General Instructions for Jefferson County E-911 Applications

Complete the attached forms and return them to the Jefferson County E-911 Emergency Communications District. An appointment will be made for you to complete the 911 exam, if required.

If you have served in the Armed Forces, you must submit a copy of your military discharge (DD214) with these forms.

You must submit a copy of all relevant education diplomas and transcripts with these forms.

In accordance with the immigration reform & control ACT of 1986, anyone employed by Jefferson County E-911 must furnish to Jefferson County E-911 within three days of employment documentation as required by U.S. Department of Justice Immigration and Naturalization Services (documentations will be from list of acceptable documents.)

APPLICATION HINTS:

Assure that all information, including phone number is correct.

Assure that you have included the position title you are applying for and the date application was submitted.

Attach all relevant documents to the application.

If you have held more than three employment positions, please follow application format and provide information on a separate sheet of paper.

Describe job tasks clearly and specifically, being as brief as possible.

A resume cannot be substituted for application.

Return Application and Resume by hand to Jefferson County E-911 or mail to: Jefferson County E-911 PO Box 705 Jefferson City, TN 37760

Only return the completed application, the first two pages are for your records

911 Emergency Communications Dispatcher/Telecommunicator Entry Level

Drug Testing, Hearing/Speech Screening, Psychological Screening, may be required at any time.

Pay Rate: \$15.00, Night shifts differential pay\$.50/Hour for full time employment.

Application for 911 Emergency Communications Dispatcher/Telecommunicator are accepted on a continuous basis. Your application will be screened for the minimum requirements listed below. An actual vacancy may or may not exist at the time you apply. Names of candidates who meet the minimum requirements will be placed on an eligibility register. Your name will remain on the list for a period of one year. If you wish to renew your eligibility, you must notify your desire to do so in writing. An official application, including a copy of your high school diploma or GED certificate must be submitted with your application.

Responsibilities

Under direction in a centralized communications center, performs duties involving the receipt and processing of calls for both emergency and non-emergency public safety communications services. Operates communication equipment. Receives complain calls and conducts event, analysis of each call. Processes complain information derived from event analyses. Executes follow-up procedures to ensure proper complaint processing. Provides information to the public and other public safety agencies. Records resources and system errors. Queries databases and other reference materials. Maintains basic administrative records. Maintains awareness of community and communications center events. Performs associated tasks assigned.

Minimum Requirements

Unless stated otherwise, applicants must possess and/or meet the following minimum requirements:

- -Graduation from a standard high school or GED equivalent.
- -Applicants must be 18 years of age.
- -Ability to enter data at a minimum rate of 2,500 key strokes per hour.
- -APPLICANTS MUST BE WILLING TO WORK VARIABLE SHIFTS, INCLUDING DAYS, EVENING, NIGHTS, WEEKENDS, AND HOLIDAYS.
- -Due to the public safety and liability concerns which characterize this job, statements on the job application concerning the applicant's criminal background (including the lack thereof) will be verified.

EXAMINATION

Application materials will be screened for the above-listed minimum requirements. Meeting the minimum qualifications will be scheduled for selection of test battery. The test battery is comprised of public safety communications testing which assesses the applicant's ability to enter data, multi-task ability, and information processing and comprehensions skills.

Applications must pass all components of the selection process to be eligible for employment.

Jefferson County E-911 Emergency Communications District

581 W Old AJ Highway New Market, TN 37820 PO Box 705 Jefferson City, TN 37760 Office 865-475-4911 Fax:865-475-5019

Fill out completely using blue or black ink. Please be accurate in filling out the form because falsification or

misinformation is justification for removal from service. PLEASE PRINT OR TYPE ONLY				
POSITION APPYLING FOR				
DATE	DATE YOU COULD START		FULL TIME/PART TIME	
IF PART TIME WHAT DAYS/HRS ARE YOU AVAILABLE	HAVE YOU APPLIED WITH JEFFERSON E-911 BEFORE		HAVE YOU BEEN EMPLOYED BY JEFFERSON COUNTY E-911 BEFORE	
NAME (LAST) FIRS	ST	MIDDLE		
DATE OF BIRTH MONTH/DAY/YEAR	AREA CODE AND TELEPHON	NE#	BUSINESS OR CELL PHONE	
PRESENT ADDRESS (NO AND STREET) CITY	Y STATE	E ZIP	,	
PREVIOUS ADDRESS (NO AND STREET) CIT	TY STAT	TE ZIP		
DRIVERS LICENSE NUMBER	STATE	CLASS		
CHECK IF YOU ARE WILLING TO ACCEPT SHIFT WORK		IF PART TIME AN	D/OR TEMPORARY APPLICATION	
[] YES [] NO []DAYS [] EVENINGS [] NIGHTS		DATES AVAILABLETO		
HOW DID YOU LEARN OF THE POSITION? (INDICATE NA	ME OF AGENCY, PAPER, EMPL	LOYEE, ETC)		
[] AGENCY POSTER [] ON-LINE [] EMPLOYEE [] JOB	SERVICES [] OTHER (SPECIFY	Y)		
IF YOU ARE NOT A U.S. CITIZEN, UNDER WHAT TYPE OF PERMIT DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE US?				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER CRIME OF DISHONESTY OR BREACH OF TRUST OR DAMGE TO THE PERON OR PROPERTY OF OTHERS? [] NO [] YES IF YES, GIVE DATES AND EXPLANATION. (CONVICTION DOES NOT AUTOMATICALLY EXCLUDE YOU FROM CONSIDERATION FOR EMPLOYMENT AND YOU WILL BE GIVEN THE OPPORTUNITY TO EXPLAIN ANY CONVICTIONS.)				
ARE YOU REQUIRED TO REGISTER IN ANY JURISDICTION [] YES [] NO	N AS A SEX OFFENDER?			

MILITARY EX	XPERIENCE (Do not include ROTC)			
Branch of Serv	ice	From	To	
Occupational S	epcialization			
Special/Technic	cal Training			
(Show Dates, N	Names, and Addresses of Schools)			
EDUCATION	AND TRAINING			
SCHOOL	NAME AND ADDRESS OF SCHOOL(S) ATTENDED	NO OF YEARS COMPLETED	DID YOU GRADUATE	CERTIFICATE/DEGREE/DIPLOMA (SPECIFY MAJOR AND MINOR)
шен			[] YES	
HIGH			[] NO	
TRADE/ BUSINESS/			[] YES	
TECHNICAL/ SERVICE			[] NO	
COLLEGE/			[] YES	
UNIVERSITY			[] NO	
GRADUATE			[] YES	
Ga Bo.H.E			[] NO	
ADDITIONAL	ATTACH PROOF OF CERTIFIC	CATION(S) FOR REQUIRMENT	S, IF NECESSAF	RY
OTHER QUALICIA SUMMARIZE SPECI	ATIONS IAL JOB-RELATED SKILLS AND QUALIFICATIONS AC	QUIRED FROM EMPLOYMENT (DR OTHER EXPE	ERIENCE

SPECIALIZED SKILLS: LIST ALL SOF CHECK SKILLS/EQUIPMENT OPERATI		AVE EXPERIENCE IN		
[] PC [] TELEPHONE	[] COPIER [] FAX	[] RADIO EQUIPMENT	[] TTY/VIDEO PH	ONE
[] OTHER OFFICE EQUIPM	ENT			
CURRENT LICENSES AND/C	OR CERTIFICATES			
LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITES AND OFFICES HELD YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS				
Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:				
Name	Mail	ing Address	Years Known	Contact Number
Please feel free to tell us abo	ut voursolf:			

EXPERIENCE						
NAME OF EMPLOYER			TYPE OF BUSINESS	TYPE OF BUSINESS		
ADDRESS			PHONE			
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY		
FROM TO						
NAME OF SUPERVISOR		MAY WE CONTACT NOW? [] YES [] NO		REASON FOR LEAVING		
BRIEF DESCRIPTION OF DUTIE	ES		l .			
NAME OF EMPLOYER			TYPE OF BUSINESS			
			THE OF BUSINESS			
ADDRESS			PHONE			
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY		
FROM TO						
NAME OF SUPERVISOR	MAY WE	E CONTACT NOW? [] NO	REASON FOR LEAVING			
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NAME OF EMPLOYER			TYPE OF BUSINESS			
			THE OF BOSINESS			
ADDRESS			PHONE			
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY		
FROM TO						
NAME OF SUPERVISOR	[] YES	E CONTACT NOW? [] NO	REASON FOR LEAVING			
BRIEF DESCRIPTION OF DUTIE	ES					
1						

AN EQUAL OPPORTUNITY EMPLOY	ER				
"I HEREBY AUTHORIZE THE Jefferson County E-911 Dispatch Center to make a thorough investigation of all statements contained in this application, my past employment, education, and other activities and I release form all liability all persons, companies, and corporations supplying such information. I indemnify the Jefferson County E-911 Dispatch Center against an liability which might result from making such investigation. I also agree that if any misrepresentations have been made by me herein or the results of that investigation are not satisfactory for any reason, any offer of employment made to me by the Jefferson County E-911 Dispatch Center may be terminated immediately without any obligations of liability to me other than for payment, at the rate agreed upon, for services actually rendered if I have begun work for the Jefferson County E-911 Dispatch Center.					
policies, procedures, or handbook that I might receive is inte County E-911 Dispatch Center and myself for either employ employment have been made to me, and I understand that no	ployment application or in the granting of an interview or in any ended to create an employment contract between the Jefferson when the providing of any benefit. No promises regarding to such promises or guarantee is binding upon the Jefferson County that I have the right to terminate my employment at any time, for the retains a similar right regarding the discontinuation of my				
I hereby acknowledge that I have read the above statem	nent and I understand it.				
Signature (Acknowledgment)	Date				