RE-POSTING SELECTIVE TRAINING ANNOUNCEMENT
SBOTE-18-01

Cook County Sheriff's Bureau of Training & Education

80 Hour Commercial Driver’s License Certification Course

Summary:
The Cook County Sheriff’s Bureau of Training & Education will be conducting an 80 Hour Commercial Driver’s License Certification Course for a total of ten (10) participants – Sheriff’s Police – (Juvenile Justice and Advocacy Unit – 2) Department of Corrections (Food/Laundry and Sanitation - 2, Transportation -2 and Division XI - 2), and the Court Services Department – 2 on 16 APR 18 – 27 APR 18 from 0700 to 1500 hours at Moraine Valley Community College located at 9000 W. College Pkwy., Palos Hills, IL 60465-1444.

Minimum Qualifications: Applicants that fail to meet any one of the Minimum Qualifications listed below will be deemed Not Qualified.

- Must possess a current and Valid Driver’s License.
- Must be in an active duty status at time of application.
- Must be assigned to Sheriff’s Police – Juvenile Justice and Advocacy Unit, Department of Corrections Food/Laundry and Sanitation, Transportation, Division XI, or Court Services.
- Within the previous twenty four (24) months, must not have incurred two (2) or more Unpaid Unauthorized Activities, eight (8) or more instances of Tardiness. Suspected Unpaid Unauthorized Activity will be verified by Human Resources. Please refer to the definition of Unauthorized Activity in the Glossary of the Sheriff’s Employment Action Manual, which is posted on the Sheriff’s website.
- Must submit to a background check, which will include a criminal background check and a driver’s license abstract.
- All sworn personnel must be in an authorized status. Must not have received Department or OPR discipline resulting in a suspension(s) of a total of four (4) or more days for a single infraction that occurred within the past eighteen (18) months. Written reprimands for minor infractions such as tardiness may disqualify an applicant, but it is not automatic. Counseling will not disqualify an applicant.
- No pre-approved time benefit days will be accepted for any reason during the Training period.
- Must meet requirements as listed in Article M, which may be found on the Sheriff’s website: www.cookcountysheriff.org.

Application Instructions: -- Applicants must submit a completed Training Application and SEAM Compliance Letter (attached) to your Department Head / Designee for approval. Once approved the Department Head/Designee will collect all approved applications and rank in order.

- A Training Application and SEAM Compliance Letter- Attached
- Applications received after the following dates will not be accepted:
  - 22 FEB 18 – 07 MAR 18
The Department Head/Designee will submit the list to the Bureau of Training & Education along with the approved applications and SEAM Compliance Letters via an e-mail to the Bureau of Training & Education no later than 14 MAR 18 at marie.rangel@cookcountyil.gov

ALL APPLICATIONS SUBMITTED FROM 13 FEB 18 – 22 FEB 18 WILL STILL BE HONORED FOR THIS TRAINING.

Selection Process

Class size will be limited to ten (10) participants – Sheriff’s Police (Juvenile Justice and Advocacy Unit-2), Department of Corrections (Food/Laundry and Sanitation - 2, Transportation - 2, and Division XI - 2), and the Court Services Department – 2. All Candidates deemed Qualified based on the Minimum Qualifications will be ranked based on their seniority. Candidates with the same seniority date will be ranked by JDE number, with the lower JDE number ranked first.

The top ten (10) participants – Sheriff’s Police (Juvenile Justice and Advocacy Unit-2), Department of Corrections (Food/Laundry and Sanitation - 2, Transportation - 2, and Division XI - 2), and the Court Services Department – 2 will be selected for the CDL Certification Course.

If a Department does not utilize all positions allocated, the remaining unfilled positions will be distributed to the Department with the greatest demand.

For further information regarding the above process, please refer to the Selective Training procedure which may be found on the Sheriff’s website: www.cookcountysheriff.org.

The Cook County Sheriff’s Office prohibits all Unlawful Political Contacts and Unlawful Political Discrimination in all decisions related to any Employment Actions.
Office of the Sheriff of Cook County  
Bureau of Education & Training  

APPLICATION  

Applications must be received in the office of the Bureau of Education & Training 30 days prior to the training activity, seminar, workshop. Early submission of training request is recommended as travel funding is limited. Print the following information:

Applicant's Name: __________________________ Title: __________________________

Department: __________________________ JDE #: __________________________ Star #: __________________________

Title of Course: __________________________

Location of Course: __________________________ Course Date: __________________________

Address of Course: __________________________ City: __________________________ State: __________________________ Zip Code: __________________________

Please indicate the ESTIMATED or ACTUAL COST FOR EACH APPLICABLE CATEGORY below:

<table>
<thead>
<tr>
<th>CATEGORY (Include all that apply)</th>
<th>COST</th>
<th>TIMES NO. OF NIGHTS (OR DAYS)</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
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<tr>
<td>Air Fare</td>
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<tr>
<td>Hotel Accommodations (include cost of applicable room tax)</td>
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<tr>
<td>Per Diem is based on rate set by the IRS</td>
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<td>Ground Transportation</td>
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<tr>
<td>Other (specify)</td>
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<tr>
<td>TOTAL COST</td>
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</tbody>
</table>

☑ ESTIMATE  ☐ ACTUAL

NOTE: No Registration or Travel Arrangements can be made prior to the Bureau of Training & Education's approval. Please include copies of all appropriate forms for registration processing.

Upon completion of training, I agree to submit copies of all program materials, related certificates or other verification of training received (along with reimbursement forms, if applicable) to my Department Head which will then be forwarded to the Cook County Sheriff's Training Division within 7 days of my return.

APPLICANT'S NAME (PRINT) __________________________ APPLICANT'S SIGNATURE __________________________ WORK NUMBER __________________________ DATE __________________________

DEPARTMENT RECOMMENDATION

Immediate Supervisor  ☐ Approved  Date __________________________  ☐ Not approved  Date __________________________

I certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

NAME OF IMMEDIATE SUPERVISOR (Please Print) __________________________ SIGNATURE OF IMMEDIATE SUPERVISOR __________________________

☐ Essential to Department  ☐ Important to Department

RATIONALE FOR ATTENDANCE

I certify that no Political Reasons or Factors were considered in any decision I made or action I took related to this Employment Action. Further, I do not know of, or have any reason to believe that anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

NAME OF CHIEF/DIRECTOR (Please Print) __________________________ SIGNATURE OF CHIEF/DIRECTOR __________________________ DATE __________________________

RECOMMENDATIONS BY TRAINING DIVISION EXECUTIVE DIRECTOR / DESIGNEE – (POLICY 3810-U250)

Staff Recommendations ☐ Approved  Date __________________________  ☐ Not approved  Date __________________________

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SIGNATURE OF EXECUTIVE DIRECTOR / DESIGNEE __________________________

Revised 21 MAY 15
Cook County Sheriff's Department
SEAM Article M & Article N Compliance Review
**This form must accompany all Training Applications**

☐ Selective Training (SEAM Article M, Section P, Procedure)  Applicant Name: _______________________
Written request to post selective training opportunity (must be attached)
Date Approved _________________________ Time Approved _________________________
Training Title _________________________ Posting Title # _________________________ Tracking # _________________________
Number of Training Vacancies ____________ ☐ Applicant rank list attached (required) Established date _________________________
Selective Training rotation & appointment: ☐ Training Pool Used ☐ Training Pool Not Used

☐ Required Specialized Training (SEAM Article N, 3A)  Applicant Name: _________________________
Required training following assignment to a post or position that requires specialized training.
Job Posting # _________________________ (Attach posting to this document, if applicable)

☐ Department-Initiated Specialized Training (SEAM Article N, 3B)  Applicant Name: _________________________
Specialized training that is requested for employees in a Department or unit within a Department.
Submitted 30 days prior to the start of training. ☐ Yes ☐ No
Training is requested for
☐ All Employees ☐ Employees within a Unit  Unit: _________________________ ☐ Individual Employees
Justification for recommendation based on operational needs of the Department

☐ Employee Initiated Training Request(SEAM Article N, 3C)  Applicant Name: _________________________
An Employee requesting to attend a training opportunity.
*Training application must be attached
*Reference to training opportunity must be attached (ex. Brochure, website)
If either of the below boxes are checked the application will be denied.
☐ Employee has incurred 2 or more Unauthorized Absences in the previous 24 months.
☐ Employee has incurred a total of 4 or more suspension days for a single infraction within the previous 18 months.

☐ Emergency Training Assignment(SEAM Article N, 3D)  Applicant Name: _________________________
Justification (Check appropriate justification below)
☐ Department or unit staffing, scheduling and Operational Needs.
☐ Career path(s) of individuals reviewed for selection.
☐ Consistent high quality performance based on Quarterly and Annual Performance Evaluation Review forms.
☐ If the employee demonstrated prior ability to use acquired knowledge for the improvement of the agency.
☐ Relevancy to the employee's assignment or unit.
☐ Necessity to perform the duties of the assignment.

By signing this form, I certify that no Political Reasons or Factors were considered in any decision I made or action I took relating to this Employment Action. Further, I do not know of or have any reason to believe that, anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

Immediate Supervisor's Signature
Cook County Sheriff's Department
Date _________________________  ☐ Approved  ☐ Not Approved

By signing this form, I certify that no Political Reasons or Factors were considered in any decision I made or action I took relating to this Employment Action. Further, I do not know of or have any reason to believe that, anyone else considered or took action based on Political Reasons or Factors with respect to this Employment Action.

Signature of Chief/Director
Cook County Sheriff's Department
Date _________________________  ☐ Approved  ☐ Not Approved

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Executive Director / Designee
Cook County Sheriff's Training Division
Date _________________________  ☐ Approved  ☐ Not Approved
Ce: Compliance Officer

Revised 21 MAY 15