

Garvin County E911
225 W. McClure, Room 205
Pauls Valley, OK 73075
(405) 238-1146

APPLICATION FOR EMPLOYMENT
COMMUNICATIONS OFFICER

An Equal Opportunity / Affirmative Action Employer

Garvin County 911 does not discriminate on the basis of race, color, religion, sex, national origin, age, marital, or veteran status, political affiliation, handicapped status, or any other legally protected status.

Please print in ink or use a typewriter. All information submitted is subject to verification. A false or misleading response may result in disqualification for employment or discharge, if employed. This application will not be accepted or considered until all questions are answered completely, and the application is signed.

Position Applying For: _____ Date: _____

Full Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____
(STREET) (City, State, Zip)

Telephone Number(s): _____

E-mail address: _____

In Case of Emergency Notify: _____

Social Security Number: _____

Do you have a valid Oklahoma Driver's License? _____

Driver's License Number: _____

Type: Operator: _____ Chauffeur: _____ C.D.L.: _____ A _____ B _____ C _____

Explain any restrictions: _____

Have you ever had your license suspended or revoked? _____ When? _____

If yes, how long? _____ Why? _____

How many auto accidents? _____ How many on the job? _____

Are you legally eligible for employment in the United States?_____

Date available for work:_____

Are you willing to work any hours assigned including nights and weekends?_____

Have you ever been employed by the GC 911 Board?_____ Any other County/City?_____

If yes, state when, where and reason for leaving._____

Do you have any relatives who are employed by or elected officials of the GC 911 Board?_____

If yes, give the name, relationship, and department._____

Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense or against the law?_____ If yes, list all such offenses and state the date, place, and actions taken:

(NOTE: A conviction is not an automatic ban to employment; please provide complete info.)

MILITARY SERVICE

Branch:_____ Date Entered:_____

Discharge Date:_____ Was it Honorable:_____

Indicate specific experience or training that is job related:_____

SKILLS AND CERTIFICATIONS

LIST ALL VALID PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATES YOU PRESENTLY HOLD
(You may attach a separate piece of paper on back if additional space is needed.)

TYPE:_____ NUMBER:_____ EXP. DATE:_____

TYPE:_____ NUMBER:_____ EXP. DATE:_____

TYPE:_____ NUMBER:_____ EXP. DATE:_____

List all machines, computer programs or equipment you can operate skillfully._____

REFERENCES

Please list the name, occupation, address, and phone number of three persons, other than relatives, who know of your character, experience, or ability.

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____
(STREET OR P.O. BOX) (CITY) (STATE AND ZIP)

TELEPHONE: _____

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____
(STREET OR P.O. BOX) (CITY) (STATE AND ZIP)

TELEPHONE: _____

NAME: _____ **OCCUPATION:** _____

ADDRESS: _____
(STREET OR P.O. BOX) (CITY) (STATE AND ZIP)

TELEPHONE: _____

EDUCATIONAL RECORD

School	Name & Address of School	Course of Study	Completed	Graduate	List Diploma or Degree
High School			9 10 11 12	Yes No	
College			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

In the space below, list any additional training, educational seminars, or courses completed.

EMPLOYMENT RECORD

List your previous jobs or work experience. Begin with your current or most recent job and work back.

PRESENT or LAST EMPLOYER: _____ Date Employed: _____

Mailing Address: _____ Ending Date: _____

Name of Supervisor: _____ Your Position: _____

Phone: _____ Starting Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

PREVIOUS EMPLOYER: _____ Date Employed: _____

Mailing Address: _____ Ending Date: _____

Name of Supervisor: _____ Your Position: _____

Phone: _____ Starting Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

PREVIOUS EMPLOYER: _____ Date Employed: _____

Mailing Address: _____ Ending Date: _____

Name of Supervisor: _____ Your Position: _____

Phone: _____ Starting Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

PREVIOUS EMPLOYER: _____ Date Employed: _____

Mailing Address: _____ Ending Date: _____

Name of Supervisor: _____ Your Position: _____

Phone: _____ Starting Salary: _____ Ending Salary: _____

Job Duties: _____

Reason for Leaving: _____

May we contact this employer? _____

Please explain in detail any time lapses in the above record due to unemployment or other reasons. __

READ CAREFULLY BEFORE SIGNING

I hereby certify that the answers in this application are true and complete to the best of my knowledge and belief, and I authorize the Garvin County 911 Board to verify any or all statements contained herein. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any education institution from any claims for damages or otherwise by reason of furnishing such information and records.

I further understand that if I am appointed, it will be upon the recommendation of the Department Head or Board member concerned, subject to the approval of the Garvin County 911 Board and the Garvin County Commissioners Board, and that this application is the property of the Garvin County 911 Board and will become part of my personnel file if I am accepted for employment. I further understand that the Garvin County 911 Board may conduct a background investigation which may include a criminal records check and/or a check of driver's license records.

Name of Applicant (Please Print or Type)

Signature of Applicant

Date

FOR DEPARTMENT PERSONNEL USE ONLY

COMMENTS BY PREVIOUS EMPLOYERS

**Garvin County E-911 Communications Center
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish Garvin County E-911 Communications Center with any and all information they request concerning my work record, educational history, military record, traffic record, criminal record, medical history, and general reputation.

I also, request and authorize you to furnish any organization or individual conducting a background on behalf of Garvin County E-911 Communications Center with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with Garvin County E-911 Communications Center.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with Garvin County E- 911 Communications Center.

A photocopy of facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Signature _____ Date _____

Type or print legibly the following information:

Applicant's Name _____

Date of Birth _____

Social Security Number _____

Current Address _____

Dispatcher Experience Questionnaire

1. Do you have any computer experience? _____ yes _____ no

If yes, how many _____ years _____ months.

Describe your computer experience.

Describe any college or high school computer coursework completed. List date taken along with credit or semester hours earned, _____

2. Do you have any telephone work experience? _____ yes _____ no

If yes, how many _____ years _____ months.

If yes, does this experience involve multi-line phone systems? _____ yes _____ no

Describe your experience including the type of equipment and number of lines associated with the equipment.

3. Describe any high pressure, fast paced, multi-tasking work experience you have.

4. Do you have any dispatching experience? _____ yes _____ no

If yes, how many _____ years _____ months.

Equipment type: _____

Describe your computer experience. _____

5. Do you have any experience dispatching using a Computer Aided Dispatch system?
_____ yes _____ no

If yes, how many _____ years _____ months.

Equipment type: _____

Describe your computer experience.

6. Do you have any experience with public contact? _____ yes _____ no

If yes, how many _____ years _____ months.

If yes, describe this experience.

7. Do you have any knowledge of highways, main roads, county roads, and/or geographical areas of Garvin county? _____ yes _____ no

If yes, please explain.

8. Describe any experience or training you have in the following areas.

a) Law Enforcement _____

b) Fire _____

c) Emergency Medical Service _____

Dispatcher Questionnaire

The job position for which you are applying may include duties and responsibilities which often involve high pressure situations that can create emotional distress. Some duties may be disagreeable or unpleasant to perform. Please read each numbered item listed below and indicate whether or not this is the type of work you are willing to do.

For each numbered item below indicate with a YES or NO as to whether you are willing or not willing to do.

1. _____ Are you willing to talk to callers who are emotionally upset? For example; Persons who are angry, frightened, depressed or excited.

2. _____ Are you willing to tolerate abusive and/or threatening language from callers who, because of their problems, take their feeling out on you?

3. _____ Are you willing to remain emotionally detached in order to respond to situations in a positive, mature, calm manner?

4. _____ Are you willing to work in close proximity to other workers?

5. _____ Are you willing to work weekends and holidays?

6. _____ Are you willing to work overtime and rotating shifts?

7. _____ In case of emergency, are you willing to respond to being called back to service and report within 30 minutes of being called back to work?
8. _____ Are you willing to handle a heavy volume of calls for the duration of your shift?
9. _____ Are you willing to work in a noisy environment for the duration of your shift?
10. _____ Are you willing to have your calls monitored and recorded for evaluation?
11. _____ Are you willing to work in a designated work area with no windows for the duration of your shift?
12. _____ Are you willing to remain in the Communications Center on duty during a disaster while family members are elsewhere?

APPLICANT'S CERTIFICATION

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application, are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers, school officials, and persons named as references. I hereby release all employers, school and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this County deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

Date: _____ Signature: _____

The filling out and returning of this application to the County does not guarantee employment and does not constitute an offer of employment.