



# Southeast Emergency Communications 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 Southeast Emergency Communications (SEECOM). 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.***

Southeast Emergency Communications 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	<input type="checkbox"/> FULL TIME  <input type="checkbox"/> PART TIME	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 <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
TYPE SCHOOL	NAME & CITY OF SCHOOL	NO. OF CREDITS	DEGREE	MAJOR
COLLEGE/ UNIVERSITY				
COLLEGE/ UNIVERSITY				
GRADUATE				
TECHNICAL				
OTHER				

### CERTIFICATIONS

LEADS <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP DATE: ___/___/___	APCO PUBLIC SAFETY TELECOMMUNICATOR (PST) <input type="checkbox"/> YES <input type="checkbox"/> NO	CPR <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP DATE: ___/___/___
EMERGENCY MEDICAL DISPATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	EXP DATE: ___/___/___	IF YES, WHICH PROGRAM ARE YOU CERTIFIED IN? <input type="checkbox"/> NAED <input type="checkbox"/> APCO <input type="checkbox"/> POWERPHONE <input type="checkbox"/> OTHER		IDPH EMD LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO
BI-LINGUAL <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH LANGUAGE(S) _____ TYPING PROFICIENCY _____ WPM		
NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-144 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400 <input type="checkbox"/> ICS-700 <input type="checkbox"/> ICS-800 <input type="checkbox"/> 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).

<b>1</b>	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		LAST SALARY \$            PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

<b>2</b>	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		LAST SALARY \$            PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

<b>3</b>	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		LAST SALARY \$            PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

<b>4</b>	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		LAST SALARY \$            PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	REASON FOR LEAVING

<b>5</b>	EMPLOYER	MAILING ADDRESS	CITY/STATE/ZIP	TELEPHONE NO.
POSITION HELD/DUTIES PERFORMED				IMMEDIATE SUPERVISOR
EMPLOYMENT DATES		LAST SALARY \$            PER	<input type="checkbox"/> FULL TIME <input type="checkbox"/> 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.			
<b>1</b>	NAME	ADDRESS	CITY/STATE/ZIP
			TELEPHONE NO.
	OCCUPATION/PROFESSION		YEARS KNOWN
<b>2</b>	NAME	ADDRESS	CITY/STATE/ZIP
			TELEPHONE NO.
	OCCUPATION/PROFESSION		YEARS KNOWN
<b>3</b>	NAME	ADDRESS	CITY/STATE/ZIP
			TELEPHONE NO.
	OCCUPATION/PROFESSION		YEARS KNOWN

## OTHER INFORMATION

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO PLEASE EXPLAIN:
IF HIRED, CAN YOU PROVE YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, WILL YOU BE ABLE TO RELIABLY TRAVEL TO SEECOM AT ANY TIME OF THE DAY OR WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NOLO CONTENDERE TO, ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? (PLEASE NOTE THAT YOU SHOULD NOT DISCLOSE ANY INFORMATION REGARDING ARRESTS OR SEALED OR EXPUNGED RECORDS OF CONVICTION.) <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN (SUCH CONVICTION WILL NOT AUTOMATICALLY BAR YOU FROM CONSIDERATION.)

### NOTICE TO APPLICANTS (PLEASE READ BEFORE RETURNING THE APPLICATION)

I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN THIS APPLICATION MAY BE VERIFIED BY SOUTHEAST EMERGENCY COMMUNICATIONS (SEECOM) 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 SEECOM. I HEREBY AUTHORIZE ALL INDIVIDUALS IN ORGANIZATIONS NAMED OR REFERRED TO IN THIS APPLICATION AND ANY LAW ENFORCEMENT ORGANIZATION, TO GIVE SEECOM ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND SEECOM 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 SEECOM 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:  
[admin@seecom911.org](mailto:admin@seecom911.org)  
or  
via mail to:  
Southeast Emergency Communications, Attn: Human Resources  
100 West Woodstock Street, Crystal Lake, IL 60014