

**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 infractions 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.

<u>For Internal use only</u>	Application Received _____	Date/Initials _____	Policy _____
Registration Processed	Date _____ Initials _____	Air Fare Processed	Date _____ Initials _____
Hotel Processed	Date _____ Initials _____	Per Diem Processed	Date _____ Initials _____

**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:

CATEGORY (Include all that apply)	COST	TIMES NO. OF NIGHTS (OR DAYS)	TOTAL COST
Registration			
Air Fare			
Hotel Accommodations (include cost of applicable room tax)			
Per Diem is based on rate set by the IRS			
Ground Transportation			
Other (specify)			
TOTAL COST <input type="checkbox"/> ESTIMATE <input type="checkbox"/> 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 _____

I certify that no Political Reasons or Factors were considered in any decisions 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.

SIGNATURE OF EXECUTIVE DIRECTOR / DESIGNEE _____

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.

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 Immediate Supervisor's Signature Date

Cook County Sheriff's Department

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.

Approved Not Approved

 Signature of Chief/Director Date

Cook County Sheriff's Department

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.

Approved Not Approved

 Executive Director / Designee Date

Cook County Sheriff's Training Division

Cc: Compliance Officer

Approved Not Approved