME WORK.
I WILL NOT ACCEPT NIGHT WORK.
I WILL NOT ACCEPT WORK OUTSIDE THE DEPARTMENT IN WHICH I AM EMPLOYED.
I WILL NOT ACCEPT EMPLOYMENT UNTIL ON OR AFTER (DATE)
Mary Jane Smith (SIGNATURE)

THANK YOU FOR YOUR INTEREST IN TAKING THIS EXAMINATION

THE NAMES OF CANDIDATES RECEIVING PASSING SCORES SHALL REMAIN ON THE APPROPRIATE REGISTERS UNLESS REMOVED FOR ANY CAUSE AS PROVIDED FOR IN THE STATUTE AND/OR THE CIVIL SERVICE RULES.

ANY QUESTION RELATING TO ACCURACY OF SCORING THIS EXAMINATION MUST BE DIRECTED TO THE PERSONNEL OFFICE WHERE THE EXAMINATION WAS ADMINISTERED AS SOON AS POSSIBLE BUT NO LATER THAN 15 DAYS FOLLOWING RECEIPT OF SCORE. KEEP YOUR PERSONNEL OFFICE INFORMED OF YOUR CURRENT ADDRESS.

STATE UNIVERSITIES CIVIL SERVICE SYSTEM