

OSAGE COUNTY E-911 EMPLOYMENT APPLICATION

Dispatcher 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 E-911 Center to determine your suitability for employment. The Osage County E-911 Center 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

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 E-911 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 E-911 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 E-911 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 E-911 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 _____

DATE OF BIRTH: _____
Month Day Year Age Place of Birth

SOCIAL SECURITY NUMBER: _____/_____/_____

Drivers license number: _____

SEX ___F ___M

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? _____

Are you a citizen of the United States? _____ Yes _____ No

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

If you are under 18, can you furnish a work permit if it is required? _____ 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 if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ 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

If you answered yes to any of the above questions, please explain, including dates:

*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. It involves working day and night shifts, weekends, Holidays and some overtime. Our current schedule rotates every other weekend off but the schedule doesn't always allow that. 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.

Do you feel you have a Type A (individual who is aggressively involved in a chronic, incessant struggle to achieve more and more in less and less time) or Type B (individual who is more "relaxed" in his or her approach to life) personality? Why? _____

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 director 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? _____

Write the directions to your home from the Osage County Courthouse.

What are your objectives in regards to this position?

What is your definition of loyalty? _____

What is your definition of integrity? _____

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 not in progress

Why? _____

Which, if any, of the calls above may require additional officers? Why? _____

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:

From	To	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.

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 had any serious illness' or operations. If so, list dates, nature of illness and hospital:

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 6 months? Why?

Have you ever been under medical care for any of the following reasons:

If the answer to any below is yes, explain on a separate piece of paper.

NO	YES	ILLNESS	NO	YES	ILLNESS
___	___	Tuberculosis	___	___	High Blood Pressure
___	___	Malaria	___	___	Low Blood Pressure
___	___	Dysentery	___	___	Abnormal Bleeding
___	___	Frequent colds	___	___	Abnormal Bruising
___	___	Asthma	___	___	Nervousness
___	___	Chronic Colon problem	___	___	Diabetes
___	___	Sinus problem	___	___	Alcoholism or drug abuse
___	___	Hay fever	___	___	Convulsions
___	___	Allergy	___	___	Headaches
___	___	Rheumatism	___	___	Dizziness
___	___	Upset stomach	___	___	Kidney problems
___	___	Stomach disorder	___	___	Prostate problem
___	___	Duodenal ulcer	___	___	Ear problem / draining
___	___	Epilepsy	___	___	Deafness
___	___	Cancer	___	___	Eye infection
___	___	Cysts or Tumors	___	___	Impaired vision
___	___	Heart problems	___	___	Rupture
___	___	Backaches	___	___	Appendicitis

Other: _____

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

USE OF ALCOHOL AND DRUGS

No Yes

1. Do you use alcohol?

___ ___

2. Describe your alcohol use:

___ Frequent ___ Moderate ___ Social
___ Infrequent ___ Rare ___ None

3. What kind of alcohol do you drink?

4. Was there ever a period in your life when you drank more than you do now? If "Yes" Explain _____

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

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

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

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

9. Have you ever been prescribed drugs (narcotics) by a physician? If "Yes" Explain

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

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

12. 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: _____

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Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

MILITARY

1. Have you ever served in the Armed Forces? ___ Yes ___ No

2. Type of Discharge * _____

3. Present Reserve Status? _____

4. Have you ever been denied entry into any Military Organization? ___ Yes ___ No
If "yes", state reason _____

5. What Branch of the Military? Your MOS? _____

6. List your Duty Stations in the Military: (Approximate dates)
From To Location

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)

8. List your Military Schools and Training:

9. List your awards and medals:

*A Dishonorable or Less Than Honorable Discharge is not an absolute bar to employment.

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?

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 _____

Number of training hours before released _____

List all dispatch courses completed

List any Awards and Commendations you have received.

Have you applied for position in Law Enforcement prior to this? ____ Yes ____ No

ARREST HISTORY

Do you have a valid drivers license ____ Yes ____ No

Have you ever been arrested? ____ Yes ____ No

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

List **ALL** traffic convictions:

Approximate date **Offense**

Disposition

Have you ever been convicted of a crime other than traffic:

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.

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

REQUIREMENTS

THIS APPLICATION WILL NOT BE PROCESSED OR REVIEWED WITHOUT THE FOLLOWING DOCUMENTS ATTACHED:

- 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 E-911 Center, my continued employment is contingent upon my successful completion of an initial six month probationary period.

Applicant Signature

Date