



Iberia Parish Communications District

Public Safety Communications Center

1111 Ember Drive • New Iberia, LA 70560

P: 337-369-4427 | F: 337-608-8816

Application for Employment

All applications are to be submitted to:

Attention: Lance P. Provost II

Iberia Parish Communications District

1111 Ember Drive

New Iberia, LA 70560

For questions regarding the application for employment:

Lance P. Provost II

Phone: 337-369-4427 | E-Mail: lprovost@iberiagov.net

Equal Opportunity Employer Statement:

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.

Please Print Legibly in Blue or Black Ink or Type and Print

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): _____

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

Primary Telephone: _____ Secondary Telephone: _____

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

Section 2 – 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? Yes No

If yes, Date: _____

Have you ever been employed with us before? Yes No

If yes, Date: _____

Can you travel if a job requires it? Yes No

Do you speak any foreign language fluently? Yes No

If yes, Specify _____

Are you a member of any online social networking sites? Yes No

If yes, Specify _____

Section 3 – 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 4 – Education

High School:

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____

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

Technical College

School Name: _____

School Address: _____
Street City State Zip Code

Years Completed: _____

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: _____

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: _____

Course of Study: _____

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

Section 5 – 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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

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: _____

Duties: _____

Name of Supervisor: _____ Reason for Leaving: _____

Contact Number: _____ Contact Email: _____

May we contact this employer? Yes No

Have you ever held employment under another name? Yes No
If yes, Explain _____

Are you currently employed? Yes No
If yes, Explain _____

May we contact your present employer? Yes No

Would any problem(s) result if your employer was contacted during the course of the background investigation? Yes No
If yes, Explain _____

Are you currently on “lay-off” status or subject to recall? Yes No
If yes, Explain _____

Have you ever been suspended from a job or received a letter of reprimand? 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 resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No
If yes, Explain _____

Have you ever been dismissed, asked to resign, and/or had any disciplinary action taken against you during any employment, other than the above listed? Yes No
If yes, Explain _____

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

Do you own a business or are you a partner or corporate officer in any business or organization not previously listed as an employer? Yes No
If yes, Explain _____

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

Is there any reason you could not perform the duties of a telecommunicator? Yes No
If yes, Explain _____

Are you willing and able to work the various assigned schedules required to cover a 24-hour period? Yes No
If no, Explain _____

Are you willing and able to work any shift, including day, evening or night shifts? Yes No
If no, Explain _____

Are you willing and able to work unscheduled overtime? Yes No
If no, Explain _____

Are you willing and able to report for work in adverse weather conditions? Yes No
If no, Explain _____

Are you willing and able to sit for extended periods of time? Yes No
If no, Explain _____

Are you willing and 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 6 – 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 offices 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 7 – 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 8 – 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.

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

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.

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

Agent Name: _____	Position / Classification	Date (MM/YYYY)
Address: _____		
Phone Number: _____		

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: _____	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____		
Phone Number: _____		

Academy Name: _____	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____		
Phone Number: _____		

Academy Name: _____	Dates Attended (MM/YYYY – MM/YYYY)	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____		
Phone Number: _____		

Have you ever bribed or attempted to bribe a public official or law enforcement officer? Yes No

If yes, Explain _____

Have you ever accepted a bribe? Yes No

If yes, Explain _____

Have you ever committed perjury? Yes No

If yes, Explain _____

List residence(s) of the past five (5) years – excluding the residence provided on page 1.			
MM/YY – MM/YY	Street Address	City	State

Is there anything you wish to discuss about your legal history? Yes No
If yes, please use the space below. You may also use this area to describe any responses to questions under the legal section of this application for employment:

Section 10 – 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 10 – Nepotism is true and correct.

Applicant Signature

Date

Section 11 – 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 12 – 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 13 – 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 14 – Public Safety Telecommunicator Suitability Checklist

The effectiveness of the Iberia Parish Communications District hinges on the quality of the personnel it employs, and the level of public trust in those personnel. A District Telecommunicator’s work is a personal service of the highest order, requiring dedication and professionalism in those individuals who are employed in this career field. Mistakes in judgement could cause irreparable harm to public safety response personnel and the citizens they serve. In an effort to assist applicants and the Iberia Parish Communications District in determining whether or not the applicant meets the standards of the Public Safety Telecommunicator position, applicants are required to answer the questions provided within this section.

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 or requirements, 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 position 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 an applicant is concerned about any of the below items, they may discuss their concerns with the Director of Operations. The suitability checklist should be considered very carefully and if pertinent, discussed with the applicant’s family or whomever the applicant feels is important. Applicants should answer each question provided and provide a “wet signature” at the conclusion where required.

#	Suitability Comment	Yes	No
1.	Are you willing and able to take instructions and abide by the policies, procedures, guidelines, rules and regulation of the Communications District?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you willing and able to have regular and predictable attendance?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you willing and able to arrive to 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?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you willing and able to have reliable transportation that functions in a 24-hour environment?	<input type="checkbox"/>	<input type="checkbox"/>

#	Suitability Comment	Yes	No
5.	Are you willing and able to receive text messages on your personal cell phone and contact the communications center upon notification to do so within 20 minutes of receipt?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you willing and able to respond to work with little to no notice?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you willing and able to work through a highly structured “chain of command”?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you willing and able to work in an environment that is both video and audio recorded?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you willing and able work within a center where the integrity of the information received / discussed is vital and any breach of confidentiality will result in disciplinary action up to and including dismissal?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you willing and able to consent to a drug test?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are you willing and able to consent to be fingerprinted?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are you willing and able to work different shifts in a 24 x 7 work environment?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Are you willing and able to be assigned to shift work, which includes day and night shifts?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Are you willing and able to work shift rotations that consist of both weekdays and weekends?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Are you willing and able to work in a center where you have no choice of which shift you will be assigned to?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Are you willing and able to work in a center which requires you to work all shifts (day & night), including during the training period?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Are you willing and able to work any and all Federal, State, and religious holidays on the recognized or actual date, if it is a scheduled work day?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Are you willing and able to work any and all Federal, State, and religious holidays on the recognized or actual date, if it is not a scheduled work day?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Are you willing and able to work on personally important or special days, to include but not limited to: birthdays, anniversaries, sporting events, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Are you willing and able to adjust personal obligations and commitments on a regular basis and occasionally with little notice to meet the needs of the center?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Are you willing and able to work voluntary overtime, before or after a shift, on scheduled days on and scheduled days off, sometimes with little to no notice?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Are you willing and able to work involuntary / mandated overtime, before or after a shift, on scheduled days on and scheduled days off, sometimes with little to no notice?	<input type="checkbox"/>	<input type="checkbox"/>

#	Suitability Comment	Yes	No
23.	Are you willing and able to work at a communications console for extended durations of time (sometimes for up to 12 hours at a time), including regularly eating meals at the console?	<input type="checkbox"/>	<input type="checkbox"/>
24.	Are you willing and able to work in an environment where leaving the building may be restricted or prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
25.	Are you willing and able to work in an environment where, depending on the workload, breaks are restricted?	<input type="checkbox"/>	<input type="checkbox"/>
26.	Are you willing and able to work in a restricted access area?	<input type="checkbox"/>	<input type="checkbox"/>
27.	Are you willing and able to work at a communications console with multiple computer monitors?	<input type="checkbox"/>	<input type="checkbox"/>
28.	Are you willing and able to multi-task through answering phones and radios simultaneously?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Are you willing and able to work in an environment where there is little to no lighting?	<input type="checkbox"/>	<input type="checkbox"/>
30.	Are you willing and able to participate in training (classroom and on-the-job) in order to learn and develop the techniques and skills required of telecommunicators for the Iberia Parish Communications District?	<input type="checkbox"/>	<input type="checkbox"/>
31.	Are you willing and able to learn and apply new information rapidly?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Are you willing and able to take responsibility for your actions both professionally and personally?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Are you willing and able to accept criticism without reacting defensively, rationalizing mistakes, or blaming others?	<input type="checkbox"/>	<input type="checkbox"/>
34.	Are you willing and able to respond to other agencies and citizens with a courteous, helpful, business-like attitude in all radio, telephone, electronic, and personal contact?	<input type="checkbox"/>	<input type="checkbox"/>
35.	Are you willing and able to adapt to new or unique situations?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Are you willing and able to handle both task-oriented and people-oriented duties?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Are you willing and able to show initiative in completing work assignments?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Are you willing and able to promote a teamwork environment with difficult co-workers?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are you willing and able to work in a high stress environment?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Are you willing and able to record words, names, and numbers accurately?	<input type="checkbox"/>	<input type="checkbox"/>
41.	Are you willing and able to remember numerous details? (Memory Retention)	<input type="checkbox"/>	<input type="checkbox"/>
42.	Are you willing and able to act in a decisive manner, using appropriate professional judgment?	<input type="checkbox"/>	<input type="checkbox"/>

#	Suitability Comment	Yes	No
43.	Are you willing and able to do several things at one time and remain focused on the most critical event under stress?	<input type="checkbox"/>	<input type="checkbox"/>
44.	Are you willing and able to retain your emotional control, honesty and productivity while under pressure from demanding callers, shortage of time, requirements of supervisor(s), or other sources?	<input type="checkbox"/>	<input type="checkbox"/>
45.	Are you willing and able to retain your emotional control, honesty and productivity while under pressure or stress of personal problems?	<input type="checkbox"/>	<input type="checkbox"/>
46.	Are you willing and able to handle a variety of rapidly flowing information from various sources at one time?	<input type="checkbox"/>	<input type="checkbox"/>
47.	Are you willing and able to recognize when to make and implement independent decisions according to appropriate professional judgment, and when to seek guidance and/or clearance from supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
48.	Are you willing and able to maintain an appropriate and constructive behavior and attitude in response to difficult or adverse situations?	<input type="checkbox"/>	<input type="checkbox"/>
49.	Are you willing and able to multi-task and coordinate your movement through operating telephone and radio equipment simultaneously, or typing information into a computer while speaking on the phone, or typing what a caller is saying?	<input type="checkbox"/>	<input type="checkbox"/>
50.	Are you willing and able to actively listen to others for an understanding of their needs and situations?	<input type="checkbox"/>	<input type="checkbox"/>
51.	Are you willing and able to detach from callers' emotions, potentially a call from someone you may know personally, yet project an image of professional empathy?	<input type="checkbox"/>	<input type="checkbox"/>
52.	Are you willing and able to remain calm and gather information from a caller contemplating hurting themselves or others?	<input type="checkbox"/>	<input type="checkbox"/>
53.	Are you willing and able to maintain professionalism and confidentiality with a report from someone you know, or about someone you know?	<input type="checkbox"/>	<input type="checkbox"/>
54.	Are you willing and able to set aside personal thoughts and opinions about specific individuals, or situations, and comply with District procedures to provide all callers the help they need?	<input type="checkbox"/>	<input type="checkbox"/>
55.	Are you willing and able to look past excessive use of profanities from a belligerent caller and find out what help they need?	<input type="checkbox"/>	<input type="checkbox"/>
56.	Are you willing and able to remain calm, and continue to obtain and document information from a hysterical caller in a high stress situation?	<input type="checkbox"/>	<input type="checkbox"/>
57.	Are you willing and able to handle telephone calls where someone screams at you?	<input type="checkbox"/>	<input type="checkbox"/>
58.	Are you willing and able to answer and respond to telephone calls where the caller is hysterical, intoxicated, irrational, or confused?	<input type="checkbox"/>	<input type="checkbox"/>

#	Suitability Comment	Yes	No
59.	Are you willing and able to answer telephone calls from suicidal subjects, who may or may not have taken substantial steps to commit suicide?	<input type="checkbox"/>	<input type="checkbox"/>
60.	Are you willing and able to answer, handle, and/or transfer calls where a violent crime is in progress?	<input type="checkbox"/>	<input type="checkbox"/>
61.	Are you willing and able to answer and respond to fire and rescue calls quickly and accurately?	<input type="checkbox"/>	<input type="checkbox"/>
62.	Are you willing and able to make quick and accurate decisions during time which one or more person(s) safety is at stake?	<input type="checkbox"/>	<input type="checkbox"/>

Summary

After reviewing the answers provided, applicants should consider the following:

1. If the applicant answered “**Yes**” on all of the questions, this means that a Public Safety Telecommunicator position with the Iberia Parish Communications District could be a suitable occupation and career for the applicant.
2. If the applicant answered “**Yes**” on some of the questions, but also answered “**No**” occasionally, this means that a Public Safety Telecommunicator Position with the Iberia Parish Communications District may not be a completely suitable position for the applicant. The applicant should revisit the questions with “No” answers and, after some personal reflection, ask him/her self, “Is this really the job for me?”
3. If the applicant answered “**No**” on a majority of the questions, this means that a Public Safety Telecommunicator position with the Iberia Parish Communications District will probably not be a suitable occupation or career for the applicant.

Applicant Acknowledgment:

By signing below, I acknowledge and attest that I have ready, considered, and understand each of the above items included within this section of the Application for Employment. I further acknowledge and attest that I have completed this Suitability Checklist, openly, honestly, and to the best of my ability.

Signature of Applicant

Date

Applicant Printed Name

Section 15 – 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	General Information	_____
3	Military Service Record	_____
4	Education	_____
5	Employment and Experience	_____
6	Specialized Skills	_____
7	References	_____
8	Communications, Law Enforcement, Fire and Medical Agency Information	_____
9	Legal	_____
10	Nepotism	_____
11	Certification of Statements Herein	_____
12	Authority to Release Information	_____
13	Authority to Obtain Information	_____
14	Telecommunicator Suitability Checklist	_____
15	Application Completeness Checklist	_____

Documentation

No.	Document 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	_____