



101 S. Broadway Avenue, Salem, IL 62881  
www.salemil.us

Phone: 618-548-2222

Fax: 618-548-5330

The Salem Police Department is currently accepting applications for a Full-Time 911 Telecommunicator (Dispatcher). Starting salary will be \$21.00 per hour with benefits and will increase with contract raises and LEADS & EMD certifications. There is a potential for additional compensation for Lateral Transfers. Benefits include IMRF retirement, free employee health insurance with reasonable family premiums and options for Dental and Optical, annual sick leave accrued throughout the year as well as 96 hours of paid vacation after completion of one year of service. This is a union position with additional benefits after completion of a probationary period. Residency requirements are 30 miles from the intersection of Main St. and Broadway Ave.

The successful applicant shall possess a high school diploma or the equivalent, proficient computer skills, the ability to communicate well under stressful conditions, the ability to multi-task, and obtain knowledge of the City of Salem and the County of Marion's geography. Applicants shall also have the ability to obtain LEADS and Emergency Medical Dispatch (EMD) certification. Applicants must pass a pre-employment police background check, drug screen, medical exam, and psychological exam.

The application process, along with the completed application, also requires applicants to undergo a skills test that will showcase a person's typing skills, memory recall, knowledge of directions, as well as the ability to multi-task. There will be an oral interview for those who pass the testing.

The successful applicant will be assigned to a communications field training officer at the beginning of employment to assist with learning the duties and responsibilities.

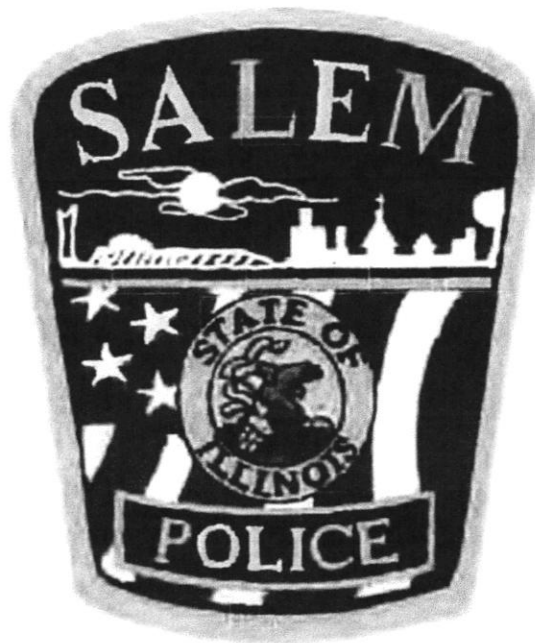
#### Duties and Responsibilities:

Use a computer-aided dispatch and GIS mapping system. Receive emergency calls from the public requesting police, fire, medical, or other emergency services. Determine the nature and location of an emergency, determine priorities, and dispatch police, fire, ambulance, or other emergency units as necessary and in accordance with established procedures. Receive and process 911 emergency calls, maintain contact with all units on assignment, maintain status and location of police, fire, and EMS units, and maintain accurate records. Other duties include the ability to monitor direct emergency alarms, answer non-emergency calls for assistance, and enter, update, and retrieve information from a variety of computer systems; receive requests for more information regarding vehicle registration, driving records, and warrants as well as provide pertinent data; monitor several complex public safety radio frequencies; operate a variety of communications equipment including radio consoles, telephones, and computers systems.

Applicants will be required to work in a fast-paced, high stress environment within a team setting. The 911 PSAP is always open. Employees work day, evening, night shifts, and/or combinations of the three. Weekends and holidays are also included in those shifts. There may be mandatory overtime as well. Required annual training will be provided.

Applications are available to be picked up at the Salem Police Department located at 201 S. Rotan Ave. The application can be downloaded online at [www.salemil.us](http://www.salemil.us). All applications must be submitted to City Clerk Tabitha Meador, Salem City Hall, 101 S. Broadway Ave. or via email at [cityclerk@safemil.us](mailto:cityclerk@safemil.us) before end of business hours on Friday, October 25, 2024.

# CITY OF SALEM, ILLINOIS



EMPLOYMENT APPLICATION

TELECOMMUNICATORS

**SALEM POLICE DEPARTMENT**  
**APPLICATION FOR EMPLOYMENT**  
*AN EQUAL OPPORTUNITY EMPLOYER*

DATE OF APPLICATION \_\_\_\_\_

**INSTRUCTIONS: PRINT, USE INK.** Applicant must complete application accurately. All statements are subject to verification. If writing space provided is inadequate, use the continuation sheet at the end of the application and identify additional information by page number and question number. Use the term N/A if the question does not apply. Be certain to list the area code for each telephone number.

**POSITION APPLIED FOR**

LAW ENFORCEMENT       Telecommunicator       OTHER \_\_\_\_\_

**PERSONAL DATA**

**NAME** \_\_\_\_\_  
(LAST)                      (FIRST)                      (MIDDLE)

**CELL PHONE (    )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ALTERNATE PHONE (    )** \_\_\_\_\_

**CITY** \_\_\_\_\_      **STATE** \_\_\_\_\_      **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**SOCIAL MEDIA HANDLE** \_\_\_\_\_

FACEBOOK                      INSTAGRAM                      X                      TIKTOK                      OTHER

**1. LIST ANY OTHER NAMES, ALIASES YOU HAVE USED, OR BEEN KNOWN BY (INCLUDE MAIDEN NAME, IF APPLICABLE)**

\_\_\_\_\_

**2. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?**     YES     NO

**RESIDENCES**

**3. LIST YOUR ADDRESSES FOR THE LAST TEN YEARS, STARTING WITH PRESENT ADDRESS.**

FROM (MO. & YR.)	TO (MO. & YR.)	ADDRESS OF RESIDENCE	CITY, STATE, & ZIP CODE

**EDUCATION AND TRAINING**

**4. LIST THE VARIOUS SCHOOLS YOU HAVE ATTEND AND OTHER INFORMATION REQUESTED**

<b>NAME &amp; ADDRESS OF SCHOOL</b> (INCLUDE CITY, STATE, ZIP CODE)	<b>NO. OF YEARS COMPLETED</b>	<b>FULL TIME</b>	<b>PART TIME</b>	<b>GRADUATE YES</b>	<b>NO</b>
GRAMMAR SCHOOLS					
HIGH SCHOOLS					
COLLEGE OR UNIVERSITY					
EXTENSION OR CORRESPONDENCE COURSES					

**5.**

<b>COLLEGE</b>	<b>COURSE OF STUDY</b>		<b>DEGREE(S) ATTAINED</b>
	<b>MAJOR</b>	<b>MINOR</b>	

**6. LIST OTHER FORMAL EDUCATION BEYOND HIGH SCHOOL** \_\_\_\_\_  
**YOU MAY HAVE INCLUDING SPECIAL TRAINING COURSES:** \_\_\_\_\_  
 \_\_\_\_\_

**7. LIST ANY PROFESSIONAL LICENSES OR CERTIFICATES** \_\_\_\_\_  
**YOU HOLD OR HAVE HELD:** \_\_\_\_\_  
 \_\_\_\_\_

**8. LIST ANY FOREIGN LANGUAGE IN WHICH YOU ARE FLUENT:** \_\_\_\_\_  READ  WRITE  SPEAK  
 \_\_\_\_\_  READ  WRITE  SPEAK

**MILITARY**

9. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE U.S.?       YES     NO

IF 'YES' WHAT BRANCH: \_\_\_\_\_ WHAT IS YOUR SERVICE SERIAL NUMBER: \_\_\_\_\_

HIGHEST RANK HELD: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

GIVE DATE & LOCATION (CITY & STATE) OF ENTRANCE TO ACTIVE DUTY: \_\_\_\_\_

GIVE DATE & LOCATION (CITY & STATE) OF DISCHARGE: \_\_\_\_\_

NUMBER OF YEARS SERVED: \_\_\_\_\_ DID YOU RECEIVE A DISHONORABLE DISCHARGE?  YES  NO  
(EXCLUDE RE-3 CLASSIFICATION)

10. WERE YOU EVER CONVICTED AT A COURT-MARTIAL:  YES     NO

IF 'YES' EXPLAIN: \_\_\_\_\_

11. ARE YOU NOW, OR WERE YOU EVER, A MEMBER OF ANY BRANCH OF THE U.S. RESERVE FORCES?  YES     NO

IF 'YES'  ACTIVE     INACTIVE      NUMBER OF YEARS SERVED: \_\_\_\_\_

BRANCH: \_\_\_\_\_ UNIT: \_\_\_\_\_ RANK: \_\_\_\_\_

12. ARE YOU NOW, OR WERE YOU EVER A MEMBER OF THE NATIONAL GUARD?  YES     NO

IF 'YES'  ACTIVE     INACTIVE      WHAT STATE: \_\_\_\_\_ NUMBER OF YEARS SERVED: \_\_\_\_\_

REGIMENT: \_\_\_\_\_ UNIT: \_\_\_\_\_ RANK: \_\_\_\_\_

13. LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE NATIONAL GUARD OR RESERVE UNIT: \_\_\_\_\_

**SECURITY DATA**

14. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?  YES     NO

IF 'YES' DATE: \_\_\_\_\_ BY WHOM (POLICE AGENCY): \_\_\_\_\_

CRIME CHARGE: \_\_\_\_\_ DISPOSITION OF CASE: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

15. HAVE YOU EVER BEEN PLACED ON PROBATION?  YES     NO    IF 'YES' EXPLAIN: \_\_\_\_\_

16. HAVE YOU EVER BEEN REQUIRED TO PAY A FINE IN EXCESS OF \$50.00?  YES     NO    IF 'YES' EXPLAIN: \_\_\_\_\_

17. HAVE YOU EVER BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST?  YES     NO

IF 'YES' DATE: \_\_\_\_\_ BY WHOM (POLICE AGENCY): \_\_\_\_\_

PURPOSE: \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

18. ARE THERE ANY WARRANTS (TRAFFIC OR OTHERWISE) NOW PENDING AGAINST YOU?  YES     NO

IF 'YES' EXPLAIN: \_\_\_\_\_



## EMPLOYMENT HISTORY

**19.** LIST ALL JOBS YOU HAVE HELD FOR THE LAST TEN YEARS, INCLUDING PERIODS OF UNEMPLOYMENT. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. INCLUDE MILITARY SERVICE IN PROPER TIME SEQUENCE AND TEMPORARY OR PART-TIME JOBS.

DATES:	MOST RECENT OR CURRENT EMPLOYER	TELEPHONE
IMMEDIATE SUPERVISOR	ADDRESS	CITY, STATE, ZIP
JOB TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING	

DATES:	SECOND MOST RECENT OR CURRENT EMPLOYER	TELEPHONE
IMMEDIATE SUPERVISOR	ADDRESS	CITY, STATE, ZIP
JOB TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING	

DATES:	THIRD MOST RECENT OR CURRENT EMPLOYER	TELEPHONE
IMMEDIATE SUPERVISOR	ADDRESS	CITY, STATE, ZIP
JOB TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING	

DATES:	NEXT MOST RECENT OR CURRENT EMPLOYER	TELEPHONE
IMMEDIATE SUPERVISOR	ADDRESS	CITY, STATE, ZIP
JOB TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING	

DATES:	NEXT MOST RECENT OR CURRENT EMPLOYER	TELEPHONE
IMMEDIATE SUPERVISOR	ADDRESS	CITY, STATE, ZIP
JOB TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART-TIME	REASON FOR LEAVING	

<b>20.</b> INDICATE ANY EMPLOYERS YOU DO NOT WISH US TO CONTACT	EXPLAIN

21. IN THE PREVIOUS TEN YEARS, HAVE YOU EVER TAKEN A PRE-EMPLOYMENT EXAM FROM ANY STATE, COUNTY, OR MUNICIPAL HIRING BOARD?  YES  NO

IF 'YES': AGENCY: \_\_\_\_\_ POSITION ON LIST: \_\_\_\_\_ STATUS: \_\_\_\_\_

22. WERE YOU EVER REJECTED FROM AN ELIGIBILITY LIST?  YES  NO

IF 'YES' EXPLAIN: \_\_\_\_\_

23. WERE YOU EVER PLACE ON AN ELIGIBILITY LIST AND NOT HIRED?  YES  NO

IF 'YES' EXPLAIN: \_\_\_\_\_

24. ARE YOU CURRENTLY ON ANY ELIGIBILITY LIST?  YES  NO

IF 'YES' EXPLAIN: \_\_\_\_\_

25. HAVE YOU EVER BEEN A PUBLIC SAFETY EMPLOYEE OR HELD A SIMILAR POSITION?  YES  NO

IF 'YES' POSITION: \_\_\_\_\_ DATE (TO – FROM): \_\_\_\_\_

LOCATION: \_\_\_\_\_

26. WERE YOU EVER DISCHARGED OR FORCED TO RESIGN BECAUSE OF MISCONDUCT OR UNSATISFACTORY SERVICE, OR WHILE UNDER INVESTIGATION?  YES  NO

IF 'YES' EXPLAIN, INCLUDE NAME(S) & ADDRESS(ES) OF EMPLOYERS: \_\_\_\_\_

27. ARE YOU NOW, OR HAVE YOU EVER BEEN, ENGAGED IN ANY BUSINESS AS AN OWNER, PARTNER, OR CORPORATE MEMBER?  YES  NO

IF 'YES' EXPLAIN: \_\_\_\_\_

## REFERENCE CONTACTS

### REFERENCES

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

1.	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

2.	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

3.	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

4.	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

5.	NAME	ADDRESS	HOME PHONE	
	BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN

**ACQUAINTANCES**

**29. FILL IN BELOW THE NAMES OF THREE ADULTS, NOT RELATED TO YOU AND NOT FORMER EMPLOYERS OR REFERENCES, WHO ARE FRIENDS, FELLOW STUDENTS, OR FELLOW WORKERS. NAMES LISTED SHOULD BE THOSE PERSONS YOU HAVE SEEN YOU FREQUENTLY DURING THE PAST YEAR.**

1.

NAME	ADDRESS	HOME PHONE	
BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
WHAT CAPACITY DO YOU KNOW THIS PERSON?			

2.

NAME	ADDRESS	HOME PHONE	
BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
WHAT CAPACITY DO YOU KNOW THIS PERSON?			

3.

NAME	ADDRESS	HOME PHONE	
BUSINESS ADDRESS	BUSINESS PHONE	OCCUPATION/PROFESSION	YEARS KNOWN
WHAT CAPACITY DO YOU KNOW THIS PERSON?			

**EMERGENCY CONTACTS**

**30. PERSONS TO BE NOTIFIED IN CASE OF AN EMERGENCY:**

NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP
NAME	ADDRESS	PHONE	RELATIONSHIP

**31. EXPLAIN YOUR REASON FOR APPLYING FOR THIS POSITION.**

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I hereby certify that there are no willful misrepresentations, or falsifications in this questionnaire, and all my answers are true and correct to the best of my knowledge and belief. It is understood and agreed upon that any misrepresentation or omission by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



