



CONFIDENTIAL

MACOMB-MCDONOUGH COUNTY COMMUNICATIONS CENTER

APPLICATION FOR EMPLOYMENT
PERSONAL HISTORY QUESTIONNAIRE

Instructions,

Read every question carefully and be sure to answer every question. In the event that a question does not pertain to you, mark the appropriate space with "N/A".

The Macomb-McDonough County Communications Center may reject your application for employment if you have intentionally made a false statement, omitted information, or practiced or attempted to practice any deception or fraud in your personal history questionnaire.

Please write legibly in block letters using black ink. If the space available for answering any question on this application is insufficient, use a blank sheet of paper to answer the question. Please re-write the question and provide the answer by attaching the extra sheet to this application.

Thank you for your participation in our hiring process.

Respectfully,

Director Eric Lenardt

MACOMB-MCDONOUGH COUNTY COMMUNICATIONS CENTER

Director Eric Lenardt

116 South McArthur Street

Macomb, IL 61455

Phone: (309) 833-1911

Fax: (309) 833-3501

EMPLOYMENT APPLICATION

POSITION(S) APPLYING FOR:

Full Time Telecommunicator

Part Time Telecommunicator

APPLICANT INFORMATION											
Last Name					First				M.I.	Date of Birth	
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
IL FOID #				Social Security #				IL Driver's License #			
Place of Birth (City, County, and State)											
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this office?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Are you related to anyone at this office?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?							
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever used a different name?							
EDUCATION											
High School					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other					Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

In the space provided below, please list your last five addresses. Provide how long you lived at each address in the correct space. Provide your addresses starting with your "most current" address. Remember to provide apartment numbers when applicable and to be as accurate as possible.

Address	City, State, and Zip Code	How long did you reside at this address?

SOCIAL NETWORKING

Disclose up to six social networking sites that you currently have active profiles (i.e., Facebook, Myspace, Twitter, etc.). Failure to disclose these sites will result in your application being discarded. The Macomb-McDonough County Communications Center may ask potential employees to provide content displayed on social networking sites. Please provide web addresses along with screen names.

1.	2.
3.	4.
5.	6.

LEGAL QUESTIONS

Have you ever been convicted of a Felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted, or plead guilty to a Misdemeanor or Traffic Violation? If Yes, (County, City, and State) and also provide date of offense.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been the Defendant in a civil suit? If Yes, (County, City, and State).	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT

(list your past three employers, starting with the most current)

Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title						
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To		
Rank at Discharge				Type of Discharge				
Permanent Duty Station				Are you currently in the Active Reserve?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military?							YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW

I do hereby affirm and certify that all answers and information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained within this application for employment as may be necessary in arriving to an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge, dismissal or penalty under law. I further understand that I am required to abide by all rules and regulations of the employer.

I have submitted or will submit to fingerprinting as required. I agree to submit to a Polygraph Examination (lie detector), Psychological Examination, and Background Investigation. I authorize any of my references, employers, or schools to furnish information requested by the Macomb-McDonough County Communications Center to be released to the Macomb-McDonough County Communications Center.

I understand that employment may be conditional upon successfully passing a screening process that may include a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment. My refusal to take a drug screening will result in no further consideration for employment.

Signature		Date	
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Director Eric Lenardt

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AUTHORIZATION FOR BACKGROUND INVESTIGATION RELEASE OF PERSONAL INFORMATION AND WAIVER

READ CAREFULLY BEFORE PROVIDING YOUR SIGNATURE BELOW

I do hereby authorize full disclosure of all records concerning myself to the Macomb-McDonough County Communications Center, whether said records are of a public, private, or confidential nature, for purposes of review by the Macomb-McDonough County Communications Center.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions; including records of loans, the records of commercial or retail credit agencies (including credit reports, and/or ratings); and other financial statements and records whether filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, and efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the County of McDonough. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed Name (including maiden name) _____

Signature _____

Address _____

Date of Birth _____

City, State, and Zip Code _____

Social Security No. _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary of the Public _____

Macomb/McDonough County Communications Center Telecommunicator Employment Checklist

Experience has shown that many applicants for the Telecommunicator position consider only certain aspects of the job while ignoring less attractive features. As a result, when new employees encounter negative job features they sometimes react by leaving the job before training is completed or within a few months of qualification.

While there are many satisfying, rewarding aspects of the Telecommunicator position and there is no question that Telecommunicators make significant contributions to the welfare and safety of their fellow citizens, it is important for all applicants to carefully consider **both** the negative and positive features of a new career before considering the position.

The job factors listed below are features of the Telecommunication position about which many applicants are unaware. If you are concerned about any of these items, you may discuss your concerns with the Director.

This questionnaire should be taken home, considered carefully and if pertinent, discussed with your family or whomever else you feel is important. Should you be successful in passing all the phases in the testing process and are offered a position, you will be given a new form and asked to sign each line. The form will then become part of your permanent personnel folder.

WORKING ENVIRONMENT

- _____ 1. You must have regular and predictable attendance.
- _____ 2. You must arrive for work at least 5 minutes prior to your shift.
- _____ 3. Required to work different shifts in a 24x7 work environment.
- _____ 4. You will have no choice about which shift you are assigned to work.
- _____ 5. You will have no choice about which days you work.
- _____ 6. You will be required to work all shifts, including during the training period.
- _____ 7. Required to work weekends on a regular basis.
- _____ 8. Work any or all Federal, State and religious holidays on the recognized or actual date.
- _____ 9. Work on personally important or special day (i.e. birthdays, anniversaries, etc.)
- _____ 10. Obtain childcare on a regular basis.
- _____ 11. As necessary, obtain childcare on short notice events on a frequent basis.
- _____ 12. Work voluntary overtime, before or after a shift, sometimes with little to no notice.
- _____ 13. Work mandatory overtime, before or after a shift, sometimes with little to no notice.
- _____ 14. You must have reliable transportation that functions in the 24 hr environment.
- _____ 15. You must be willing to conform to the prescribed uniform.
- _____ 16. Telecommunicators must remain at their workstation for extended durations of time.
- _____ 17. You must be able to work within a structured organizational model. Specifically, but not limited to:
 - Work through a structured "chain of command"
 - Have all phone and radio activities monitored/taped
 - Work in accordance with a disciplinary policy

- _____18. Work at a radio console and computer terminal for a full shift.
- _____19. Work at a console with multiple computer monitors, numerous radios and ringing telephones, while multi-tasking seamlessly between computers, telephones and radios while being able to type accurately.
- _____20. Workstations are in a confined room with low lighting.
- _____21. Work in a high stress environment.
- _____22. You must be willing to get along with your co-workers.
- _____23. Receive criticism from co-workers, law enforcement officers, and/or civilians.
- _____24. During training, be regularly reminded of errors or mistakes.
- _____25. During training, receive a daily rating of your job performance including criticism.
- _____26. Multi-jurisdictional training is required.
- _____27. Ability to record the information the caller is giving you into the computer in real time.
- _____28. Work at a rapid pace over which you have little to no control.
- _____29. Maintain intense concentration and attention for extended periods of time.
- _____30. There may be times when you are required to forego lunch and breaks due to call activity.

Failure to comply or withstand any or all of the above defined work environments issues, may result in disciplinary action being taken against you.

TYPES OF CALLS

- _____1. Answer telephone calls where someone screams at you.
- _____2. Answer telephone calls where the caller directs obscene language at you.
- _____3. Answer and respond to telephone calls where the caller is hysterical, intoxicated, irrational or confused.
- _____4. Answer and respond to telephone calls in which the caller is difficult to understand.
- _____5. Answer telephone calls from suicidal subjects.
- _____6. Answer, handle and/or transfer fire and rescue calls quickly and accurately.
- _____7. Answer and respond to calls where a violent crime is in progress.
- _____8. Make quick decision on which one or more person's safety is at stake.
- _____9. Prioritize calls to be dispatched, deciding which is most serious.
- _____10. Tell someone who expects police service that their situation does not require a police unit response.

With my signature below, I state that I have read, considered and understand each item.

Signature

Date