



Iberia Parish Communications District

300 Iberia St. Suite B130, New Iberia, LA 70560

Phone: (337) 369-4427 Fax: (337) 369-9956



Application for Employment

<p>All applications are to be submitted to: Attention: Lance P. Provost II Iberia Parish Communications District 300 Iberia St. Suite B130 New Iberia, LA 70560</p> <p>For questions regarding the application for employment: Lance P. Provost II Phone: 337-369-4427 E-Mail: lprovost@iberiagov.net</p>	<p>The Iberia Parish Communications District is an Equal Opportunity Employer. The District considers all applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.</p>
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Please Print Legibly in Blue or Black Ink

Section 1 – Applicant Information

Position(s) Applied For: _____ Date of Application: _____

_____ Type of Employment Desired: Full-Time Part-Time

Name: _____
Last *First* *Middle*

Other Names including any alias, maiden or nicknames: _____

Address: _____
Street *City* *State* *Zip Code*

Mailing Address(if different than residence): _____

Date of Birth: _____ Age: _____ Social Security Number: _____ - _____ - _____
dd / mm / yyyy

Driver's License No. _____ Class: _____ State: _____ Exp. _____

Primary Telephone: _____ Secondary Telephone: _____

Email Address (Please ensure account provided is checked often): _____

Section 2 – Identification Information

Note: In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The information provided within this section will only be used for identification purposes to ensure that proper records are retained.

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Scars, tattoos or other distinguishing marks: _____

Section 3 – General Information

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No
Do any of your relatives work for the Iberia Parish Government? Yes No
Do any of your relatives work for the Iberia Parish Communications District? Yes No
Have you ever filed an application with us before? If yes, Date: _____ Yes No
Have you ever been employed with us before? If yes, Date: _____ Yes No
Are you currently employed? Yes No
May we contact your present employer? Yes No
Are you currently on "lay-off" status and subject to recall? Yes No
Can you travel if a job requires it? Yes No
Will you be available to work any shift, including Day, Evening or Night Shifts? Yes No
Do you speak any foreign language fluently? If yes, specify. _____ Yes No
Are you a member of any online social networking sites? Yes No
Have you ever been convicted of a felony? Yes No
What date are you able to start working? _____

Section 4 – Military Service Record

Selective Service System: Registered Not Registered

Have you served in the U.S. Armed Forces? Yes No *If yes, complete the following sub sections. If you have served in more than two (2) branches, please complete the continuing sections on a separate piece of paper and attach.*

Branch: _____ Dates of Duty: From: _____ To: _____
mm / yyyy mm / yyyy

Rank at Discharge: _____

List duties performed, including specialized training: _____

Branch: _____ Dates of Duty: From: _____ To: _____
mm / yyyy mm / yyyy

Rank at Discharge: _____

List duties performed, including specialized training: _____

Section 5 – Education

Elementary:

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____ Date: From: _____ To: _____
mm / yyyy mm / yyyy

High School:

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____ Date: From: _____ To: _____
mm / yyyy mm / yyyy

Did you graduate? Yes No Degree or Diploma earned: _____

Technical College

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____ Date: From: _____ To: _____
mm / yyyy mm / yyyy

Course of Study: _____

Did you graduate? Yes No Degree or Diploma earned: _____

College / University

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____ Date: From: _____ To: _____
mm / yyyy mm / yyyy

Course of Study: _____

Did you graduate? Yes No Degree or Diploma earned: _____

Other Type: _____

School Name: _____

School Address: _____

Street City State Zip Code

Years Completed: _____ Date: From: _____ To: _____
mm / yyyy mm / yyyy

Course of Study: _____

Did you graduate? Yes No Degree or Diploma earned: _____

Section 6 – Employment and Experience

Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past ten (10) years. For the purposes of this form, voluntary work should be included as employment. For identification and verification please indicate the nature of the activity, i.e., full-time, part time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the sequence in the spaces provided. If you need additional space, please continue on a separate piece of paper and include it in this packet.

Employer / Company Name: _____

Address of Employer / Company: _____

Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____

Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Employer / Company Name: _____

Address of Employer / Company: _____
Street City State Zip Code

Dates of Employment: From: _____ To: _____ Type: Full-Time Part-Time Voluntary
mm/yyyy mm/yyyy Military Service Not Employed

Job Title: _____ Salary: Starting: _____ Ending: _____
 Hrly Yrly Hrly Yrly

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

May we contact this employer? Yes No

Would any problem result if your present employer was contacted during the course of the background investigation? Yes No

If yes, Explain _____

Have you ever held employment under another name? Yes No

If yes, Explain _____

Have you had any extended work absences for reasons other than earned vacations? Yes No

If yes, Explain _____

Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, Explain _____

Have you ever resigned from a job to prevent termination? Yes No

If yes, Explain _____

Have you ever been suspended from a job or received a letter of reprimand? Yes No

If yes, Explain _____

To your knowledge, would a former employer give us an unfavorable recommendation? Yes No

If yes, Explain _____

Are you familiar with the duties and responsibilities required of a telecommunicator? Yes No

Is there any reason you could not perform that duties of a telecommunicator? Yes No

If yes, Explain _____

Are you able to work the various assigned schedules required to cover a 24-hour period? Yes No

If no, Explain _____

Are you able to sit for extended periods of time? Yes No

If no, Explain _____

Are you able to view and work on computers for extended periods of time? Yes No

If no, Explain _____

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying!

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. (See Pre-Employment Packet).

Yes No

Section 7 – Specialized Skills

Typing WPM: _____ *If unknown, just mark unknown*

For each of the following, check the programs that are you able to operate: Excel Power Point

Word Word Perfect Outlook

Office Machinery: Computer Copy Machine Fax Machine Projector

Describe any specialized training, apprenticeship and skills.

Describe any job-related training received in the United States Military.

List any certifications or job related training that you have received.

List professional trade, business, or civic activities and officers held. *You may exclude membership which would reveal race, color, religion, creed, gender, national origin, ancestry, age, disability, sexual orientation, marital or veteran status, if you so desire.*

Section 8 – Affirmative Action Data Record

We consider all applicants without regard to race, color, religion, creed, gender, sexual orientation, national origin, age, disability, marital or veteran status, or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports may be made at the request of the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept completely confidential. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Check One: Male Female

Check One of the Following (Ethnicity): White Black American Indian / Alaskan Native
Asian / Pacific Islander Other: _____

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran
Disabled Individual

Section 9 – References

During the course of the background investigation, persons who know you may be asked to comment on your suitability for the applied positions. Please list four (4) individuals such as friends, co-workers, neighbors, classmates, teachers, etc. who have knowledge of you and your qualifications. Exclude relatives and individuals from residences in which you have resided and supervisors listed in the Employment and Experience Section of this application.

Reference 1:

Name: _____ Relationship: _____
Address: _____ Known Since: _____
Street City State Zip Code
Phone Number: _____ E-Mail: _____

Reference 2:

Name: _____ Relationship: _____
Address: _____ Known Since: _____
Street City State Zip Code
Phone Number: _____ E-Mail: _____

Reference 3:

Name: _____ Relationship: _____
Address: _____ Known Since: _____
Street City State Zip Code
Phone Number: _____ E-Mail: _____

Reference 4:

Name: _____ Relationship: _____
Address: _____ Known Since: _____
Street City State Zip Code
Phone Number: _____ E-Mail: _____

Section 10 – Communications, Law Enforcement, Fire and Medical Agency Information

Have you ever been a successful or unsuccessful candidate for any public safety agency, including the Iberia Parish Communications District? Yes No

If yes, please list all agencies with which you have applied, starting with the most recent. Give complete addresses and appropriate telephone numbers for each. If further room is needed, complete on a separate sheet of paper.

Agency Name / Address / Phone #:	Position / Classification	Date (MM/YYYY)
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Agency Name / Address / Phone #:	Position / Classification	Date (MM/YYYY)
----------------------------------	---------------------------	----------------

Agency Name / Address / Phone #:	Position / Classification	Date (MM/YYYY)
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Do you have any prior dispatch, law enforcement or medical agency experience? Including police reserves, military and / or volunteer firefighter. Yes No

If yes, please list all agencies / companies with which you have experience. Give complete addresses and phone numbers for each.

Agency Name / Address / Phone #:	Rank / Title / Position(s)	Date (MM/YYYY)
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Agency Name / Address / Phone #:	Rank / Title / Position(s)	Date (MM/YYYY)
----------------------------------	----------------------------	----------------

Agency Name / Address / Phone #:	Rank / Title / Position(s)	Date (MM/YYYY)
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Have you ever attended any dispatch, law enforcement, fire or medical training center? Yes No

If yes, list the academy name and address and attach certificate(s).

Academy Name / Address / Phone #:	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Academy Name / Address / Phone #:	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Academy Name / Address / Phone #:	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 11 – Legal

Have you ever been convicted of any traffic violations, including speeding violations? Yes No
If yes, provide the following information. If more space is needed, complete on a separate sheet of paper.

Violation 1:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Violation 2:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Violation 3:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Have you ever been convicted for any felony or misdemeanor criminal offense? (Do not include traffic citations unless you were taken into custody. Any arrest resulting in a withheld judgement, or the fact that your record may have been affected by a sealing, an expungement, a release or a pardon must still be listed.) Yes No
If yes, provide the following information. If more space is needed, complete on a separate sheet of paper.

Offense 1:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Penalty: _____

Offense 2:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Penalty: _____

Offense 3:
Agency: _____ Date: _____ Charges: _____
mm / yyyy

Penalty: _____

Have you ever applied for a permit to carry a concealed weapon? Yes No *If yes, provide the following:*

Date: _____ Permit Granted: Yes No

Purpose: _____

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action?

Yes No

If yes, please give details including when, where, name and location of court and circumstances:

Empty box for providing details of civil court actions.

Have you ever used illegal narcotics or controlled substances? Yes No
If yes, please explain:

Are you currently using illegal narcotics or controlled substances? Yes No
If yes, please explain:

Have you experimented with, or tried, any type of an illegal drug or narcotic? Yes No
If yes, indicate all drugs that you have experimented with or tried. Experimentation includes, but is not limited to: smoking, swallowing, tasting, inhaling, or injecting.

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Whites	<input type="checkbox"/> Downers	<input type="checkbox"/> Glue	<input type="checkbox"/> Hashish
<input type="checkbox"/> Bennies	<input type="checkbox"/> Reds	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Hashish Oil	<input type="checkbox"/> Uppers
<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Steroids	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> PCP
<input type="checkbox"/> Opium	<input type="checkbox"/> Crack	<input type="checkbox"/> Speed	<input type="checkbox"/> LSD	<input type="checkbox"/> Heroin
<input type="checkbox"/> Rock	<input type="checkbox"/> Crank	<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Ice
<input type="checkbox"/> Crystal	<input type="checkbox"/> Acid			

Other (List):

Type of drug / Narcotic: _____ Date: _____ Lifetime Total Used: _____
mm/yyyy

Type of drug / Narcotic: _____ Date: _____ Lifetime Total Used: _____
mm/yyyy

Type of drug / Narcotic: _____ Date: _____ Lifetime Total Used: _____
mm/yyyy

Is there anything you wish to discuss about your legal history? Yes No
If yes, please use the space below:

Section 12 – Nepotism

The Iberia Parish Communications District recognizes the desire of employees to assist relatives in seeking employment. However, to comply with statutory requirements, the following information is requested on your family relationships and/or domestic partners, if any.

The Iberia Parish Communications District cannot hire immediate relatives of any Parish Administrator, District Board Members, and/or any staff member of the district.

For the purpose of this questionnaire:

Relatives are defined as spouses, children of spouses, spouses of children, and stepchildren, brothers, sisters, parents, parents of the spouse, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, and first cousins.

Domestic Partners are defined as individuals who reside in the same household and are involved in a relationship, often holding themselves out to the public as marital partners, but who are not legally married.

Applicant First Name: _____ Applicant Last Name: _____

Are you related to the Iberia Parish President? Yes No

If yes, Name and Relationship: _____

Are you related to any Iberia Parish Council Member? Yes No

If yes, Name and Relationship: _____

Are you related to any Iberia Parish Communications District Board Member? Yes No

If yes, Name and Relationship: _____

Are you related to any Iberia Parish Communications District Employee? Yes No

If yes, Name and Relationship: _____

Are you related to any employee working for ANY department of the Iberia Parish Government?
 Yes No

If yes, Provide the following. *If more room is needed, complete on a separate sheet of paper.*

Name	Relationship	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above information provided in Section 12 – Nepotism is true and correct.

Applicant Signature

Date

Section 13 – Certification of Statements Herein

I certify that, to the best of my knowledge and belief, all of the information documented within or attached to this Application for Employment, including any attached application materials is true, correct, and made in good faith. I understand and agree that a false and fraudulent statement or answer to any question on any part of this application or its attachments may be grounds for disqualification from the selection process, or the termination after I begin employment through the Iberia Parish District, and this employer shall not be liable in any respect for such action or termination.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Iberia Parish Communications District is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge any employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

Section 14 – Authority to Release Information

To Whom It May Concern:

I am an applicant for a position with the Iberia Parish Communications District. The district is required to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied, and then to use and disclose that information as a basis for and in support of its decisions regarding my application. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above District or their investigating designee.

I hereby authorize any representative of the Iberia Parish Communications District bearing this release to obtain any information in your files and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized personnel member of the Iberia Parish Communications District, whether said records are public, private, or confidential in nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Iberia Parish Communications District to consider in determining my suitability for employment in that department and to authorize the Iberia Parish Communications District to then use and disclose that information as a basis for and in support of its decisions regarding my application however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my medical and/or psychological records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed, and to permit any duly authorized agent of the Iberia Parish Communications District to inspect and make copies of any documents, records or other information. I hereby specifically waive any attorney-client privilege which may apply to any information sought in connection with my application and this release, both as to this application process and any administrative and/or judicial proceedings which may arise from it.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your employer, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the representative of the Iberia Parish Communications District regardless of any agreement I may have made with you previously to the

contrary. The organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Iberia Parish Communications District acceptance and processing of my application for employment, I agree to hold your employer, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Iberia Parish Communications District. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure or records, and I waive those rights with the understanding that information furnished will be used by the Iberia Parish Communications District in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

_____ Signature of Applicant	_____ Date of Birth	_____ Social Security Number
_____ Print Full Name	_____ Street Address	
_____ Date	_____ City, State, Zip Code	
_____ Telephone Number	_____ E-Mail Address	

Section 15 – Authority to Obtain Information

To the Iberia Parish Communications District:

I hereby authorize the Iberia Parish Communications District to use the information obtained pursuant to this release, or otherwise obtained as part of my application process, in making its determination on my employment application. I further authorize the Iberia Parish Communications District and the Iberia Parish Government to disclose any such information: (1) to any individual, department, or entity involved in the processing of my application; (2) in all administrative and judicial proceedings arising out of the processing of my application; and (3) to any civil or criminal law enforcement agency.

This waiver is valid from the time information is furnished through and including its use by the Iberia Parish Communications District and the Iberia Parish Government in processing my application, all administrative and judicial proceedings arising there from, and all civil or criminal enforcement actions arising there from.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and the Iberia Parish Communications District, the Iberia Parish Government and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney’s fees arising out of or by reason of complying with, or using and disclosing the information as authorized pursuant to this request.

_____ Signature of Applicant	_____ Date of Birth	_____ Social Security Number
_____ Print Full Name	_____ Street Address	
_____ Date	_____ City, State, Zip Code	
_____ Telephone Number	_____ E-Mail Address	

Section 16 – Public Safety Telecommunicator Checklist

Experience has shown that many applicants who apply for a Public Safety Telecommunicator position only consider certain aspects of the job while ignoring the less attractive features. As a result, when new telecommunicators encounter negative job features, they sometimes react by resigning before training is completed or within a few months of qualification.

While there are many satisfying and rewarding aspects of the telecommunicator positions and there is no question that the Public Safety Telecommunicator makes a significant contribution to the welfare and safety of fellow citizens and emergency response units, it is important for all applicants to carefully consider both the positive and negative features of this new career while considering the position.

The job factors listed below are features of the Public Safety Telecommunicator position that many are not aware of. If you are concerned about any of these items, you may discuss your concerns with the Director of Training. The checklist should be considered very carefully and if pertinent, discussed with the applicant’s family or whomever else the applicant feels is important. These aspects are very important in relation to the Public Safety Telecommunicator position. The applicant is required to read each aspect and initial in the appropriate spot prior to returning the application.

Working Environment:

No.	Comment	Initial
1.	You must have regular and predictable attendance.	_____
2.	You must arrive for work in time to be at the communications console, with all materials, plugged in and ready to start answering calls at the start of your shift.	_____
3.	You are required to work different shifts in a 24 x 7 work environment.	_____
4.	You will have no choice about which shift you are assigned to work.	_____
5.	You will have no choice about what days you work.	_____
6.	You will be required to work all shifts, including during the training period.	_____
7.	You will be required to work nights and weekends.	_____
8.	You will be required to work any and all Federal, State, and religious holidays on the recognized or actual date if it is a scheduled work day.	_____
9.	You will be required to work on personally important or special days. <ul style="list-style-type: none"> • Birthdays • Anniversaries • Sporting events • Etc. 	_____
10.	You will be required to adjust personal obligations & commitments on a regular basis and occasionally with little notice to meet the needs of the Communications Center.	_____
11.	You will be required to work voluntary overtime, before or after a shift, on a scheduled day off, sometimes with little to no notice.	_____

12. You will be required to work mandatory overtime, before or after a shift, on scheduled days off, sometimes with little to no notice. _____
13. You will be required to have reliable transportation that functions in a 24 hour environment. _____
14. You will be required to carry a pager or receive text messages on your personal cell phone and contact the communications division upon notification to do so within 20 minutes of receipt. _____
15. You will be required to respond to work with little to no notice. _____
16. You will be required to conform to all policies, procedures, memorandums and prescribed uniform regulations. _____
17. You will be required to be at the communications console for extended durations of time, including regularly eating meals at the console. _____
18. You will be required to work in an environment where no established breaks are provided. _____
19. You will be required to work in an environment where leaving the building may be restricted or prohibited. _____
20. You will be required to work in an environment where depending on the workload, unscheduled breaks are sometimes restricted. _____
21. You will be required to work within an organization that is structured on a military model. _____
22. You will be required to work through a highly structured “chain of command.” _____
23. You will be required to work in an environment that is both video and audio recorded at all times. _____
24. You will be required to work in accordance with a disciplinary policy. _____
25. You will be required to work in a restricted access area. _____
26. You will be required to work at a radio and computer console for an entire shift for up to 12 hours. _____
27. You will be required to work at a console with multiple computer monitors. _____
28. You will be required to multi-task through answering phones and radios simultaneously. _____
29. You will be required to work in an environment where there is little to no lighting. _____
30. You will be required to work in a high stress environment. _____

Types of Calls:

No.	Comment	Initial
1.	You will be required to answer telephone calls where someone screams at you.	_____
2.	You will be required to answer telephone calls where the caller directs obscene language at you.	_____
3.	You will be required to answer and respond to telephone calls where the caller is hysterical, intoxicated, irrational, or confused.	_____
4.	You will be required to answer and respond to telephone calls in which the caller is difficult to understand.	_____
5.	You will be required to answer telephone calls from suicidal subjects.	_____
6.	You will be required to answer, handle and/or transfer calls where a violent crime is in progress.	_____
7.	You will be required to answer and respond to fire and rescue calls quickly and accurately.	_____
8.	You will be required to make quick and accurate decisions during which one or more person's safety is at stake.	_____
9.	You will be required to prioritize calls to be dispatched, deciding which is most serious.	_____
10.	You will be required to tell someone who expects service that their problem does not require a response.	_____

By signing below, I acknowledge and attest that I have read, considered, and understand each of the above items included within this section of the Application for Employment.

Signature of Applicant

Date

Applicant Printed Name

Section 17 – Application Completeness Checklist

The following checklist has been provided to the applicant completing the Application for Employment to ensure that each section is completed and all required information is turned in with the application. By initialing each section below, the applicant acknowledges that they have completed said section and provided said information or documentation.

Application for Employment Sections:

No.	Section Name	Initial
1	Applicant Information	_____
2	Identification Information	_____
3	General Information	_____
4	Military Service Record	_____
5	Education	_____
6	Employment and Experience	_____
7	Specialized Skills	_____
8	Affirmative Action Data Record	_____
9	References	_____
10	Communications, Law Enforcement, Fire and Medical Agency Information	_____
11	Legal	_____
12	Nepotism	_____
13	Certification of Statements Herein	_____
14	Authority to Release Information	_____
15	Authority to Obtain Information	_____
16	Public Safety Telecommunicator Check List	_____
17	Application Completeness Checklist	_____

Documentation

No.	Section Name	Initial
1	Copy of High School Diploma or Equivalent	_____
2	Copy of Birth Certificate	_____
3	Copy of Social Security Card	_____
4	Copy of Drivers License	_____