**SUICIDE PREVENTION SERVICES OF AMERICA**

**528 S. Batavia Avenue**

**Batavia, IL 60510**

**630-482-9699 /Fax 630-482-9669**

**www.spsamerica.org**

**Application for Call Center Operator**

**Please type or write in the answers to the questions below and return to:**

**Maureen Horan**

**Coordinator of Paraprofessionals**

**maureen@spsamerica.org**

|  |  |
| --- | --- |
| **Name:** | **Date:** |
| **Street Address:** | **City** |
| **State:** | **Zip Code** |
| **Home Phone:** | **Mobile Phone:** |
| **Email:** | **Date of Birth:** |

**Emergency Contact**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |

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| --- |
| **Phone Number:** |

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |

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| **Phone Number:** |

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| **Highest level of education:** | **Last school attended:** |
| **Relevant certifications, trainings, and/or courses:** |
| **How did you hear about this position at Suicide Prevention Services?** |
| **Why do you want to work at Suicide Prevention Services and as a 988 Call Operator?** |
| **When text and chat are implemented, would you be interested in doing that as well as the phone?** |

**Availability**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **12am – 8am** |  |  |  |  |  |  |  |
| **8am –** **4pm** |  |  |  |  |  |  |  |
| **4pm – 12am** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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**Personal References for Call Center Operator Position Application**

List 3 personal references ***(NOT RELATED TO YOU)*** with **complete address** including zip code.

**PLEASE *PRINT CLEARLY.***

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Rate your commitment (1=low; 5=high)**1 2 3 4 5 |
| **Rate your empathy (1=low; 5=high)**1 2 3 4 5 |
| **Rate your punctuality (1=low; 5=high)**1 2 3 4 5 |
| **Rate your flexibility (1=low; 5=high)**1 2 3 4 5 |
| **Rate your open-mindedness (1=low; 5=high)**1 2 3 4 5 |
| **Rate your motivation (1=low; 5=high)**1 2 3 4 5 |
| **Rate your self-confidence (1=low; 5=high)**1 2 3 4 5 |
| **Rate your ability to relate with others (1=low; 5=high)**1 2 3 4 5 |
| **Rate your positive attitude (1=low; 5=high)**1 2 3 4 5 |
| **Rate your oral communication skills (1=low; 5=high)**1 2 3 4 5 |
| **Rate your ability to tolerate anxiety (1=low; 5=high)**1 2 3 4 5 |
| **What is kind of management style do you prefer?** |
| **Have you personally experienced any traumatic events that could positively and negatively impact your work as a hotline paraprofessional? If yes, please briefly explain.** |
| **Have you ever faced a significant crisis? If yes, how long ago did this occur and what did you do or was done to resolve the crisis?** |
| **Have you ever attempted suicide? If so, when? (Note: Answering “yes” does not automatically preclude paraprofessional work.)** |
| **Has anyone close to you ever attempted or died by suicide? If yes, please describe your involvement and how long ago did it happen?** |
| **Are you in counseling or have you been in the last 3 years?** |
| **What are your thoughts about counseling?** |

**Please circle “yes” or “no”**

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| **Would you have difficulty talking about religion?** | **Yes** | **No** |
| **Would you have difficulty talking about abortion?** | **Yes** | **No** |
| **Would you have difficulty talking about domestic abuse?** | **Yes** | **No** |
| **Would you have difficulty talking about gender identity?** | **Yes** | **No** |
| **Would you have difficulty talking about rape?** | **Yes** | **No** |
| **Would you have difficulty talking about suicide?** | **Yes** | **No** |

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| **A caller has just found out that they have tested positive for HIV. What emotions might they be experiencing?** |
| **A caller has lost their job because of a drinking problem. What emotions may they be experiencing?** |
| **I understand that this is not a remote location job opportunity and that is accepted into the training program that the training and the job will take place in person, on site.****Yes No****Thank you for your interest in Suicide Prevention Services.****Please email, or mail, this application to:****Maureen Horan****Coordinator of Paraprofessionals****maureen@spsamerica.org****Suicide Prevention Services****528 S. Batavia Ave.****Batavia, IL 60510****You will be contacted after your application is returned to SPS.****Need more information? Call 630-482-9699 or email** **maureen@spsamerica.org****.**  |