

# Application for Position of Emergency Communications Dispatcher

**INSTRUCTIONS:** Answer as completely as possible. All statements are subject to verification. A thorough investigation will be made of each candidate's background. Misstatements or omissions may cause this application to be rejected or appointment to be rescinded or lead to immediate discharge. A resume may be attached to a completed application. All applicants will receive consideration without regard to race, color, religion, sex, national origin, ancestry, age, marital status, disability or other protected class status in accordance with applicable federal and state laws. Applicants who require special accommodation in the application or testing process should notify the Human Resources Division prior to the posted date.

Name: \_\_\_\_\_  
 Last First Middle

Address: \_\_\_\_\_  
 Number & Street

City State Zip Code

Phone: \_\_\_\_\_  
 Primary Secondary

Email: \_\_\_\_\_ Are you over 18 years of age?  Yes  No

Are you related by blood or marriage to any current QComm911 employee or Board Member?  Yes  No

If yes, give name(s) and relationship(s): \_\_\_\_\_

Do you have any activities, commitments or responsibilities that may prevent you from meeting the specific work schedules and attendance required for the position?  Yes  No If yes, explain: \_\_\_\_\_

## EDUCATION

High School Equivalency Test (GED): Date Passed: \_\_\_\_\_ Test Site: \_\_\_\_\_

Type of School	School Name City, State	Major	Graduate (Yes or No)	Degree Type
High School				
College(s)				
Other (Trade, Technical, etc.)				

List any work related skills, qualifications, or additional languages spoken: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List all jobs you have held, including voluntary activities, military service, temporary and part time jobs. List your present or most recent position first.

(1)	Employer's Name	Address	Phone #	Type of Business
	Name & Title of Supervisor	From (Mo/Yr)	To (Mo/Yr)	Exact title or position
List your duties				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
(2)	Employer's Name	Address	Phone #	Type of Business
	Name & Title of Supervisor	From (Mo/Yr)	To (Mo/Yr)	Exact title or position
List your duties				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
(3)	Employer's Name	Address	Phone #	Type of Business
	Name & Title of Supervisor	From (Mo/Yr)	To (Mo/Yr)	Exact title or position
List your duties				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		
(4)	Employer's Name	Address	Phone #	Type of Business
	Name & Title of Supervisor	From (Mo/Yr)	To (Mo/Yr)	Exact title or position
List your duties				
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving		

Have you ever been convicted of a crime or violation other than a minor traffic infraction?  Yes  No If yes, list below.

Date	Police Agency	Crime Charged	Outcome of Case

To your knowledge, are there any warrants, traffic or otherwise, now pending against you?  Yes  No

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

*\*A criminal conviction will not automatically result in disqualification from employment.\**

## REFERENCES

Fill in below the names of 3 adults, not related to you and not a former employer, who are friends, fellow students or fellow workers. These should be people who have known you for a period of time, preferably more than five years. Those you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Name	Address	Phone	How do you know this person & for how long?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements in this application are true. I understand that if any of the above statements are untrue or if pertinent information is omitted, this application may be rejected and may cause any appointment to a position to be rescinded or result in immediate discharge, irrespective of the time when the falsehood or omission is discovered and irrespective of the duration of employment. I hereby authorize QComm911 to contact any employers listed above to verify my employment work record.

I realize that it is also necessary for me to pass a pre-employment physical, which includes a drug screen, and a bona fide, valid and job-related psychological examination. Both examinations will be paid for by the QComm911 and will be performed by a physician and/or medical facility and a psychologist designated by QComm911.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AN AFFIRMATIVE ACTION-EQUAL OPPORTUNITY EMPLOYER**  
QComm911 does not discriminate against any class of protected individuals.

## AUTHORIZATION & GENERAL RELEASE FORM

I, \_\_\_\_\_(Print Name), authorize QComm911 to contact any organization or individual that I have listed on my employment application or resume or mentioned in job interviews and obtain from them any relevant information about my job qualifications, including my experience, skills, and abilities. I understand that I am consenting to the release of any reference-related information about me held or known by my former employers, supervisors, and co-workers. In addition, I consent to the release of any information about my education, experience, abilities, or work-related characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that QComm911 might contact in the course of conducting a reference check or background investigation of my suitability for employment.

I understand and acknowledge that this release of information can involve my qualifications, performance, credentials, or other characteristics or factors affecting my suitability for employment with the QComm911.

Specifically, I am authorizing the release of any information about my performance, experience, capability, attitude, or other work-related characteristics that currently are in the possession of the following organizations or their managers or representatives. Please list all organizations or their managers or representatives who QComm911 may contact regarding your performance, experience, capability, attitude, or other work-related characteristics.

**Check this box if QComm911 may contact anyone listed on your application.**

**Name:**

**Company:**

**Phone Number:**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In exchange for QComm911’s consideration of my employment application, I agree not to file or pursue any complaints, claims, causes, suits or legal actions of any kind, whether known or unknown, against any organization or individual that provides work-related information about me to QComm911 or its agents in accordance with the terms and intent of this release. I also agree not to file or pursue any complaints, claims, causes, suits, legal actions or payment of fees (including, without limitation, reasonable attorney fees) against QComm911 or any of its employees, representatives, or agents arising out of their efforts to obtain work-related information about me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Position applied for: **Emergency Communications Dispatcher**

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

Please check if applicable:

- I do not choose to provide the following information.

Please check the following if you choose to provide this information:

**Gender**

- Male  
 Female

**Race or Ethnic Origin**

- White  
 Black/African American  
 Hispanic  
 Asian or Other Pacific Islander  
 American Indian or Alaska Native  
 Other

**Referral Source**

- QComm911 website  
 City /Village website: East Moline, Moline, Silvis, Milan  
Please specify: \_\_\_\_\_  
 QComm911 Employee  
Please specify: \_\_\_\_\_  
 Dispatch/Argus  
 QOnline.com  
 School or College  
Please specify: \_\_\_\_\_  
  
 Other Source (Not listed above.) Please specify: \_\_\_\_\_