



## CIVIL SERVICE COMMISSION

VILLAGE OF TINLEY PARK

Incorporated June 28, 1892

16250 South Oak Park Avenue - Tinley Park, IL 60477

708-444-5000 - [www.tinleypark.org](http://www.tinleypark.org)

### APPLICATION PACKET TELECOMMUNICATOR A-1

PLEASE CAREFULLY READ ALL INFORMATION IN THIS PACKET.

#### APPLICATION FEE

The Application Fee is \$10.00 payable in Cash, Check, Money Order or Credit Card and is non-refundable.

#### APPLICATIONS

Applications will be available beginning Monday October 9, 2017 through Friday, October 20, 2017 at the following locations:

- Tinley Park Village Hall - Clerk's Office: 16250 South Oak Park Avenue, Tinley Park, Illinois, between the hours of 8:30 a.m. to 5:00 p.m. Monday through Friday and on Saturdays from 9:00 a.m. through 1:00 p.m.
- Tinley Park Police Department, 7850 West 183<sup>rd</sup> Street, Tinley Park, Illinois, between the hours of 7:00 a.m. and 11:00 p.m. seven days per week.

•On-line at [www.tinleypark.org](http://www.tinleypark.org) Completed Application must be returned in person along with Application Fee.

**ALL APPLICATIONS AND FORMS MUST BE FILED WITH THE TINLEY PARK CIVIL SERVICE COMMISSION NO LATER THAN 5:00 P.M. ON FRIDAY, October 20, 2017 BY RETURN DELIVERY ONLY TO THE VILLAGE HALL. YOU MUST HAVE AN APPLICATION ON FILE WITH THE CIVIL SERVICE COMMISSION IN ORDER TO PARTICIPATE IN THE TESTING PROCESS.**

#### REQUIREMENTS

Must be a United States citizen and must be 18 years of age as of October 28, 2017. Copies of the following **must be submitted** along with your application: High School, trade school or GED diploma and proof of Citizenship (i.e. birth certificate, passport). **NOTE: you will not be allowed to take the examination unless you have submitted copies of the required documents.**

#### RESIDENCY REQUIREMENT

Per Tinley Park Ordinance 2017-O-054: Unless otherwise specified by ordinance, all employees are required to reside within a thirty (30) mile radius of 183<sup>rd</sup> Street and 80<sup>th</sup> Avenue in Tinley Park within twelve (12) months of employment date. Residency in Indiana is not required.

#### WRITTEN EXAMINATION

The written examination will test general knowledge, reasoning skills and reading comprehension. Candidates must achieve a score of 70% or higher on the written examination. Your score on the written examination will determine your place on a Preliminary Eligibility Register. In the case of tie scores, the date and time of filing of your application will determine your position on the register. All candidates wishing to exercise Military preference Points shall submit a request in writing after posting of the Preliminary Eligibility Register and shall submit a copy of their DD214 to the Civil Service Commission. After allocation of Military Preference Points, a final Eligibility Register will be posted. Upon certification to an available position, a thorough background investigation will be conducted by the Tinley Park Police Department along with a Psychological examination, Polygraph and Medical/Physical pre-employment physical examination. Examination to be conducted on:

**Saturday, October 28, 2017 at 9:00 a.m.**

**Victor J. Andrew High School**

**9001 W. 171<sup>st</sup> Street**

**Tinley Park, IL**

Signs will be posted to direct you to the testing area. **Note:** Please arrive for registration by **8:30a.m.** Driver's License will be required for identification upon registration. All candidates will be notified of their results by mail.

**DO NOT CONTACT THE VILLAGE CLERK'S OFFICE.**

**THE DECISION OF THE TINLEY PARK CIVIL SERVICE COMMISSION WILL BE FINAL REGARDING APPOINTMENTS.**



**CIVIL SERVICE COMMISSION**  
**VILLAGE OF TINLEY PARK**  
 Incorporated June 28, 1892  
 16250 South Oak Park Avenue -Tinley Park, IL 60477  
 708-444-5000 - [www.tinleypark.org](http://www.tinleypark.org)

We are an equal opportunity employer as stated by the Civil Rights Acts of 1964 and by Executive Order Numbers 11246 and 11701, also Section 503 of the Vocational Rehabilitation Act of 1973.

**APPLICATION FOR EMPLOYMENT**

Please complete this application in its entirety. Incomplete applications will not be accepted. In addition to your completed application, you may attach a resume reflecting your work history. A copy of your high school diploma/GED certificate may be required if selected for an interview. Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental questionnaire that may be required. Please advise Human Resources if you change your address and phone number. Please be advised that the most qualified applicants will be referred to the hiring department for further consideration.

**PERSONAL INFORMATION**

Date \_\_\_\_\_ Position for Which You are Applying? \_\_\_\_\_ Have you reached your 18<sup>th</sup> birthday Y N

Name \_\_\_\_\_ E-mail: \_\_\_\_\_  
                     Last                                      First                                      Middle

Present Address: \_\_\_\_\_  
                                     No. & Street                                      City                                      County                                      State                                      Zip Code

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_ Business/Cell:(\_\_\_\_) \_\_\_\_\_  
                                     Area Code                                      Number                                      Area Code                                      Number

Type of work you will accept:  Full-Time     Part-Time     Seasonal    Best Time To Contact  AM  PM

Education	School Name & Location	Attended		Did you Graduate? Yes/No	GED or Diploma	Major
		From	To			
High School/GED						
College/University						
Graduate/Professional School						
Vocational/Technical School						

**LICENSES**

List other current licenses, certifications, or registrations required for the position for which you are applying. Indicate types and dates received.

License, Certification, Registration	Type	State	Number	Date Received

**SPECIAL SKILLS/LANGUAGES**

List any special skills you possess and/or equipment or office machines you can operate. \_\_\_\_\_

Languages (other than English) \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

**OTHER INFORMATION**

Have you ever been convicted of a felony <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Date and Location
Explain:	

### REFERENCES

Name	Address	Phone Number

### WORK EXPERIENCE

Begin with your most recent position. List all jobs separately. Use additional sheets if more space is needed. You may attach a resume; however, a resume will not substitute for the information required in this section. Your application will be rejected if you refer to attachments instead of completing the following boxes.

Most Recent Employer:	Position Title and Job duties:	Date Employed:
Address (Street, City, State, Zip Code)		
Supervisor Name:	Phone Number:	Ful-Time or Part-Time:
Salary Earned:	Reason for leaving:	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Next Recent Employer:	Position Title and Job Duties:	Dates Employed:
Address (Street, City, State, Zip Code)		
Supervisor Name:	Phone Number:	Full-Time or Part-Time:
Salary Earned:	Reason for leaving:	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Next Recent Employers:	Position Title and Job Duties:	Dates Employed:
Address (Street, City, State, Zip Code)		
Supervisor Name:	Phone Number:	Full-time or Part-Time:
Salary Earned:	Reason for leaving:	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

### CERTIFICATION

I hereby certify that the information given in this application is correct and true to the best of my knowledge. I authorize the Village of Tinley Park to contact any of my schools, former employers, armed services and physicians and surgeons having medical records pertaining to me, except those indicated, and authorize these entities to furnish all information requested in connection with this employment application. I understand any misrepresentation of the information furnished by me shall be sufficient cause for non-appointment and/or dismissal. I consent to undergo the required medical examinations which may be a condition of my initial employment. I understand that my classification as a regular employee depends upon successfully completing the probationary period.

Applicant's Full Signature (In Ink) \_\_\_\_\_ DATE: \_\_\_\_\_



## **POSITION DESCRIPTION**

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**Position Title:** TELECOMMUNICATOR A-1  
**Department:** Emergency Management – 911 Communications  
**Direct Report:** Lead Telecommunicator

### **Position Summary**

A Telecommunicator in the Tinley Park Command Center is responsible for understanding and operating the Village-wide 911 Emergency Communications System. The system is in current operation at the Tinley Park 911 Command Center, located in the Public Safety Building. The facility is equipped with state-of-the-art communications technology and is designed to provide police, fire and EMS service for the Village of Tinley Park.

### **Duties and Responsibilities**

- Answer all 911, non-emergency and administrative telephone calls.
- Acknowledge and monitor all police, fire and EMS radio traffic.
- Understand and operate the Computer Aided Dispatch (CAD), Crimes, LEADS/NCIC, Window-based Motorola Radio System computer systems plus other computer based programs.
- Effectively deal and communicate with people in highly stressful and/or life-threatening situations that may be for an extended period of time.
- Assess situations quickly and accurately using appropriate judgment.
- Understand and operate the Telephone Device for Hearing Impaired (TDD).
- Understand and utilize proper law enforcement language.
- Assist in the upkeep of department files and records and maintain security and confidentiality of said files.
- Complete and pass LEADS state certification requirements.
- Demonstrate punctuality and accept the department's ruling regarding mandatory overtime and recall of emergency duty or other special circumstances.
- Perform other related work as determined by the division commander.
- Keep abreast of Village ordinances, state statutes, and other related information.

### **Required Knowledge, Abilities and Skills**

Effectively deal and communicate with people and highly stressful situations which may be for an extended period of time. Assess situations quickly and accurately, use appropriate judgment when responding to incident reports including emergency and life threatening public safety calls for service. Comprehensive knowledge of techniques and practices of the public safety for service. Comprehensive knowledge of techniques and practices of public safety communications environment. A general knowledge of police, fire and EMS operations. Working knowledge of the 911 Center, conventional equipment and various public safety computer systems utilized by the 911 Center. Ability to speak clear and distinct English. Ability to remain calm and courteous. Ability to demonstrate twelfth grade reading and comprehension ability. Ability to operate required equipment in order to disseminate and receive information with necessary optical, auditory and manual dexterity. Ability to stand or sit for an hour or more at a time. Ability to use a computer keyboard to enter or retrieve data. Ability to work in a confined area for two or more hours at a time. Ability to act on and follow direction from superiors. Ability to perform multi-task functions. Analyze and take effective courses of action.

**Physical Demands**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee constantly sits, uses a phone, radio and computer system with a VDT screen for extended periods of time. May lift and/or move objects up to 20 pounds and be required to use hands and arms to operate and handle objects, controls and equipment. Specific vision abilities include close, distance and color vision, depth perception, and the ability to focus.

Primarily indoor working environment, with heating and cooling regulated, exposure to constant noise in work environment and minimal natural lighting.

**Minimum Qualifications**

- High School Diploma or GED Equivalent
- Valid Illinois Driver's License
- Must be 18 years of age

Revised March 23, 2015

# Salary and Benefits Package



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<b><u>Position:</u></b>	Telecommunicator
<b><u>Location:</u></b>	911 Center, 17355 S. 68 <sup>th</sup> Ct., Tinley Park, IL 60477
<b><u>Starting Salary:</u></b>	\$23.89/hour (\$49,691.20)
<b><u>Hours:</u></b>	Average of 40 hours per week. Current weekly shifts include 8-hour shifts and/or 12-hour shifts (shift assignment is based upon a seniority bidding system). <i>*Any hours worked beyond 40 per week is paid at 1.5x hourly rate.</i>
<b><u>Insurance:</u></b>	Health/Dental Insurance through Blue Cross Blue Shield of Illinois (PPO, HMO, and HMO Advantage Plan Options); Vision Discount Program; Life Insurance; Optional Vision Insurance. <i>*Health coverage is effective on date of employment.</i>
<b><u>Retirement:</u></b>	Mandatory participation in Illinois Municipal Retirement fund (IMRF). Optional participation in a variety of employee-paid benefit programs including deferred compensation and credit union; and
<b><u>Vacation:</u></b>	Five (5) days after one (1) year of service. Ten (10) days after two (2) years of service Fifteen (15) days after seven (7) years of service. Twenty (20) days after eleven (11) years of service Twenty-Five (25) days after fifteen (15) years of service
<b><u>Personal Days:</u></b>	Two (2) per fiscal year.
<b><u>Paid Holidays:</u></b>	Eleven (11) per fiscal year.

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The Village of Tinley Park is an equal opportunity employer.



## APPLICANT EEO DATA SHEET

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Important – please read carefully**

To enable the Village of Tinley Park to meet governmental reporting regulations, applicants are requested, but not required, to complete this personal data sheet. This information will be used solely for statistical reporting purposes.

This information will be kept personal and confidential. Your voluntary cooperation is greatly appreciated.

Last Name	First Name	Middle Name	
Street Address	City	State	Zip code
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

**Ethnic Categories: Please check one.**

- White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.



www.TinleyPark.org

**Village President**  
Jacob C. Vandenberg

**Village Clerk**  
Kristin A. Thirion

**Village Trustees**  
Brian H. Younker  
Michael J. Pannitto  
Cynthia A. Berg  
William P. Brady  
Michael W. Glotz  
Michael J. Mangin

**Village Hall**  
16250 S. Oak Park Ave.  
Tinley Park, IL 60477

**Administration**  
(708) 444-5000  
Fax: (708) 444-5099

**Community Development**  
(708) 444-5100  
Fax: (708) 444-5199

**Public Works**  
(708) 444-5500

**Police Department**  
7850 W. 183rd St.  
Tinley Park, IL 60477  
(708) 444-5300  
Non-Emergency  
Fax: (708) 444-5399

**John T. Dunn  
Public Safety Building**  
17355 S. 68th Court  
Tinley Park, IL 60477

**Fire Department**  
(708) 444-5200  
Non-Emergency  
Fax: (708) 444-5299

**EMA**  
(708) 444-5600  
Fax: (708) 444-5699

**Senior Community Center**  
(708) 444-5150



FORM 1

**RULES AND REGULATIONS**

I hereby agree to abide by all Rules and Regulations of the Civil Service Commission of the Village of Tinley Park in submitting an application, during and after the examination or as an employee of the Village of Tinley Park.

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

I authorize Southwest Industrial Care Ltd. And Stephen A. Laser Assoc. to release examination results to the Civil Service Commission of the Village of Tinley Park, Illinois.

Signature: \_\_\_\_\_



**RULES AND REGULATIONS**

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NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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**RELEASE OF LIABILITY**

The undersigned hereby releases the testing service, Tinley Park Civil Service Commission, the Village of Tinley Park, Victor J. Andrew and High School District 230 from any liability due to my injury or death in the testing process.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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# HIPAA AUTHORIZATION TO USE AND DISCLOSE CONFIDENTIAL HEALTH INFORMATION

To release the personal health information of:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To release to: Recipient: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To release from: Releasing Entity: \_\_\_\_\_ Phone #: \_\_\_\_\_

The purpose of this disclosure is:  At the request of the individual  Other: \_\_\_\_\_

The dates of care covered by this Authorization are: \_\_\_\_\_

### Release the Following Information:

- Discharge Summary     Pathology Report(s)     Emergency Record(s)     History & Physical  
 Radiology Report(s)     Itemized Billing Statement     Consultation(s)     Lab Report(s)  
 Operative Report(s)     Cardiology Report(s)     Progress Notes     Treatment Plan(s)  
 Other Records as specified: \_\_\_\_\_  
 Entire Medical Record (Except for Records Concerning Highly Confidential Information).

### Release of Highly Confidential Information:

By checking any of the boxes next to a category of Highly Confidential Information listed below, I specifically authorize the use and/or disclosure of records relating to the category of Highly Confidential Information indicated next to the box:

*(Please check all that apply—leaving a box unchecked may result in no information being disclosed for any purpose.)*

- Mental Illness or Developmental Disability\*\*\*     Abuse of an Adult with a Disability  
 Sexually Transmitted Diseases (STD's)     Genetic Testing  
 Sexual Assault     HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such such tests were positive or negative)  
 Substance (i.e., alcohol or drug) Abuse  
 Child Abuse and Neglect

### This Authorization will remain in effect:

- From the date of this Authorization until: \_\_\_\_\_ (Not over one year)  
 Until the Releasing Entity fulfills the request or 120 days from the date this Authorization is signed, whichever occurs earlier.

### I understand that:

- I have the right to inspect and receive copies of information to be disclosed.
- The information disclosed pursuant to the Authorization may be subject to redisclosure by the Recipient and may no longer be protected by applicable federal and Illinois law. \*\*\* **NOTICE TO RECIPIENT: Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, you may not redisclose any records disclosed pursuant to said Act unless the person who consented to their disclosure specifically consents to such redisclosure.**
- I may refuse to sign this Authorization for any reason unless I am to receive health care or testing solely for the purpose of creating protected health information for disclosure to the Recipient identified in this Authorization.
- I have the right to revoke this Authorization in writing at any time but revoking this consent shall have no effect on disclosures made before receipt of the revocation of the consent by the releasing entity.

I have read and understand the terms of this Authorization, and I hereby knowingly and voluntarily authorize above Releasing Entity to use or disclose my health information in the manner described above.

\_\_\_\_\_  
Signature of Patient or Legal Representation

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Signature of Witness\*

\_\_\_\_\_  
Date/Time

*\*Witness' Signature is required for Mental Health or Developmental Disability treatment.*

If Signed by Legal Representative, Relationship to Patient: \_\_\_\_\_