

P.O. Box 2910, Bloomington, Illinois 61702-2910 2720 E. Lincoln Street, Bloomington, Illinois 61704-6010



The American Legion is looking for a Service Officer in the Chicago area.

Description: Assist Veterans/dependents in applying for available federal benefits from the United States Department of Veterans Affairs Office, by initiating or reopening claims.

Previous experience is helpful, but not necessary.

Qualifications:

- Must be a military veteran with an honorable discharge.
- Must be eligible and willing to join the American Legion (if not already a member).
- Must be computer literate, knowledge of Microsoft Office is helpful.
- Must be able to communicate well, both verbally and in writing.
- Must be able to pass fingerprint and background check.
- Having a service connected disability is a plus.
- Must have a desire to help other veterans.

Duties:

- Complete initial application, or reopen existing claims, for compensation (service-connected disabilities) or Pension (non-service-connected disability).
- Research medical conditions and obtain necessary medical records and statements from physicians to support the claim(s).
- Obtain necessary financial information and corroborating information and documents from the veteran's military colleagues, family members, or other sources.
- Ensure all timelines are met so the veteran does not lose any potential benefits.
- Assist veterans in preparation for personal hearings to include accompanying them to hearings.
- Answering questions, advising, and educating individuals and groups on what benefits are available from federal, state, county, and local resources.

Please contact Marty Conatser, Department Adjutant, for further details.

(309) 663-0361 or mconatser@illegion.org

Telephone: (309) 663-0361 Web: http://www.illegion.org

American Legion Department of Illinois Employment Application

 Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability. 							
 Do you need an accommodation to participate in the application 	ation or interview process? 🗌 Yes 🗌 No						
Employer	Job Order #						
Job Title							
PERSONAL DATA							
Name							
Present Address	_CityStateZip						
Phone () - Message Phone () -	E-Mail Address						
Driver's License: Operator CDL CDL CDL Type							
Are you a Veteran of Military Service 🗌 Yes 🗌 No							
High School Diploma or GED? Yes No	Post Secondary Degree? AA BA MA Ph.D.						
Name of school beyond High School	, , <u> </u>						
Training Length	Date Completed						
Major	_Minor						
WORK EXPERIENCE (List most recent work experience first)							
Company Name	Immediate Supervisor						
Complete Address	City State Zip Code						
Job Title							
Job Description (duties, skills, equipment used)							
Dates: From (mm/yy) / To (mm/yy) /	Reason for leaving						
Company Name	Immediate Supervisor						
Complete Address Street / P.O. Box	City State Zip Code						
Job Title							
Job Description (duties, skills, equipment used)							
Dates: From (mm/yy) / To (mm/yy) /	Reason for leaving						
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The American Legion Department of Illinois							

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WORK EXPERIENCE					
Company Name		Immediate Supervisor			
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Complete Address	Box	City		State	Zip Code
Job Title		=	Phone		-
Job Description (duties, skills, equipment use					
Dates: From (mm/yy) / To (mm	η/yy) [Reason for leaving			
ADDITIONAL INFORMATION THAT COULD HELP					
Volunteer Work					
Licenses, Certificates, special skills, etc.					
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LIST REFERENCES (preferably persons who k	now about your w	ork/training)			
lame Address		Phone Number			
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Signature:		Date:			

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? **Yes No**

With my signature above (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

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