

Gasconade County E-911 Central Communications Center

405A E. Lincoln Ave.
Owensville, Mo 65066
573-437-7774
Fax # 573-437-7775

**Employment Application Packet
For Telecommunicator**

Application for Employment- Completion is required

Equal Employment Data- Completion is optional

Authorization to Release Information- regarding employment, educational, military and references. Completion is required.

PLEASE COMPLETE AND SIGN

ALL REQUIRED FORMS

**911 DISPATCHER
JOB REQUIREMENTS**

911 Dispatchers are responsible for receiving and dispatching calls for service from the Communication Center to law enforcement, fire, and medical units throughout Gasconade County. Work is fast paced, exciting, but stressful during calls and emergencies. It requires the ability to multi-task several radio frequencies, telephone, and computer equipment. Coordinate and stay focused while handling communication tasks. This position requires attention to detail, stress management and customer service skills.

Gasconade County E-911 Central Communications Center

Application for Employment

405A E. Lincoln Ave. Owensville, Mo 65066

573-437-7774 Fax # 573-437-7775

An Equal Opportunity Employer

INSTRUCTIONS: PRINT LEGIBLY	
Fill in appropriate spaces and mark an X in boxes. If you need additional space, use "Supplemental Information" on last page, or attach additional sheets of paper and identify entries by number. Failure to complete ALL sections of this application will disqualify you from further consideration.	For Office Use Only-Date Received
IDENTIFICATION & PERSONAL DATE	
Name: Last, First, Middle, Jr/Sr	Social Security Number
Street Address	City, State, Zip Code
E-Mail Address	
Home Telephone Number ()	Business Telephone Number ()
Alternate Telephone Number	Date of Birth (Mo/Day/Yr)
Is any additional information relative to change of name or maiden name necessary to ensure a check on your work educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain (include dates and list all previous names you have had)	
Have you ever been convicted of a crime other than a traffic violation: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date available for Employment	What is your salary requirement: \$ per month
Are you able to perform the essential functions of the position for which you have applied with or without reasonable accommodation? () Yes () No	
Type of employment acceptable: <input type="checkbox"/> Part time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary	
Have you ever been employed by the County of Gasconade? _____ If yes, when?	
Where did you learn of this position? () Newspaper () Agency () Friend () Other	

EDUCATION RECORD				
Did you graduate from high School <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a Ged <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Received	Years of High School Completed	
High School	City		State	Year Graduated
Trade, Business, or Vocational School	City		State	Field of Study
License /Certificate Issued By	Field/Trade/Specialization	License/Certification	Date of Issue	Expires
College and Universities				
Name and Location	Hours	Major Subjects	Degree	Date Received
Occupational License, Certificate or Registration	Number	Where Issued	Expires	
Occupational License, Certificate or Registration	Number	Where Issued	Expires	
Occupational License, Certificate or Registration	Number	Where Issued	Expires	
Occupational License, Certificate or Registration	Number	Where Issued	Expires	
Do you Read, Write or Speak any language(s), other than English, fluently				

SKILLS AND ABILITIES

Check those skills in which you are competent or equipment which you are competent to operate

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Switchboard
 # of incoming lines _____ <input type="checkbox"/> Calculator <input type="checkbox"/> Copy Machine <input type="checkbox"/> Facsimile <input type="checkbox"/> Filing <input type="checkbox"/> Scanner <input type="checkbox"/> Word Processing
 Identify Software: <ul style="list-style-type: none"> <input type="checkbox"/> Word Perfect <input type="checkbox"/> Word <input type="checkbox"/> Other _____ <input type="checkbox"/> 2-Way Radio <input type="checkbox"/> Reading Maps <input type="checkbox"/> Logging | <ul style="list-style-type: none"> <input type="checkbox"/> Presentation Programs
 Identify Software <ul style="list-style-type: none"> <input type="checkbox"/> Powerpoint <input type="checkbox"/> WordPerfect presentations <input type="checkbox"/> Other <input type="checkbox"/> Spreadsheets
 Identify software <ul style="list-style-type: none"> <input type="checkbox"/> Excel <input type="checkbox"/> Lotus <input type="checkbox"/> Database
 Identify Software <ul style="list-style-type: none"> <input type="checkbox"/> Lotus Notes <input type="checkbox"/> Access <input type="checkbox"/> Fox Pro <input type="checkbox"/> Other _____ |
|---|--|

List activities, hobbies and volunteer work relevant to the position for which you are applying.

WORK EXPERIENCE

Employer	Telephone Number () -	Employment Dates:
Address		
Job Title	Supervisor	
Starting Salary \$	Ending Salary \$	
Specific Duties:		
Reason For Leaving	May we Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	Employment Dates:
Address		
Job Title	Supervisor	
Starting Salary \$	Ending Salary \$	
Specific Duties:		
Reason For Leaving	May we Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	Employment Dates:
Address		
Job Title	Supervisor	
Starting Salary \$	Ending Salary \$	
Specific Duties:		
Reason For Leaving	May we Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been fired or asked to resign from any job <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain		
May we contact your present employer as to your qualifications and character <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain		
Have you ever supervised a group of employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate number, type of employees and years of supervisory experience.		

Personal references (Not Former Employers or Relatives)

1.	_____	_____	_____
	Name	Address	Phone Number
2.	_____	_____	_____
	Name	Address	Phone Number
3.	_____	_____	_____
	Name	Address	Phone Number

Write a concise statement of your experience and training which you feel qualifies you for the position for which you are applying.

Please read carefully before signing this application

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application in grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this applications will be sufficient cause for cancellation and/or termination of employment. Gasconade County E-911 Central Communications Center is an equal opportunity employer.

I hereby certify that all information in this application and all documents attached are true and valid

Date

Signature

**Gasconade County E-911Central Communications Center
AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I hereby request and authorize you to furnish Gasconade County E-911Central Communications Center with any and all information they request concerning my work record, educational history, military record, traffic record, criminal record, medical history, and general reputation. I also, request and authorize you to furnish any organization or individual conducting a background on behalf of Gasconade County E-911Central Communications Center with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with Gasconade County E-911Central Communications Center.

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

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

Applicant's Signature _____ Date_____

Type or print legibly the following information:

Applicant's Name _____
Date of Birth _____
Social Security Number _____
Current Address _____

