

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: _____				
Mailing Address		City	State	ZIP
Phone: Home: _____		Work: (_____)		
Cell: (_____)		, personal e-mail: _____		

EDUCATION AND TRAINING

Have you graduated from High School or passed the GED test? Yes: _____ 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:
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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 separate sheet if desired):				
Reason for Leaving: (If Applicable)				
Base Salary (indicate if Hourly/Weekly/Monthly):				
Start:		Final:		

Employer Name:				
Employed From/To:	Your Position:	Supervisor's Name:	Telephone: ()	May We Contact?
Complete Address:				
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Reason for Leaving:				

Name: Last:	First:	Middle:
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Name: Last:	First:	Middle:
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Have you ever been discharged or asked to resign from any position? Yes: _____ No: _____
If yes, give complete details (date, place, reason, name and address of supervisor):

PERSONAL REFERENCES: List names and addresses of three reliable persons, other than relatives or past employers, who know you well enough to give information about you.

Name: _____ Occupation: _____

Address: _____

Home Telephone Number: _____ How Long Known: _____

Name: _____ Occupation: _____

Address: _____

Home Telephone Number: _____ How Long Known: _____

Name: _____ Occupation: _____

Address: _____

Home Telephone Number: _____ How Long Known: _____

Can you perform the essential functions of this job with or without reasonable accomodation?
See Job Description) Yes: _____ No: _____

Describe specialized equipment or software that you have used. (i.e. personal computer, spreadsheet, data-base, word processing, 10 key calculator, data entry, other.)

Typing Speed: _____ words per minute. (If known.)

Name: Last:	First:	Middle:
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PREVIOUS RESIDENCES: Addresses where you have lived for the past ten years. Account for all time with most recent address first. Do not list present address.

From	To	Address (Include City and State)

Signed: _____ Date: _____
Applicant

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