Lyons Township Area Communications Center
APPLICATION FOR EMPLOYMENT

(Please Type or Print Using Ink)

We welcome you as an applicant for employment. Your application will be considered with others in competition for the position in which you are interested. All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by the Lyons Township Area Communications Center (LTACC). Please furnish us with complete information as outlined in this application. Incomplete applications may not be considered. ***You are encouraged to attach a resume or any additional information that you believe qualifies you for the position for which you are applying.***

LTACC is an Equal Opportunity Employer. This prohibits discrimination because of race, color, religion, national origin, political affiliation, marital status, physical or mental handicap, sex, age or other protected categories, in all aspects of our personnel policies, programs, practices, and operations and applies to all phases of Agency employment.

POSITION APPLIED FOR : ***PUBLIC SAFETY TELECOMMUNICATOR – FULLTIME***

DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
LIST MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)		

PRESENT PERMANENT ADDRESS	CITY	STATE	ZIP

HOME TELEPHONE NO.	CELLULAR TELEPHONE NO.	E-MAIL ADDRESS

EDUCATIONAL INFORMATION

NAME & CITY OF HIGH SCHOOL		DIPLOMA / GED YEAR		
TYPE SCHOOL	NAME & CITY OF SCHOOL	NO. OF CREDITS	DEGREE	MAJOR
COLLEGE/ UNIVERSITY				
COLLEGE/ UNIVERSITY				
GRADUATE				
TECHNICAL				
OTHER				

CERTIFICATIONS

LEADS YES ☐ NO ☐ EXP DATE: ____/____/____	APCO PUBLIC SAFETY TELECOMMUNICATOR (PST) YES ☐ NO ☐	CPR YES ☐ NO ☐ EXP DATE: ____/____/____
EMERGENCY MEDICAL DISPATCH YES ☐ NO ☐ EXP DATE: ____/____/____	IF YES, WHICH PROGRAM ARE YOU CERTIFIED IN? NAED ☐ APCO ☐ POWERPHONE ☐ OTHER ☐	IDPH EMD LICENSE YES ☐ NO ☐ EXP DATE: ____/____/____
BI-LINGUAL YES ☐ NO ☐ IF YES, WHICH LANGUAGE(S)	TYPING PROFICIENCY _____ WPM	
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) ICS-100 ☐ ICS-144 ☐ ICS-200 ☐ ICS-300 ☐ ICS-400 ☐ ICS-700 ☐ ICS-800 ☐ E969 ☐		
LIST ANY OTHER SPECIAL JOB RELATED CERTIFICATIONS:		

SPECIAL QUALIFICATIONS

LIST ANY HONORS, PROFESSIONAL SOCIETIES/AFFILIATIONS, ACTIVITIES, SKILLS OR TRAINING RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING (E.G. LICENSES, SKILLS WITH MACHINES, COMPUTER SKILLS, SPECIAL COURSES, TRAINING PROGRAMS, ETC.)

MILITARY SERVICE

BRANCH	DATES
TITLE	TYPE OF DISCHARGE

PREVIOUS EMPLOYMENT

PLEASE LIST EMPLOYERS BEGINNING WITH YOUR **PRESENT OR MOST RECENT EMPLOYMENT** (attach an additional sheet of paper if necessary).

1	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		☐ FULL TIME ☐ PART TIME		REASON FOR LEAVING

2	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		☐ FULL TIME ☐ PART TIME		REASON FOR LEAVING

3	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		☐ FULL TIME ☐ PART TIME		REASON FOR LEAVING

4	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		☐ FULL TIME ☐ PART TIME		REASON FOR LEAVING

5	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		☐ FULL TIME ☐ PART TIME		REASON FOR LEAVING

REFERENCES

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU FOR SOME TIME. ALL PERSONS TO WHO YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER RELEVANT QUALITIES.				
1	NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
OCCUPATION/PROFESSION		YEARS KNOWN		
2	NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
OCCUPATION/PROFESSION		YEARS KNOWN		
3	NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
OCCUPATION/PROFESSION		YEARS KNOWN		

OTHER INFORMATION

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐ IF NO PLEASE EXPLAIN:
IF HIRED, CAN YOU PROVE YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES ☐ NO ☐
IF HIRED, WILL YOU BE ABLE TO RELIABLY TRAVEL TO LTACC AT ANY TIME OF THE DAY OR WEEK? YES ☐ NO ☐

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING

I understand that I must take and pass a drug and alcohol test in order to be hired by the Lyons Township Area Communications Center (LTACC).

I know I may refuse to take the test if I wish, but that my refusal will mean I will not be hired.

I have been told that if I choose to be tested:

- I will have to provide a urine specimen at a facility chosen by LTACC and cooperate in the facility's normal collection procedures;
- My specimen will be sent to a laboratory chosen by LTACC and tested for evidence I use drugs such as marijuana, cocaine, opiates, PCP, and amphetamines;
- If the lab finds no evidence of such drug use in my urine, I will have passed the test and may (but not necessarily) be eligible to be hired;
- If the lab finds evidence of such drug use in my urine, a doctor retained by LTACC will make reasonable efforts to contact me to offer me an opportunity to rebut or explain my test results. If I rebut or explain the results to the satisfaction of the doctor, I will be treated as if I have passed the test;
- If I do not satisfactorily rebut or explain any evidence of drug use, the doctor will disclose my results to LTACC and I will not be hired;
- If I fail the test, I may re-apply in six months or after submitting evidence I am participating successfully in a drug treatment program.

After considering my option, I have freely, knowingly, and voluntarily decided to:

_____ Consent to be tested

_____ Refuse to be tested

ACKNOWLEDGEMENT OF WORKING CONDITIONS

Full Time Applicants Only

It is LTACC's desire to ensure that applicants for employment are aware of the unique circumstances and requirements to work in a 911/Emergency Communications Center. Applicants should carefully read each item, and initial if they understand.

I understand that should I be employed by the Lyons Township Area Communications Center, that:

_____ Though my normal work week is an 8 hour day, 40 hours a week; I may be ordered to work 4-8 additional hours with little or no notice.

_____ That I may be ordered into work in cases of short staffing or emergency incidents with little notice, and that I may not refuse such an order.

_____ That I will be required to wear a headset that covers 1 ear for the duration of my shift.

_____ That I may be required to remain at a dispatch console for long periods of time without a break.

_____ That I will be exposed to phone calls and emergency incidents that may involve situations including hostile callers, domestic violence, physical injury, and/or death.

_____ That my shift assignment and day off rotation are subject to bidding based on a collective bargaining agreement, once I complete training; and that I may not get my preferred choices. LTACC operates 24 hours a day, 7 days a week and never ceases operation.

_____ That my normal work schedule and/or mandatory overtime will include working weekends and holidays. Employee requests for specific days off are regulated by the Personnel manual and/or collective bargaining agreement, and may not necessarily be granted.

_____ That I am expected to plan accordingly to report for duty, even in cases of severe weather.

NOTICE TO APPLICANTS
(PLEASE READ BEFORE RETURNING THE APPLICATION)

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY THE LYONS TOWNSHIP AREA COMMUNICATIONS CENTER (LTACC) OR ITS AUTHORIZED REPRESENTATIVE. I WAIVE ANY RIGHT I MAY HAVE TO RECEIVE NOTIFICATION FROM ANY INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION PRIOR TO THE RELEASE OF ANY EMPLOYMENT INFORMATION TO LTACC. I HEREBY AUTHORIZE ALL INDIVIDUALS IN ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT ORGANIZATION, TO GIVE LTACC ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND LTACC FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING FROM THIS VERIFICATION PROCESS.

I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSION OR MISREPRESENTATION OF FACTS MAY RESULT IN A REJECTION OF THIS APPLICATION, OR DISMISSAL FROM EMPLOYMENT IF SUBSEQUENTLY DISCOVERED. I UNDERSTAND AND AGREE THAT IF SELECTED AS AN EMPLOYEE, MY EMPLOYMENT WITH LTACC AND COMPENSATION CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE AND WITH OR WITHOUT CAUSE AT THE OPTION OF EITHER THE AGENCY OR MYSELF (EXCEPT FOR EMPLOYEES SUBJECT TO A COLLECTIVE BARGAINING AGREEMENT). I FURTHER UNDERSTAND THAT NO DOCUMENT, INCLUDING BUT NOT LIMITED TO, THIS APPLICATION FOR EMPLOYMENT, A POLICY OR PROCEDURE MANUAL, OR A HANDBOOK, REPRESENTS AN EMPLOYMENT CONTRACT (EXCEPT FOR A COLLECTIVE BARGAINING AGREEMENT).

SIGNATURE **DATE**

_____ _____

Return completed application
via e-mail to:

hiring@ltacc.org

or
via mail to:
Lyons Township Area Communications Center, Attn: Human Resources
304 W. Burlington Ave. La Grange IL 60525