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:

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:				
Dates Employed (Mo/Yr):	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)				

Employer Name:				
Dates Employed (Mo/Yr):	Your Position:	Supervisor's Name:	Telephone: ( )	May We Contact?
Complete Address:				
Describe Major Work Duties (attach a separate sheet if desired):				
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Name: Last:	First:	Middle:

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Complete Address:				
Describe Major Work Duties (attach a separate sheet if desired):				
Reason for Leaving:				

Name: Last: First: Middle:

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 accommodation? (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 calculators, data entry, other.)

_____

_____

Typing Speed:_____words per minute. (If known.)

Name: Last:	First:	Middle:

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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