

LYNWOOD COMBINED DISPATCH CENTER

EEO POLICY

The Village of Lynwood is an equal opportunity employer within every definition of the concept. The Village subscribes to and follows all Federal and State standards, guidelines, law, statutes and administrative regulations governing the offering of employment, hiring and promotional opportunities to all persons, regardless of race, color, sex, religion, national origin, disability, ancestry, age, marital status, unfavorable discharge or other legally protected classification.

JOB DESCRIPTION

Upon receiving a call by phone, in person or by other means, the Telecommunications Officer (TCO) dispatches police, fire, medical and other personnel to emergency and non-emergency situations by radio or phone for the Villages of Lynwood, Thornton and East Hazel Crest. The TCO enters the calls by computer, and processes the reports generated by these calls.

QUALIFICATIONS

- Must be able to work shift work, weekends and holidays.
- Must be able to communicate with the public and emergency personnel through the use of radio, telephone and personal communications.
- Must have computer and typing experience.
- Must have a high school diploma or equivalent.
- Must be willing to reside within a 15-mile radius of the Lynwood Municipal Center.
- Part-time applicants must be available to work at least two eight hour shifts per week.
- Full-Time salary range: \$15.71 - \$20.03 plus benefits.
- Part-Time salary range: \$13.69 - \$17.01 plus holiday pay.

***At this time we are only accepting applicants with police dispatching experience. We will advertise if we accept applicants with no experience.**

***If you are not contacted within six months of filing this application, you must reapply.**

LYNWOOD COMBINED DISPATCH CENTER TELECOMMUNICATIONS OFFICER APPLICATION

FULL-TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	EITHER <input type="checkbox"/>	DATE
NAME (LAST, FIRST, MI)		LIST ANY OTHER NAMES THAT YOU WERE KNOWN BY INCLUDING ALIASES OR MAIDEN NAME	
DATE OF BIRTH	PLACE OF BIRTH	SEX	HEIGHT
		WEIGHT	EYES
		HAIR	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	PHONE NUMBER
ADDRESS	APT	CITY	STATE
			HOW LONG AT THIS ADDRESS?
WITH WHOM DO YOU LIVE WITH AT THE ABOVE ADDRESS (LIST FULL NAMES AND RELATIONSHIP)			
LIST ALL PREVIOUS ADDRESSES FOR THE LAST TEN YEARS			
ADDRESS	APT	CITY	STATE
			HOW LONG AT THIS ADDRESS?
ADDRESS	APT	CITY	STATE
			HOW LONG AT THIS ADDRESS?
ADDRESS	APT	CITY	STATE
			HOW LONG AT THIS ADDRESS?
ADDRESS	APT	CITY	STATE
			HOW LONG AT THIS ADDRESS?
LIST ALL MEMBERS OF YOUR IMMEDIATE FAMILY (INCLUDE FATHER, MOTHER, SISTERS, BROTHERS)			
NAME	RELATIONSHIP		OCCUPATION
ADDRESS	CITY	STATE	PHONE
NAME	RELATIONSHIP		OCCUPATION
ADDRESS	CITY	STATE	PHONE
NAME	RELATIONSHIP		OCCUPATION
ADDRESS	CITY	STATE	PHONE
NAME	RELATIONSHIP		OCCUPATION
ADDRESS	CITY	STATE	PHONE
NAME	RELATIONSHIP		OCCUPATION
ADDRESS	CITY	STATE	PHONE

CAN YOU TRAVEL IF THE JOB REQUIRES IT?

YES

NO

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED?

YES

NO

(A SUMMARY OF THOSE ACTIVITIES HAVE BEEN ATTACHED TO THIS APPLICATION.)

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO (IF YES, EXPLAIN)

LIST ANY TRAFFIC TICKETS YOU HAVE RECEIVED IN THE PAST 5 YEARS (LIST DATE, LOCATION, AND VIOLATION)

HAVE YOU EVER BEEN THE VICTIM OF A CRIME? YES NO (IF YES, EXPLAIN)

CURRENT EMPLOYER

EMPLOYER'S NAME		TYPE OF BUSINESS	
ADDRESS	CITY	STATE	PHONE
SUPERVISOR'S NAME		DATE STARTED	
EXACT TITLE	DESCRIBE WHAT YOUR DUTIES ARE		
EXPLAIN WHY YOU WANT TO LEAVE			CURRENT SALARY
MAY WE CONTACT THIS EMPLOYER?		YES	NO

PREVIOUS EMPLOYERS

LIST ALL JOBS YOU HAVE HELD FOR THE PAST TEN YEARS. START WITH YOUR PREVIOUS EMPLOYER. INCLUDE PERIODS OF UNEMPLOYMENT, MILITARY SERVICE AND PART TIME OR TEMPORARY EMPLOYMENT

EMPLOYER'S NAME		TYPE OF BUSINESS	
ADDRESS	CITY	STATE	PHONE
SUPERVISOR'S NAME		DATES EMPLOYED	
EXACT TITLE	DESCRIBE WHAT YOUR DUTIES WERE		
EXPLAIN REASONS FOR LEAVING			SALARY
MAY WE CONTACT THIS EMPLOYER?		YES	NO

EMPLOYER'S NAME			TYPE OF BUSINESS
ADDRESS	CITY	STATE	PHONE
SUPERVISOR'S NAME			DATES EMPLOYED

EXACT TITLE	DESCRIBE WHAT YOUR DUTIES WERE		
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EXPLAIN REASONS FOR LEAVING	SALARY
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MAY WE CONTACT THIS EMPLOYER?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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EMPLOYER'S NAME			TYPE OF BUSINESS
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ADDRESS	CITY	STATE	PHONE
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SUPERVISOR'S NAME			DATES EMPLOYED
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EXACT TITLE	DESCRIBE WHAT YOUR DUTIES WERE		
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EXPLAIN REASONS FOR LEAVING	SALARY
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MAY WE CONTACT THIS EMPLOYER?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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EMPLOYER'S NAME			TYPE OF BUSINESS
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ADDRESS	CITY	STATE	PHONE
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SUPERVISOR'S NAME			DATES EMPLOYED
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EXACT TITLE	DESCRIBE WHAT YOUR DUTIES WERE		
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EXPLAIN REASONS FOR LEAVING	SALARY
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MAY WE CONTACT THIS EMPLOYER?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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EMPLOYERS NAME			TYPE OF BUSINESS
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ADDRESS	CITY	STATE	PHONE
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SUPERVISOR'S NAME			DATES EMPLOYED
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EXACT TITLE	DESCRIBE WHAT YOUR DUTIES WERE		
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EXPLAIN REASONS FOR LEAVING	SALARY
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MAY WE CONTACT THIS EMPLOYER?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YOU WERE IN THE MILITARY, WERE YOU EVER DISHONORABLY DISCHARGED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF ADDITIONAL SPACE IS NEEDED
USE CONTINUATION SHEET

REFERENCES

FILL IN BELOW THE NAMES OF FIVE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS, WHOM HAVE KNOWN YOU FOR A PERIOD OF AT LEAST FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, EXPERIENCE, PERSONALITY AND OTHER QUALITIES.

NAME	HOME PHONE	YEARS KNOWN
ADDRESS CITY STATE ZIP	OCCUPATION	
NAME	HOME PHONE	YEARS KNOWN
ADDRESS CITY STATE ZIP	OCCUPATION	
NAME	HOME PHONE	YEARS KNOWN
ADDRESS CITY STATE ZIP	OCCUPATION	
NAME	HOME PHONE	YEARS KNOWN
ADDRESS CITY STATE ZIP	OCCUPATION	
NAME	HOME PHONE	YEARS KNOWN
ADDRESS CITY STATE ZIP	OCCUPATION	

I understand that my employment is contingent upon the completeness and accuracy of the information on this application and upon satisfactory completion of all testing and a background investigation.

I also understand that, if hired, I will be required to abide by the rules, regulations, policies, and procedures of the Village of Lynwood and the Lynwood Police Department. Except as required by law, the rules, regulations, policies and procedures relating to the condition of employment are subject to modification without notice. I understand that the Village is in no way obligated to provide me employment and I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment, and the statements made herein do not constitute and should not be interpreted to constitute any form of a contract of employment.

I certify that all answers and statements contained in this application are true to the best of my knowledge and belief. False statements, omissions, or misrepresentations made in any phase of the hiring process, including but not limited to, the completion of any employment application, shall be grounds for excluding an applicant for any consideration, examination, or eligibility roster, or for dismissal after certification or hiring.

Date: _____ Signature: _____

Print Full Name: _____

**LYNWOOD COMBINED DISPATCH CENTER
RELEASE OF INFORMATION**

I Hereby authorize a comprehensive investigation into my background, including but not limited to, all statements contained in this application and any other document or documents submitted in conjunction with this application. I permit the Village of Lynwood to obtain any records, information and documents pertaining to my background and experience. I also authorize previous employers, the education institutions that I have attended, and any other organizations and individuals to disclose information about me on the subjects covered by this application form or related documents to this request. Any individual, educational institution, organization, or business entity is hereby released from any liability for any damages which may arise as a result of providing such information. I also agree to release the Village of Lynwood from any and all liability arising from the use of the information obtained through the investigation of my background and any action taken by the Village of Lynwood based on such information

PRINT NAME: _____

DATE OF BIRTH: _____

SIGNATURE: _____

DATE: _____