

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.

MILITARY EXPERIENCE (Do not include ROTC)

Branch of Service _____ From _____ To _____

Occupational Sepcialization _____

Special/Technical Training _____

(Show Dates, 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)
HIGH	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE/ BUSINESS/ TECHNICAL/ SERVICE	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE/ UNIVERSITY	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE	_____		<input type="checkbox"/> YES <input type="checkbox"/> NO	

ATTACH PROOF OF CERTIFICATION(S) FOR REQUIRMENTS, IF NECESSARY

ADDITIONAL INFORMATION

OTHER QUALICIATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

SPECIALIZED SKILLS: LIST ALL SOFTWARE APPLICATION YOU HAVE EXPERIENCE IN
CHECK SKILLS/EQUIPMENT OPERATED

PC TELEPHONE COPIER FAX RADIO EQUIPMENT TTY/VIDEO PHONE

OTHER OFFICE EQUIPMENT

CURRENT LICENSES AND/OR CERTIFICATES

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD

YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, 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	Mailing Address	Years Known	Contact Number

Please feel free to tell us about yourself:

EXPERIENCE				
NAME OF EMPLOYER			TYPE OF BUSINESS	
ADDRESS			PHONE	
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY
FROM	TO			
NAME OF SUPERVISOR		MAY WE CONTACT NOW?	REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRIEF DESCRIPTION OF DUTIES				
NAME OF EMPLOYER			TYPE OF BUSINESS	
ADDRESS			PHONE	
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY
FROM	TO			
NAME OF SUPERVISOR		MAY WE CONTACT NOW?	REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRIEF DESCRIPTION OF DUTIES				
NAME OF EMPLOYER			TYPE OF BUSINESS	
ADDRESS			PHONE	
DATES	STARTING TITLE	ENDING TITLE	STARTING SALARY	ENDING SALARY
FROM	TO			
NAME OF SUPERVISOR		MAY WE CONTACT NOW?	REASON FOR LEAVING	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BRIEF DESCRIPTION OF DUTIES				

AN EQUAL OPPORTUNITY EMPLOYER

" 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 from all liability all persons, companies, and corporations supplying such information. I indemnify the Jefferson County E-911 Dispatch Center against any 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.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview or in any policies, procedures, or handbook that I might receive is intended to create an employment contract between the Jefferson County E-911 Dispatch Center and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promises or guarantee is binding upon the Jefferson County E-911 Dispatch Center unless made to me, and I understand that I have the right to terminate my employment at any time, for any reason, and the Jefferson County E-911 Dispatch Center retains a similar right regarding the discontinuation of my employment."

I hereby acknowledge that I have read the above statement and I understand it.

Signature (Acknowledgment)

Date