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Steve Rowlands  
Director

222 N. 52nd Street  
Quincy, Illinois 62305

(217) 228-4572  
Fax: 222-9361

Dear Applicant:

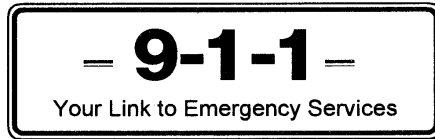
Thank you for your interest in employment with the Quincy/Adams County 9-1-1 Center. An application for the 9-1-1 Telecommunicator position is enclosed. Please provide a resume when you return the completed application.

Once we have received your application and resume, we will contact you regarding the testing process for a telecommunicator position.

Employment information is on the back of this letter.

Sincerely,

Steve Rowlands  
Director, Quincy/Adams County 9-1-1



# QUINCY/ADAMS COUNTY 9-1-1

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## EMPLOYMENT INFORMATION

An employment application packet may be downloaded at:  
[www.co.adams.il.us/911/Forms/911employeeapplication.pdf](http://www.co.adams.il.us/911/Forms/911employeeapplication.pdf)

This position is responsible for the general operations of the 9-1-1 Dispatch Center. He/She will handle incoming telephone calls for service and dispatch a public safety response, use the Computer Aided Dispatch computer system, monitor the radio transmissions, record maintenance and the use of various office equipment.

<u>Wage Scale:</u>	<u>May 1, 2017</u>
Telecommunicator (Probation-2 years)	\$14.77
Telecommunicator I (2-4 years)	\$16.65
Telecommunicator II (4-15 years)	\$18.56
Telecommunicator III (15+ years)	\$18.73

Training: Provided and paid for by the employer, includes on the job training, various schools and seminars which may require an overnight stay.

Schedule: 40 hours per week, shift work, rotating off days.

Vacation: 10 days after completion of the first year, progresses to 20 days after 13 years of service.

Holidays: 12 paid holidays

Sick Leave: 6 hours earned per month.

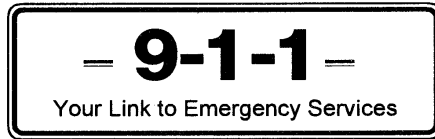
Uniforms: Organizational shirts provided by employer.

Overtime: All overtime is paid at time and a half the regular rate of pay.

Pay Period: Paid every other week with 26 pay periods annually. Participate in IMRF (Illinois Municipal Retirement Fund). Optional Credit Union, Deferred Compensation Program.

Union: Fair share

Insurance: Health Insurance is provided for the employee by the City of Quincy at a cost sharing of 85% of the premium paid by employer and 15% of the premium paid by the employee beginning the first month after three months of employment. Dependent coverage is available.



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## APPLICATION FOR EMPLOYMENT QUINCY/ADAMS COUNTY 9-1-1 COMMUNICATIONS CENTER

Date of Application: \_\_\_\_\_

Instructions: Fill out the application completely and accurately. Incorrect statements on your application may disqualify you for further consideration. If the writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" (does not apply) if the question does not apply.

\_\_\_\_\_  
Name (Last) (First) ( Middle)

\_\_\_\_\_  
List any other names, aliases you have used, or been known by (including maiden name, if applicable)

\_\_\_\_\_  
Home Address (No., Street, City, State, Zip Code, and County)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
With whom do you live with at the above address? List full names and relationships.

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Driver's License Number

Have you previously applied for employment with Quincy/Adams County 9-1-1 Center?

\_\_\_\_ Yes \_\_\_\_ No If so, what was the approximate date? \_\_\_\_\_

Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Native Born \_\_\_\_ Naturalized

If naturalized, give particulars: \_\_\_\_\_

List every member of your immediate family who is still living, including father, mother, sisters, and brothers.

Name	Relation	Address	Occupation

**EDUCATION**

List the various schools you have attended and other information requested.

School Name & Address City and State	Number of Yrs. Completed	Dates Attended	Grad. Yes/No	Average Grade
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Grammar School:

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High School:

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College or University:

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Degree conferred: \_\_\_\_\_

List any professional license or certificates you hold or have held:

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**DRIVING HISTORY**

Can you operate an automobile? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number and State of Issue: \_\_\_\_\_

Do you possess a valid operator's or chauffeur's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of expiration and state: Date \_\_\_\_\_ State \_\_\_\_\_

Have you ever been refused an operator's or chauffeur's license in any other state? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain : \_\_\_\_\_

Was your license ever suspended or revoked? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Has your license ever been placed on probation? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

**RESIDENCES**

List your addresses for the last ten years, starting with the present address.

From (month & year)	To (month & year)	Address of Residence	City and State

**MILITARY SERVICE**

Have you ever served in any military organization of the U.S.? \_\_\_\_ Yes \_\_\_\_ No

If yes, name branch: \_\_\_\_\_

What is your service serial number? \_\_\_\_\_ Highest Rank Held \_\_\_\_\_

Rank at discharge \_\_\_\_\_ What type of discharge did you receive \_\_\_\_\_

Do you or have you ever received a government disability pension? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Were you ever convicted of Court Martial? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain: \_\_\_\_\_

Are you now or were you ever a member of the U.S. Reserve Forces? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Active \_\_\_\_ Inactive Branch \_\_\_\_\_ Unit \_\_\_\_\_ Rank \_\_\_\_\_

Are you now or were you a member of the National Guard? \_\_\_\_ Yes \_\_\_\_ No

If yes, what state? \_\_\_\_\_ Regiment \_\_\_\_\_ Unit \_\_\_\_\_

Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CRIMINAL HISTORY**  
**(Adult, Minor, or Juvenile)**

Have you ever been convicted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date	By whom (police agency)	Crime charged	Disposition of case

Have you ever been placed on Probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Have you ever been required to pay a fine excess of \$25.00? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

List all traffic citations you have received.

Location (City)	Approximate Date	Nature of Violation	Disposition of Case

**EMPLOYMENT HISTORY**

Are you now or have you ever been engaged in any business as an owner, partner, or corporate member?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

What is the minimum annual salary you would require to accept this position? \_\_\_\_\_

List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most present job first. Include military service in proper time sequence & temporary or part- time jobs. If additional space is needed, use continuation sheet located on the back of the application.

1) \_\_\_\_\_  
 Employer's Name                      Address                      Type of Business

\_\_\_\_\_  
 Name & Title of Supervisor                      From (date) To (date)                      Salary

\_\_\_\_\_  
 Position                      Job description                      Reason for leaving

2) \_\_\_\_\_  
 Employer's Name                      Address                      Type of Business

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Name & Title of Supervisor	From (date) To (date)	Salary
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Position	Job description	Reason for leaving
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3)

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Employer's Name	Address	Type of Business
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Name & Title of Supervisor	From (date) To (date)	Salary
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Position	Job description	Reason for leaving
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4)

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Employer's Name	Address	Type of Business
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Name & Title of Supervisor	From (date) To (date)	Salary
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Position	Job description	Reason for leaving
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5)

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Employer's Name	Address	Type of Business
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Name & Title of Supervisor	From (date) To (date)	Salary
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Position	Job description	Reason for leaving
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6)

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Employer's Name	Address	Type of Business
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Name & Title of Supervisor	From (date) To (date)	Salary
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Position	Job description	Reason for leaving
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Indicate by number any of the employers listed on the references on the previous whom you do not wish us to contact: \_\_\_\_\_

Explain your reason for applying for this position: \_\_\_\_\_

**REFERENCES**

Fill in below the name of five adults not related to you and not former employers, who have known you for a period, 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 Years Known

\_\_\_\_\_ Business Address Occupation/Profession Business Phone

2) \_\_\_\_\_  
Name Address Home Phone Years Known

\_\_\_\_\_ Business Address Occupation/Profession Business Phone

3) \_\_\_\_\_  
Name Address Home Phone Years Known

\_\_\_\_\_ Business Address Occupation/Profession Business Phone

4) \_\_\_\_\_  
Name Address Home Phone Years Known

\_\_\_\_\_ Business Address Occupation/Profession Business Phone

5) \_\_\_\_\_  
Name Address Home Phone Years Known

\_\_\_\_\_ Business Address Occupation/Profession Business Phone

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this questionnaire, and all of my answers are true and correct to the best of my knowledge and belief.

Signature in Full: \_\_\_\_\_ Date: \_\_\_\_\_



## **AUTHORIZATION**

I authorize and empower the Quincy/Adams County 9-1-1 Governing Board, any consumer reporting agency, or other outside service company engaged by said Board for this purpose, now or subsequently to obtain, prepare, use and furnish information concerning my current and former employment, criminal history, education, credit, general reputation, health, personal characteristics and mode of living through correspondence or personal interviews with neighbors, friends, or associates or others with whom I am acquainted or who may have knowledge concerning any of the above items. Upon written request, I understand that said Board will provide me with information regarding the nature and scope of the investigation if one is made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

I understand that employment with the Quincy/Adams County 9-1-1 Center will be contingent on a background investigation and my submitting to a physical examination and satisfying the physical requirements for employment that is necessary for performance for the particular job.

Due to the nature of the job that I am applying for, drug and alcohol use that interferes with my job is strictly forbidden, and I agree to submit to testing if required by my employer for this purpose.

I understand that if I am employed, I must be free and remain free from any felony convictions.

I understand that employment with the Quincy/Adams County 9-1-1 Center will be contingent on my submitting to a psychological examination and a polygraph test, and satisfying the requirements for employment that is necessary for performance for the particular job.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTINUATION SHEET**

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided. Attach another sheet of paper if necessary.

