

OSAGE COUNTY 911 COMMUNICATIONS EMPLOYMENT APPLICATION



Telecommunicator Position

INSTRUCTIONS

1. Read every question carefully and answer each question accurately. Each entry must be legible. If a question or item does not apply to you, write N/A in the blank.
2. The information requested herein is to be used by the Osage County 911 Communications Center to determine your suitability for employment. The Osage County is an equal opportunity employer and does not discriminate on the basis of sex, religion, age, nationality or ethnic origin, color, height, weight, marital status, education, economic status, or for any other reason.
3. The questions contained in this application are necessary to conduct a complete background check and to determine your mental and physical preparedness to perform the duties assigned, and will not be used to discriminate in any manner.
4. Applicants may be asked to take a drug screening to confirm the information contained in the application. Any false or misleading information provided by you or arranged by you with references or past employers, will be grounds to disqualify your application, and, if hired, may cause your termination.

Name

Date

Address

Phone Number

Email Address

WAIVER

I, (Print Full Name) _____
hereby certify that I have personally completed this application; that all statements made on or information or documents furnished in connection with my application are true to the best of my knowledge and belief; and that I have not knowingly withheld any information which might adversely affect my changes for employment. I understand that any misstatements or omissions of material facts may be cause for rejection of my application, or if I am accepted for employment, for later dismissal.

I hereby authorize the Osage County 911/Emergency Operations Center to conduct a comprehensive background investigation for employment as a 911 dispatcher. I further authorize all of my previous employers whether named in this application or not, to provide the Osage County 911/Emergency Operations Center with details of my employment history, including, but not limited to, salary, disciplinary actions and reason for termination. I understand and agree that the Osage County 911/Emergency Operations Center may discuss information about me, including any persons I have listed as references in my application.

I understand and agree that I may be required to submit to a drug test or similar test, as a prerequisite to employment with the Osage County 911/Emergency Operations Center or as a condition of continued employment if I am employed.

By signing this authorization, I agree to hold harmless any person or agency who releases any information to the Osage County E-911 Center. I understand that information gathered is to determine my suitability for my employment and will be retained in my file.

I realize that the completion does not mean that a position is open at this time or that I have been accepted for employment. This application shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature

Date

DATE OF APPLICATION _____

POSITION APPLIED FOR: _____

NAME: _____
Last First MI Sr./Jr. Maiden

List any alias names that you have used:

ADDRESS: _____

Home/Cell Telephone _____ Work Telephone _____

SOCIAL SECURITY NUMBER: _____/_____/_____

Drivers license number: _____

SEX ___F ___M Date of Birth: _____

Are you available for work? ___ Full Time ___ Part Time ___ Either

On what date would you be available for work? _____

Do you type? _____ Words per minute? _____

Have you used a computer? _____ Microsoft Word? _____ Do you use email? _____

Do you have the Legal Right to live and work in the United States* _____ Yes _____ No

Can you submit proof of legal employment authorization and ID? _____ Yes _____ No

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime, holiday,
Can you travel if required by this position? _____ Yes _____ No

Do you have any relatives employed by Osage County? _____ Yes _____ No

Have you ever been tested or considered for employment by
Osage County? _____ Yes _____ No

*Your employment may be subject to verification of United States Citizenship
or Visa permitting applicant to live and work in this Country.

Written Interview

Why do you want to be a 9-1-1 dispatcher?

Do you have any special skills you feel would aid you as a 9-1-1 Dispatcher?

This position involves shift work, day or night, weekends, Holidays and some overtime. Our schedule rotates every other weekend, but may vary due to staff shortages. How do you feel about working this type of shift work?

Describe in detail what you think the duties of a 911 dispatcher are?

How would you deal with a person that calls in and yells and cusses at you?

Have you had good working relationships with previous co-workers?

Do you feel that you would be able to sit for long periods of time?

Do you feel you have the ability to multi-task? Please provide an example of how you may have had to perform multi-tasking skills in the past.

What would you do if you found out your brother-in-law had a warrant for their arrest?

- A. Nothing
- B. Tell your brother-in-law
- C. Advise the supervisor that you have a relative that is wanted

How would you react if during a 911 call reporting a motor vehicle accident, you find out that your parents were involved in the accident?

Are you able to read and understand maps? _____

How familiar are you with Osage County...how many cities are there?

Provide directions from Chamois, MO to Meta, MO.

How would you prioritize the following calls:

- A. Motor Vehicle Accident with unknown injuries
- B. A call of a suspicious person in a residential neighborhood
- C. An assault that is no longer in progress

Why? _____

DISPATCH TRAINING AND EXPERIENCE

Have you had any prior dispatch training and/or dispatch experience? ____ Yes ____ No

Name of dispatch agency _____

Dates worked from _____ to _____

List all dispatch courses completed

List any Awards and Commendations you have received.

Have you previously applied for a position in law enforcement, fire or EMS prior to this?

____ Yes ____ No

EDUCATION

Check the line indicating your education level:

- GED Certificate
- High School Diploma
- College Degree
- Technical or Vocations School
- Other Explain _____

List all schools you have attended:

School	Address & Zip
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever been dropped from the rolls, expelled or suspended or asked to leave any school for any reason: Yes No If yes, explain below.

MILITARY

1. Have you ever served in the Armed Forces? Yes No
2. Have you ever been denied entry into any Military Organization? Yes No
If "yes", state reason _____
3. Type of military discharge? _____
4. Present Reserve Status? _____
5. What Branch of the military/duties? _____
7. Were you ever Court Martialed, Disciplined, Tried on Charges, or subject to any other type of disciplinary action while in the Military? Yes No (If yes, explain)

PHYSICAL - MENTAL HEALTH

This portion is voluntary at this stage of the application process but may become mandatory if a conditional offer of employment is made.

How would you describe your health at this time? Excellent Good Fair Poor

Do you have any physical or mental conditions which may limit your ability to perform the duties of the job for which you are applying? Yes No

If YES, describe the nature and the conditions of your limitations:

Have you ever experienced or been treated for hearing loss or ear problems?

How many days have you lost from work or school in the past year? Why?

- | | No | Yes |
|--|--------------------------|--------------------------|
| 1. Have you ever been treated for a mental condition or breakdown? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever seriously considered or ever attempted suicide? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been released from prior employment, either civilian or military, for poor health or mental disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any serious health problems in your family? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been hospitalized or had a serious illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been treated by a Psychiatrist, Psychologist, Mental Health Counselor or spent time in a Mental Health Facility for a mental condition or Mental breakdown? | <input type="checkbox"/> | <input type="checkbox"/> |

USE OF ALCOHOL AND DRUGS

No Yes

1. Do you use alcohol?

___ ___

2. Describe your alcohol use:

___ Frequent ___ Moderate ___ Social ___ None

3. Have you ever had difficulty with your family due to drinking or drug use? If "Yes" Explain

4. Have you ever had treatment for alcohol or drug use? If "Yes" Explain

5. Do you now, or have you in the past, associated with drug users or traffickers? If "Yes" Explain _____

6. Have you ever tried drugs or narcotics without a physician prescribing them? If "Yes" Explain _____

7. Do you currently use prescribed drugs (narcotics) by a physician? If "Yes" Explain

8. Do you smoke or use tobacco? If "Yes" explain what type tobacco you use.

9. Is your use of tobacco ___ Heavy ___ Moderate ___ Rare

10. Have you ever experienced a medical problem due to use of tobacco? If "Yes" explain

EMPLOYMENT HISTORY

Please provide all employment information for your past four employers starting with the most recent. Include time spent in the military and school if applicable.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

REFERENCES

List 5 character references that are responsible adults and have known you for at least 5 years. Do not include family members or employers already listed on this application.

1. _____
Name

Mailing address

Years acquainted Occupation Reference Phone Number

How do you know this person?

2. _____
Name

Mailing address

Years acquainted Occupation Reference Phone Number

How do you know this person?

3. _____
Name

Mailing address

Years acquainted Occupation Reference Phone Number

How do you know this person?

4. _____
Name

Mailing address

Years acquainted Occupation Reference Phone Number

How do you know this person?

5. _____
Name

Mailing address

Years acquainted Occupation Reference Phone Number

How do you know this person?

ARREST HISTORY

Do you have a valid drivers license ___ Yes ___ No

Have you ever been accused or convicted of a felony? ___ Yes ___ No

If "yes" explain, include dates, charges, location, arresting agency and disposition of charges:

List **ALL** traffic convictions within the last 10 years:

Approximate date Offense

Disposition

Have you ever been arrested, charged, questioned, accused, warned or detained for any offense or alleged violation of a Statute, Ordinance, Law, Regulation by any Civil, Law Enforcement or Military authority, either in this or any other Country? ___ Yes ___ No

If "yes" please explain, giving details as to the nature of the encounter.

Do you have contact now, or have you ever had contact with a convicted felon or possible felon? ___ Yes ___ No

REQUIREMENTS

IF YOU RECEIVE AN INTERVIEW AND ANY OF THE FOLLOWING DOCUMENTS ARE RELEVANT TO YOUR APPLICATION THEN THOSE DOCUMENTS WILL BE REQUIRED AT TIME OF INTERVIEW:

1. Copies of all training certificates and degrees declared.
2. Military form DD214 (if applicable.)

I understand that, should I be employed by the Osage County 911 Communications Center, my continued employment is contingent upon my successful completion of an initial six month probationary period.

Applicant Signature

Date

I the applicant warrant the truthfulness of the information provided in this document and understand that checking this box constitutes a legal signature.

When you have finished filling out this application save it to your computer and send it via email to director911@osagecountyema.com.