

# DU-COMM

## DuPage Public Safety Communications

420 N County Farm Road Wheaton, IL 60187  
(630) 260-7500 Administration

### Application for Employment

It is the policy of DU-COMM to maintain and promote equal employment opportunity without discrimination based on race, color, religion, gender, age, physical disability, political affiliation, national origin or any other legally protected status, in accord with applicable legal requirements.

DU-COMM is a 9-1-1 Public Safety Communications Center that provides emergency service to our communities. We are open 24 hours a day, 365 days a year. If you become an employee of DU-COMM, you will be required to work one of three shifts, including weekends and holidays along with overtime that maybe mandatory. You will be subject to a thorough background check prior to employment.

Date of Application: \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_  
(last, first, middle)

Present Address: \_\_\_\_\_  
(number, street)  
\_\_\_\_\_  
(city) (state) (zip code)

#### Contact Information - Must be Completed

Primary Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-mail communications are used in lieu of postal mail.

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Is your driver's license valid?  Yes  No Any restrictions? \_\_\_\_\_

Are you over 18?  Yes  No Are you legally authorized to work in the United States?  Yes  No

How did you learn of this opening? \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked here before?  Yes  No If yes, when? \_\_\_\_\_

Do you have any relatives or friends that work for DU-COMM?  Yes  No If yes, who? \_\_\_\_\_

What languages, other than English, do you speak and/or write fluently? \_\_\_\_\_

Indicate experience with the following: Typing: \_\_\_\_\_ wpm CPR certified?  Yes  No

Have you ever been convicted of a crime, excluding minor traffic violations?  Yes  No

If yes, state the offense, location, date and disposition \_\_\_\_\_

### Employment Desired

Check all that apply

- Full-time Telecommunicator (TCII)  Full-time Telecommunicator/Call taker only (TCI)  Part-time Alarm Operator  
 Full-time Telecommunicator with Experience (TCII)

Other Position applying for: \_\_\_\_\_

If hired, what date would you be able to start? \_\_\_\_\_

Are there any days or hours you would be unable or unwilling to work?  Yes  No

If yes, please specify those days or hours: \_\_\_\_\_

## Education

Type of school	Name and Address	Years Attended (ex. 1990-1994)	Graduated	Diploma/Degree (ex. BS Criminology)
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you a veteran of the U.S. Military?  Yes  No

Are you currently, or have you been, in the National Guard or Reserves?  Yes  No

If veteran or active duty, list Branch and Rank: \_\_\_\_\_

## Personal References

(Excluding former employers or relatives)

Name, Occupation and Relationship	Address	Phone Number

# Employment History

List your last three employers, starting with your present or most recent employer. Include military, part-time, summer, and relevant volunteer work.

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_  
(month, year)

Address: \_\_\_\_\_

To: \_\_\_\_\_  
(month, year)

Supervisor's name and title: \_\_\_\_\_

Full-time  Part-time

Your title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your duties:

May we contact this employer?

Yes  No

Reason for leaving: \_\_\_\_\_

What did you like most about your position?

What did you like least about your position?

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_  
(month, year)

Address: \_\_\_\_\_

To: \_\_\_\_\_  
(month, year)

Supervisor's name and title: \_\_\_\_\_

Full-time  Part-time

Your title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your duties:

May we contact this employer?

Yes  No

Reason for leaving: \_\_\_\_\_

What did you like most about your position?

What did you like least about your position?

Employer: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_  
(month, year)

Address: \_\_\_\_\_

To: \_\_\_\_\_  
(month, year)

Supervisor's name and title: \_\_\_\_\_

Full-time  Part-time

Your title: \_\_\_\_\_

Hours per week: \_\_\_\_\_

Your duties:

May we contact this employer?

Yes  No

Reason for leaving: \_\_\_\_\_

What did you like most about your position?

What did you like least about your position?

# Additional Information

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

If not addressed on previous pages, have you ever been fired or asked to resign from a job?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for absenteeism, tardiness, failure to notify your company when absent, or any other attendance related reasons?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for fighting, assault or related offenses?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for being under the influence of alcohol or drugs or for possession, use or abuse of alcohol or drugs?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for insubordination?

Yes  No

If yes, please explain:

Have you ever been disciplined or discharged for violating a safety rule(s)?

Yes  No

If yes, please explain:

Do you have any physical or mental conditions which prevent you from fully performing the essential functions of the position you are applying for?

Yes  No

If yes, please explain:

Use the space below to describe why you are interested in working for our agency and to list those skills and abilities which you feel particularly qualify you for a position with us.

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities or any other similarly protected status.

Organization	Offices Held

**List special accomplishments, publications, awards, etc.**

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities or any other similarly protected status.

**In your current or a prior job(s), have you ever written instructions or directions to be followed by employees or customers?**

Yes  No **If yes, please explain:** \_\_\_\_\_

**Is there any other job-related information that you want us to know about you?**

# Applicant Statement

I certify that all information I have provided in order to apply for and secure work with DU-COMM is true, complete and correct.

I expressly authorize, without reservation, DU-COMM, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding DU-COMM, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that DU-COMM does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current only for 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without cause and with or without prior notice, and DU-COMM reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except where required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of DU-COMM is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by DU-COMM's Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment or may result in my immediate discharge from DU-COMM's service, whenever it is discovered.

**Do not sign until you have read the above applicant statement.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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### **Authorization for Release of Personal Information**

I request, authorize and consent, without reservation, to the release of information to DU-COMM from all references (personal and professional) regarding my previous employment and authorize all past employers or agents which DU-COMM may designate, to respond to oral or written inquiries from DU-COMM regarding my employment record, including, but not limited to, positions held, dates of employment, last pay raise, work performance, disciplinary records, reliability, incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior or the like.

In order to determine my fitness for employment with DU-COMM, I agree to submit to an independent medical examination which shall include drug and alcohol testing, and I agree to submit to a psychological examination.

I do knowingly, freely and voluntarily release, remise and discharge DU-COMM, each member municipality, and the respective boards of the member municipalities and DU-COMM, their agents, officers, representatives, elected officials, employees and independent contractors, from any and all liability claims, causes of action or damages arising out of, or as a result of, any written or oral inquiry or any information provided or released, as a result of any written or oral inquiry, or from my submission to the medical examination, drug and alcohol testing or psychological examination referenced herein. I assume all risk of loss or damages for the testing, release of information or administering or taking of the examinations or tests. I also release any and all of my former employers, and their representatives, employees or the like, from any and all liability which may result from the information supplied by them to DU-COMM.

I hereby certify that any and all statements made as part of my employment submission or application to DU-COMM are true and correct and I agree and understand that any misstatement of material fact made by me in the application process will cause a forfeiture on my part of employment with DU-COMM on such terms as may be determined solely by DU-COMM and its Board. If I am employed by DU-COMM, I agree to provide any and all additional documentation necessary for employment with DU-COMM.

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Signature of Applicant

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Printed Name

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Date



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### Background Check Form

**INSTRUCTIONS:**

**PLEASE COMPLETE, SIGN AND DATE**

**THE FOLLOWING FORM WITH THE REQUESTED INFORMATION.**

Submitting Agency ORI - NCIC (If applicable)

**IL 0 2 2 0 1 3 N**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

The code values used in the Illinois State Police name search much include valid National Crime Information Center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for Unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_ DL State \_\_\_\_\_

Requester's Name: Angela Athitakis, Finance/HR Manager Agency/Company Name: DuPage Public Safety Communications

Return Address: 420 N County Farm Road, Wheaton, IL 60187

Maiden Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I, the above signed individual, indicate that the information provided above is true and accurate to the best of my knowledge. I furthermore understand that any misstatement or omission of information on this form may be grounds for dismissal if employment is obtained.

DU-COMM IS A PUBLIC SAFETY COMMUNICATIONS CENTER THAT HAS ACCESS TO AND MAINTAINS CRIMINAL JUSTICE DATA FOR LAW ENFORCEMENT AGENCIES. ALL APPLICANTS ARE SUBJECT TO ILLINOIS CRIMINAL JUSTICE APPLICANT NAME CHECKS AND FINGERPRINT CHECKS AS PART OF A PRE-EMPLOYMENT BACKGROUND INVESTIGATION. THE REQUESTED INFORMATION IS NOT PART OF THE EMPLOYMENT APPLICATION, BUT IS USED ONLY WHEN QUALIFIED APPLICANTS MOVE FORWARD IN THE PRE-EMPLOYMENT SCREENING PROCESS.