I-COM

Island County Emergency Services Communications Center

EMPLOYMENT APPLICATION

840 SE Barrington Drive Oak Harbor, Washington 98277

PLEASE TYPE OR PRINT IN INK

Position Applied For: Dispatcher

I-COM does not discriminate in hiring on the basis of race, color, religion, sex (including pregnancy), national origin, age (40 or older), marital status, veteran status, sexual orientation, the presence of a disability or genetic information. In compliance with the Americans with Disabilities Act, I-COM, recognizing the essential elements of the job, will determine reasonable accommodations to enable a successful applicant to test for the job; and if hired, to safely and effectively perform the job.

Name:			SSN:	
Last	First	MI		
Address:				
Mailin	g Address	City	State	ZIP
Phone: Home: ()		Work: ()	
Cell: ()		_personal e-mail:		
	EDU	CATION AND TRA	AINING	
Have you graduated fr	om High School or pa	ssed the GED test? You	es: No:	
Name of School	Address	Major	Length of Attendance	Degree
High School or GED				
Undergraduate Studies				
Graduate Studies				
Business or Technical				
Military Training				
Training and/or Professional Licenses				

NAME:	Last	First	Middle

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your work experience history. Be sure to include any non-paid experience which is related to the job for which you are applying. If additional space is required, attach a separate sheet. "SEE RESUME" WILL NOT BE ACCEPTED.

Employer Name:				
Employed From/To:	Your Position:	Supervisor's Name:	Telephone:	May We Contact?
			()	
Complete Address:				
Describe Major Work	Duties (attach a ser	parate sheet if desired):		
Reason for Leaving:	(If Applicable)			
	,			
Base Salary (indicate	if Hourly/Weekly/Mo	onthly):		
Start:	Final:			
- Ctarti	<u></u>			
Employer Name:				
Employed From/To:	Your Position:	Supervisor's Name:	Telephone:	May We Contact?
			()	
Complete Address:	L			
Describe Major Work	Duties (attach a sep	parate sheet if desired):		
Reason for Leaving:				
Reason for Leaving:				
Reason for Leaving: Base Salary (indicate	if Hourly/Weekly/Mo	onthly):	T	

NAME: La	st	First		Middle
Fara Laura Nama				
Employer Name:				
Employed From/To:	Your Position:	Supervisor's Name:	Telephone:	May We Contact?
Complete Address:		-	/	-
Describe Major Wo	rk Duties (attach a sep	arate sheet if desired):		
Reason for Leaving	:			
Base Salary (indicat	te if Hourly/Weekly/Mo	nthly):		
Start:	Fin	al:		
Employer Name:				
Employed From/To:	Your Position:	Supervisor's Name:	Telephone:	May We Contact?
Complete Address:	•			
Describe Major Wo	rk Duties (attach a sep	arate sheet if desired):		
Reason for Leaving	:			
Base Salary (indicate	e if Hourly/Weekly/Mo	nthly):		
Start:	Fin	al:		

NAME:	Last	First	Middle
		asked to resign from any posit place, reason, name and addre	ion? Yes: No: ess of supervisor):
		List names and addresses of now you well enough to give inf	f three reliable persons, other than formation about you.
Name:			Occupation:
Address:			
Home Teler	ohone Number:		How Long Known:
Name:			Occupation:
Address:			
Home Teler	ohone Number:		How Long Known:
Name:			Occupation:
Address:			
			How Long Known:
	rform the essential functions	ctions of this job with or without	reasonable accomodation?
•		software that you have used. y calculator, data entry, other.)	(i.e. personal computer, spreadsheet,
Typing Spe	ed:words	oer minute. (If known.)	

From	То	Address (Include City and State)
COM is mindful of its	obligation to employ	qualified persons and its entitlement under law to consider an
•		job performance. A CONVICTION RECORD WILL NOT
		NLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR
ITNESS FOR THE J	OB FOR WHICH YO	U HAVE APPLIED.
•	•	eased from prison within the last seven (7) years, or convicted of a
		thin the past three years? Yes: No:
yes, please explain:		
igned:		Date:
	Applicant	

First

Middle

NAME:

Last

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