



# TRI-COM EMPLOYMENT APPLICATION

*Tri-Com Central Dispatch*  
3823 Karl Madsen Dr.  
St. Charles, IL 60175-7548

Contact:

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**EQUAL OPPORTUNITY EMPLOYER** It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on sex, age (over 40), race, color, religion, national origin, disability or other protected classification.

**POSITION APPLIED FOR:** \_\_\_\_\_

PLEASE PRINT OR TYPE. Do not use pencil or light-blue ink.

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

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_

Are you legally qualified for employment in the United States on an unrestricted basis?  
Yes \_\_\_ No \_\_\_

How did you learn of this employment opportunity? \_\_\_\_\_  
(theblueline.com, APCO, NENA, social media, email, friend, etc.)

Have you ever applied with us before? Yes \_\_\_ No \_\_\_ If "Yes" give approx date: \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

May we contact your present employer? Yes \_\_\_ No \_\_\_

Are you currently on "lay-off" status and subject to recall? Yes \_\_\_ No \_\_\_

Are there any days, shifts or hours you cannot or will not work? Yes \_\_\_ No \_\_\_

If "Yes" please explain: \_\_\_\_\_

Are you willing to work overtime if required? Yes \_\_\_ No \_\_\_

**EDUCATION:**

Type	Name & Address of School	Course(s) of Study	# of Years Completed	Diploma/Degree Received
High School				
College/Univ/ Tech/Military				
College/Univ/ Tech/Military				
College/Univ/ Tech/Military				
Other				

List or describe any other education, training, special skills, certificates/licenses, or qualifications that might relate to this job.

**Keyboard (Typing) Speed**

Words Per Minute, if known: \_\_\_\_\_ wpm

List any foreign languages you understand and/or speak.

Language	Understanding	Speaking
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___

**EMPLOYMENT EXPERIENCE:**

Begin with your present or most recent position. Include military or volunteer service.

Employer:	<b>Dates of Employment</b>	
Address:	<b>From</b>	<b>To</b>
Telephone:	<b>Nature of Work Performed</b>	
Job Title:		
Supervisor's Name:		
Reason for Leaving (if applicable):		

Employer:	<b>Dates of Employment</b>	
Address:	<b>From</b>	<b>To</b>
Telephone:	<b>Nature of Work Performed</b>	
Job Title:		
Supervisor's Name:		
Reason for Leaving:		

Employer:	<b>Dates of Employment</b>	
Address:	<b>From</b>	<b>To</b>
Telephone:	<b>Nature of Work Performed</b>	
Job Title:		
Supervisor's Name:		
Reason for Leaving:		

Employer:	<b>Dates of Employment</b>	
Address:	<b>From</b>	<b>To</b>
Telephone:	<b>Nature of Work Performed</b>	
Job Title:		
Supervisor's Name:		
Reason for Leaving:		

**ADDITIONAL INFORMATION:**

List or describe any professional, trade, business, or civic activities and offices held. (You may exclude memberships which would reveal sex, race, religion, national origin, age, disability or other protected class.)

Summarize special job-related skills and qualifications acquired from employment or other experience.

Provide any additional information you feel may be helpful to us in evaluating your application.

**REFERENCES:**

List only professional, business or personal references that have knowledge of your qualifications and fitness for the job position for which you're applying. DO NOT include relatives, present or former employers, or persons residing outside the United States.

Name & Address	Telephone	Relationship:	# Years Known:

**APPLICANT STATEMENT:**

I certify that the facts entered on this employment application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize investigation of all information contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that employment by Tri-Com and the City of Geneva is “at will,” which means that I may resign at any time and Tri-Com may discharge me at any time, with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Tri-Com Director.

I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTICE OF APPLICANT BACKGROUND INVESTIGATION:**

As part of the hiring process, all job candidates should be aware that Tri-Com will check present and/or past employers and other reference sources listed by the applicant on the job application form.

In addition, we may also contact other friends, acquaintances, business associates or anyone who is familiar with the applicant. We may also check with police departments, criminal justice agencies, educational institutions, military offices and other organizations and request information from their computer files and other records.

When we make such a contact, we may ask a series of questions. These could pertain to the applicant’s personal background, education, work experience and performance, character, personality or personal habits.

**AGREEMENT:**

I have read and fully understand the above notice. I hereby voluntarily consent to allow Tri-Com Central Dispatch, or any of its employees, officers, agents, or designees to check my background by contacting any person or source of information they deem to be appropriate.

Tri-Com Central Dispatch representatives may ask any questions they consider relevant to their hiring decision, including questions about my personal background, education, work experience and performance, character, personality and personal habits.

I hereby authorize present and past employers and their representatives to provide any and all information they deem appropriate regarding my employment history, work performance and personal background to Tri-Com and its employees, agents or designees.

I also authorize business associates, relatives, friends, acquaintances and others to provide Tri-Com representatives with any information they deem relevant to my application.

In addition to authorizing the release of any information about my background, I hereby fully waive any rights or claims I have or may have against anyone providing such information to Tri-Com, and I release them from any and all liability, claims, or damages that my directly or indirectly result from the use, disclosure or release of any such information, whether such information is favorable or unfavorable to me.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Typed or Printed Full-Name of Applicant: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_