



KenCom Public Safety Dispatch

1100 Cornell Lane, Yorkville, Illinois 60560

Phone (630) 553-9856

Fax (630) 882-8532

Email: HR@KenCom911.com

KenCom Public Safety Dispatch is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, national origin or ancestry, sex, age, physical or mental disability, pregnancy, military status, genetic information, sexual orientation, marital status, order of protection status, citizenship status, arrest record or expunged or sealed convictions, or any other legally recognized protected basis under federal, Illinois, or local law. The information collected by this application is solely to determine suitability for employment.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act, the Illinois Human Rights Act, and applicable local laws. A reasonable accommodation is a change in the way things are normally performed that ensures an equal opportunity without imposing an undue hardship on KenCom Public Safety Dispatch. Please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Instructions:

1. You must personally prepare this application.
2. Fill out the application completely. Leave no blank spaces. Write in "DNA" for questions that do not apply to you.
3. Provide accurate information and assume that all information will be verified. False or omitted information will disqualify you from the applicant selection process.
4. If additional writing space is needed, use the continuation page at the end of the application and label the additional information by question number.
5. Turn in a signed copy of the application by the application deadline. Applications can be turned in via one of the methods listed below. In-person drop-offs will not be accepted.
 - a. Fax: (630) 882-8532
 - b. Email: HR@KenCom911.com
 - c. Mail: KenCom Public Safety Dispatch
1100 Cornell Lane
Yorkville, IL 60560
6. The preferred method of communication regarding your application is via email at HR@KenCom911.com.
7. All phone inquiries must be made during normal business hours, which are Monday through Friday from 8am to 4pm, at (630) 553-9856.

1. Last, First (Middle Name): _____

2. Today's Date: _____

3. Position Applied For: _____

4. This job requires shift work in a 24 hour per day environment including weekends and major holidays. Are you able to meet this requirement?

_____ Yes _____ No

5. Desired Work Status: _____ Full-Time _____ Part-Time _____ Either

6. How did you learn about the position? _____

7. List any other surnames, aliases or nicknames you have been known by: _____

8. Complete Home Address:

(STREET ADDRESS / APARTMENT NUMBER)

(CITY, STATE, ZIP, COUNTY)

9. Primary Contact Number: _____ Type: _____

10. Email Address: _____

11. If hired, can you supply proof of your age? _____ Yes _____ No

12. If hired, can you supply the required documentation to verify your lawful right to work in the United States, including either one document from List A on form I-9 that establishes both the employee's identity with a photograph and the employee's lawful right to work in the United States (e.g., a United States passport); or both one document from List B on form I-9 that establishes the employee's identity (e.g., a driver's license); and one document from List C on form I-9 that verifies the employee's lawful right to work in the United States (e.g., a social security card).

_____ Yes _____ No

13. Have you ever applied for a job with KenCom before? _____ Yes _____ No

If so, when? _____

14. Are you willing to take a drug test? _____ Yes _____ No

15. Provide information regarding all schools attended. Use the continuation sheet at the end if you do not have enough space below.

High School #1

High School #2

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Dates Attended: _____

Dates Attended: _____

Grade Point Average (GPA): _____

Grade Point Average (GPA): _____

Degree/Certificate Earned: _____

Degree/Certificate Earned: _____

College / Trade School #1

College / Trade School #2

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Dates Attended: _____

Dates Attended: _____

Grade Point Average (GPA): _____

Grade Point Average (GPA): _____

Degree/Certificate Earned: _____

Degree/Certificate Earned: _____

16. List any other formal education beyond high school including specialized training courses: _____

17. List any professional licenses or certifications you hold: _____

18. Have you ever been convicted of a felony? _____ Yes _____ No

19. List your home addresses for the last ten years beginning with the most current.

#1 Most Recent

From: _____ To: _____

Address: _____

City/State/Zip: _____

#2

From: _____ To: _____

Address: _____

City/State/Zip: _____

#3

From: _____ To: _____

Address: _____

City/State/Zip: _____

#4

From: _____ To: _____

Address: _____

City/State/Zip: _____

#5

From: _____ To: _____

Address: _____

City/State/Zip: _____

#6

From: _____ To: _____

Address: _____

City/State/Zip: _____

20. Were you ever subject to disciplinary action in connection with any employment?

_____ Yes _____ No

If yes, explain: _____

21. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service?

_____ Yes _____ No

If yes, explain: _____

22. Account for a timeline of your work history by listing all jobs you have held, including temporary and part-time, military service and periods of unemployment in the proper sequence beginning with the most recent.

Employer #1 May we contact this employer for a reference check? Yes No

Company Name: _____ Type of Business: _____

Address: _____ Phone #: _____

City/State/Zip: _____ Supervisor's Name: _____

Job Duties: _____ Reason for Leaving: _____

Employed From Date: _____ Employed To Date: _____

Employer #2 May we contact this employer for a reference check? Yes No

Company Name: _____ Type of Business: _____

Address: _____ Phone #: _____

City/State/Zip: _____ Supervisor's Name: _____

Job Duties: _____ Reason for Leaving: _____

Employed From Date: _____ Employed To Date: _____

Employer #3 May we contact this employer for a reference check? Yes No

Company Name: _____ Type of Business: _____

Address: _____ Phone #: _____

City/State/Zip: _____ Supervisor's Name: _____

Job Duties: _____ Reason for Leaving: _____

Employed From Date: _____ Employed To Date: _____

Employer #4

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

Employer #5

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

Employer #6

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

Employer #7

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

Employer #8

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

Employer #9

May we contact this employer for a reference check? Yes No

Company Name: _____

Type of Business: _____

Address: _____

Phone #: _____

City/State/Zip: _____

Supervisor's Name: _____

Job Duties: _____

Reason for Leaving: _____

Employed From Date: _____

Employed To Date: _____

23. Provide the names of four adults who are not related to you, are not former employers and have known you for at least five years. All persons to whom you refer will be asked to appraise your character, ability, experience, personality and other qualities.

Reference #1

Name: _____ Occupation: _____
Address: _____ Nature of Relationship: _____
City/State/Zip: _____
Phone #: _____ # of Years Known: _____

Reference #2

Name: _____ Occupation: _____
Address: _____ Nature of Relationship: _____
City/State/Zip: _____
Phone #: _____ # of Years Known: _____

Reference #3

Name: _____ Occupation: _____
Address: _____ Nature of Relationship: _____
City/State/Zip: _____
Phone #: _____ # of Years Known: _____

Reference #4

Name: _____ Occupation: _____
Address: _____ Nature of Relationship: _____
City/State/Zip: _____
Phone #: _____ # of Years Known: _____

I hereby certify that there are no willful misrepresentations, omissions or falsifications in this application and that all of my answers are true and correct to the best of my knowledge.

I am aware that withholding information or making false statements on this application or during the employment process may be considered sufficient cause for rejection or be the basis of dismissal from KenCom Public Safety Dispatch, no matter when discovered.

I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____