

DeKalb County Sheriff's Office ADMINISTRATION OFFICE • 815-895-7260 CIVIL PROCESS • 815-895-7259

ADMINISTRATION OFFICE • 815-895-7260 CIVIL PROCESS • 815-895-7259 COMMUNICATION CENTER • 815-895-2155 CORRECTIONS/JAIL • 815-895-4177 FAX • 815-899-0757 - SHERIFF

FAX • 815-895-7275 - COMMUNICATIONS FAX • 815-895-6525 - CORRECTIONS

"TO SERVE AND PROTECT"

July/August, 2020

ROGER A. SCOTT, SHERIFF ANDREW SULLIVAN, CHIEF DEPUTY

TO:

Telecommunications Applicant

FROM:

Merit Commission

REF:

Testing Process

The following segments are only scheduled after a completed application and all required attachments have been turned in.

Segment #1.

The written test component <u>must be passed</u> in order to progress in the testing process. This is a series of written tests developed by **Profile Evaluations Inc.** to measure an individual's skills and potential success as a telecommunicator. If a candidate passes Segment #1, they move to Segment #2. Written test will be August 18th and 20th, 2020- further information at bottom of page.

Segment #2. <u>CritiCall Testing</u>

CritiCall is a pass/fail based practical exam, measuring an individual's capability and potential in an emergency communication-dispatch-computer, environment. These tests will take approximately 2 hours.

Location to be announced.

Segment #3.

If a candidate successfully completes Segment #1 and #2, they will be scheduled for Segment #3 which is oral interviews by the Merit Commission.

Those individuals, who successfully pass all three segments, will be placed on the eligibility list for telecommunicators for the Sheriff's Office. The Sheriff will make selection from that list as needed after the individual has passed a **rigorous background investigation and psychological review**.

Hiring is dependent on staffing need, and background investigation.

COMPLETE APPLICATIONS MUST BE RECEIVED BY 4:00 p.m. FRIDAY, August 14th, 2020.

To accommodate for social distancing we will have two written test dates: Tuesday, August 18th & Thursday, August 20th, 2020 at 5:30 p.m. at the DeKalb County Legislative Center, 200 N. Main Street Sycamore, IL 60178. Photo I.D. required. This is the ONLY notice you will receive regarding the August 18th and 20th written test time and date.

COUNTY OF DEKALB APPLICATION FOR SHERIFF'S TELECOMMUNICATOR

2020

COMMUNICATIONS DIVISION

Name:			
First	Middl	е	Last
Address:			
			Zip Code:
Phone #: C	ell Phone #		E-mail
Do you have a valid Illinois	Drivers License? .		
			ver had D.L. in another State?
			า:
			ss?
Please list any other addres	sses for the last 1	0 years: ad	d additional sheet if necessary
U.S. Citizen? Y N If n			
	h copy of naturali	zation pape	ers)
EDUCATION			
Name of High School			
	-		
Name of College:			
Please list any other specia	il training, appren	ticeships, c	correspondence courses, etc.
MILITARY SERVICE			
Have you ever been in the n	nilitary or any full	timo Natio	nal Sorvico
Organization?	-	time Natio	riai Sei vice
~		te of enlistr	ment & Discharge
_			arge
Serial Number	·yԲ	ie of Dische	ii ge
Are you a member of the Mi	litary Pasarya?		s evnlain
		ii ye.	s, expiaiii
GENERAL INFORMATION**			
Have you ever been arreste	d? If	so, what w	as the charge, date and
disposition of the Case?			3

Other involvement in illegal activity	?	
Is your vision 20/20 corrected? Y	′ N	
**No applicant will be denied employme The nature of the offense, the date of th the offense to the position applied for m	e offense, surroundin	g circumstances and the relevance of
What computer programs are you far	miliar with?	
Do you know of anyone who may try	to injure you in any	y way and why?
Can you speak, read or write any for Have you been active in athletics?		-
Please list organizations you are a n	nember of:	
Give names and relationships of any service:		_
REFERENCES: Provide three people, other than relate to give information about you.	atives or past empl	oyers, who know you well enough
Name:		
Address:		
Phone:	_Occupation:	
Name:		
Address:		
Phone:		
Name:		
Address:	0	
Phone:	_Occupation:	
Members of your current household:		
<u>Name</u>	Date of Birth	<u>Relationship</u>
		

FINANCIAL INFORMATION

List indebtedness, if over \$30,000, for either you or your spouse. Include bank loans, credit cards, credit unions, contracts and any other outstanding debt.

	Original Amount:
	-
Balance Due:	Original Amounts
	Original Amount:
	Original Amount:
elv. start with present emr	lovment and work back (Accou
Employer:	
Employer:	
Employer:	
Employer:	
Wages:	
for work history)	
	ely, start with present empent). Employer:Phone Employer:Phone Employer:Phone Employer:Phone Phone

Essential functions of a Telecommunicator include, but are not limited to:

- *Performing duties during high mental and emotional stress situations.
- *Performing duties in an enclosed smoke free environment.
- *Working on any assigned shift. (i.e. day, evening, midnight, holidays)

Is there any reason you cannot perform the essential functions of a Telecommunicator as listed previously? If yes, please specify:				
Have you any special interests in police work?				
How did you hear about our	testing	g process?		
1. Newspaper? Y		If yes, which one?		
2. Word of mouth? Y				
3. Blue Line Y 4. Other				
for		vhich will qualify you for the position you are applying		
All applicants must sign the	e follow	<u>ing:</u>		
statements and answers to misrepresentations and fals	questio sificatio	villful misrepresentations in or falsifications of the above ons. I am aware that should investigation disclose such ons, my application will be rejected, and I will be ture for any position in the service of the County of		
Signature of Applicant		Date		

PLEASE ENCLOSE THE FOLLOWING ALONG WITH THIS APPLICATION:

- 1. PHOTO OF YOURSELF
- 2. A COPY OF BIRTH CERTIFICATE
- 3. A COPY OF HIGH SCHOOL DIPLOMA \underline{OR} A SEALED OFFICIAL CERTIFIED COLLEGE TRANSCRIPT

Mailing Address is: DeKalb County Sheriff's Office 150 N. Main St. Sycamore, IL 60178