

CENTRAL COMMUNICATIONS, INC.

JOB APPLICATION PACKAGE

	DATE RECEIVED: /	¹ /
	TO BE FILLED IN BY OFFIC	E PERSONNEL
	APPLICATION IS VALID FOR A	PERIOD OF ONE YEAR
APPLICANT'S	S NAME:	
APPLICANT'S	ADDRESS:	
CITY, STATE	AND ZIP:	
TELEPHONE	(HOME):	(WORK):
	(CELL):	(EMAIL):

CENTRAL COMMUNICATIONS, INC.

	////
Applicant Name	Date

PLEASE READ CAREFULLY

The Telecommunicator's main objective and duties are to receive requests for help and/or assistance, no matter how slight or major the request is, and to determine which agency or agencies shall be directed to the scene. It must be realized that any and /or all of the requests received have the possibility of being life threatening.

The Telecommunicator must:

- ♦ Have the ability to express thoughts concisely and meaningfully with an effective speaking voice, good diction, good telephone technique and in writing when necessary.
- ♦ Have the ability to deal tactfully, courteously and skillfully with the human relation aspect and with other problems which may arise involving Communications Center Personnel, Public Safety Agency Personnel and the general public.
- ♦ Have the ability to think and act quickly and effectively in emergency situations, and when necessary, handle several communications simultaneously; yet function with accuracy, speed and emotional self-control.
- ♦ Have the ability to work in a tobacco free environment, in close quarters, with infrequent breaks and sometimes long and strenuous hours.

The position for which you are about to apply will expose you to information that must, by requirement of law, be kept strictly confidential. For this reason, for you to be considered for the position, you must be willing to submit to rigid testing, thorough interview and a complete background investigation.

Attached to this application is a Privacy Act Statement.
You are required to read and sign the statement to ensure further consideration of your investigation.

All sections of this Application must be completed and returned to the

CCI Executive Director or application will not be processed for consideration.

POSITION DESCRIPTION - TELECOMMUNICATOR DEFINITION:

Performs work involved with emergency service dispatching from a centralized public safety communications center.

EXAMPLE OF DUTIES:

(The following are intended to illustrate typical duties; they are not meant to be all-inclusive or restrictive.)

- ♦ Receives training in Emergency Services Response, Emergency Medical Services, Communications Equipment Operations, Fire Service Related, Law- Enforcement Procedures and NCIC/CIB Access.
- Performs in accordance with CCI policy, orders, and statements of procedure and protocol.
- Receives telephone calls from the public concerning emergency and non-emergency situations relating to law enforcement, medical, fires, disasters and other related incidents.
- Records pertinent information and transmits same to agencies and individuals. Maintains records and reports of activities. Makes referrals to other public service agencies when appropriate.
- May provide pre-arrival instructions to caller, utilizing established protocol and procedure.
- ♦ Monitors and operates telephones, radios, teletype, video monitors, recorders, computers and all other equipment located within or controlled by the 911 facility.
- Uses a wide variety of radio frequencies and systems to inform and coordinate activities of participating emergency service agencies and surrounding county agencies when appropriate.
- ♦ Maintains a clean and safe working environment and takes care to protect all equipment and materials associated with the 911 Center and facilities of Central Communications Inc.
- Provides for general cleanliness and order within the 911 facility. Will assist in the training of new employees.
- Suggests improved communications practices.
- Performs other reasonably related duties as assigned by 911 facility employees operating in a supervisory capacity.

SUPERVISION RECEIVED:

♦ Works under the general supervision of a Senior Telecommunicator or Shift Supervisor.

SUPERVISION EXERCISED:

♦ Performs supervision as required or directed.

WORKING RELATIONSHIPS:

• Relationships are typically with the general public or outside agencies on specialized matters that may include handling difficult relationships or solving minor difficulties.

SKILLS

- Working knowledge of business English, spelling and, grammar.
- Skilled in the use of a computer and/or a typewriter at a minimum of 20 words per minute, to transcribe hand-written copy and/or simultaneous oral communications.
- ♦ Skilled in map reading.
- Skilled in reading and understanding complex technical documents written in English, such as laws, ordinances, procedures, medical protocols, technical manuals, training manuals, computer printouts and public safety reports.
- Skilled in observing, remembering and recording facts and details such as those contained in oral and written directives, radio communications and telephone communications.
- Skilled in organizing and analyzing a variety of information and applying selected knowledge, which is learned after employment, in order to decide on an appropriate and reasonable course of action.
- Skilled in exercising tact, self-restraint, judgment and strategy in dealing with a wide variety of people in various emotional states.

ABILITIES

- ♦ Ability to gain knowledge of the community, including major facilities, highways, streets, landmarks, etc.
- ♦ Ability to gain knowledge of various communications and emergency response procedures.
- ♦ Ability to communicate effectively by radio, by telephone and in person.

- Ability to accurately comprehend auditory input, particularly those inputs received via telephone and radio transmissions.
- ♦ Ability to utilize eyes, ears, fingers, arms and/or torso in a mobile and coordinated manner.
- ♦ Ability to react immediately and precisely to sudden stimuli.
- Ability to perform duties under stress with speed and accuracy.
- Ability to sit continuously for long periods in a tobacco free environment with minimal breaks.
- ♦ Ability to establish and maintain effective working relationships with other employees, user agency personnel, and the general public.

CHARACTERISTICS

- Health free from disabling physical or mental defects that would affect the ability to efficiently handle assigned duties.
- ♦ Mental alertness.
- Clear and pleasing voice, (Businesslike and professional).
- Willingness to accept rotating work assignments on day, afternoon, or night shifts, weekends and holidays. Must be willing and able to respond to occasional short notice call-out requests on off duty time.
- ◆ Temperament suited to the position, to be able to remain alert during periods of inactivity, as well as during routine and times of overload.
- Report to work on time and in all types of weather and road conditions. You must understand the importance of this position and why you must attend when scheduled.

Qualification Requirements

Abilities

- Ability to type a minimum 20 words per minute required.
- Ability to establish and maintain effective working relationships with subordinates required.
- Ability to quickly make a decision based upon protocol, knowledge and common sense required.

Education

- ◆ Completion of High School or GED required.
- Willingness to establish and actively maintain a program of continuing education directed to selfimprovement in the position required.

Training

- ◆ Formalized training in the operation of a centralized public safety communications facility preferred.
- ◆ Training in police, medical, or fire activities preferred.

Experience

♦ Desirable but not mandatory.

Special Requirements

- ♦ Employee is subject to a background investigation.
- Because nature of job an employee must be able to be reached by land-line telephone.
- ◆ Off duty employment will not be permitted when it may impair on duty efficiency or conflict with duties and responsibilities.
- Employee must reside with a thirty- (30) minute drive of the E-911 Emergency Communications

 Center. If the employee does not reside within the required time limit, the employee will be given 30 days to comply.

Working Conditions Statement

The 911 Director understands that the position of Telecommunicator requires great sacrifice of the person assigned to the position. It is the understanding, which results the effort to make working conditions as pleasant as humanly possible while still achieving the goals of Central Communications Inc.

The work of a 911 Telecommunicator is considered extremely stressful. The nature of the work, in combination with working conditions, has the potential to be disruptive to the home environment.

Applicants must understand and be willing and able to work under the following conditions:

- Must be willing to work any schedule which has been deemed advantageous by management, to include a rotating shift schedule.
- Must be willing to rotate days off if deemed advantageous by management.
- ♦ Must be willing to work overtime, on short notices and on regularly scheduled days off as deemed necessary by management.
- ♦ Must understand that the scheduling requirements of the position take priority over controllable personal commitments.
- Must be willing to comply fully with all written and verbal instructions.
- Must be willing to report to work during inclement weather.
- Must be willing to submit to random drug testing.
- ♦ Must understand that the operations of CCI include information that is personal and confidential and any disclosure of such information may result in immediate dismissal of the employee.
- Must understand that CCI is an At-Will employer.

Applicant Signature

Every effort will be made to ensure that an employee of the Central Communications Inc. is treated with dignity, respect and understanding. The purpose of this form is to ensure you, the applicant, understand the inherent problems associated with working in the Communications Center. You are urged to carefully consider your willingness to work under the aforementioned conditions.

outlined above and wish to be considered for the p	osition with the r	ealization	that the co	onditions
are not likely to change.				
		,	1	

I, the undersigned, understand the working conditions within the Communications Center as

When filling this form and submitting digitally, adding your name to this field constitutes a legal and binding signature agreeing to the terms and conditions.

Date

PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Central Communications, Inc. (hereinafter called "CCI"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other CCI practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CCI, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director or President of the Board of Directors of CCI. Both the undersigned and CCI may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CCI may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give CCI permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release CCI from any liability as a result of such contract.

I also understand that (1) CCI has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, CCI may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, CCI will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CCI shall be probationary for a period of six (6) months,
and further that at any time during the probationary period or thereafter, my employment relation with
CCI is terminable at will for any reason by either party.

Applicant Signature

When filling this form and submitting digitally, adding your name to this field constitutes a legal and binding signature agreeing to the terms and conditions.

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability.

NAME IN FULL	:(Last)			
	(Last)		(First)	(Middle)
SOCIAL SECUR	RITY NUMBER:	/	/	_
RESIDENCE AI	DDRESS;			
(Mai	iling Address)	(City)	,,	tate) (Zip)
TELEPHONE: ((
ADDRESSES FO	OR THE PREVIOUS FIVE Y	EARS WITH DATES:		
ARE YOU AVA	ILABLE FOR WORK	() FULL TIME?	PART T	IME
ON WHAT DAT	TE WOULD YOU BE AVAIL	ABLE FOR WORK?	/	/
YESNO _	ARE YOU A CITIZEN	OF THE UNITED STA	ATES?	
YESNO _	HAVE YOU EVER FIL	LED AN APPLICATION ENTS OR AGENCIES	ON WITH DODDRIDG ?	E OR RITCHIE
	IF YES, DATE OF APPLIC	ATION:/	/	
YES NO	HAVE YOU EVER BEEN GOVERNMENTS OR AC		DODDRIDGE OR RIT	CHIE COUNTY
	IF YES, DATES OF EMPLO	OYMENT:/	to	//
	ER YES TO THE FOLLOWIN S NOT AUTOMATICALLY (
YES NO _	HAVE YOU EVER BEICRIME? IF SO, PLEASE		ANY FEDERAL, STA	ΓE OR MUNICIPAL

EDUCATION

0 1 2 3 4 5 6 7 8 9 10	11 12 13 14 15	16 ADOUE	
	11 12 13 14 13	16 ABOVE	
HIGH SCHOOL:			
	School Name		
Address ,	City	,,,,,	Zip
CERTIFICATE EARNED?	·		
COLLEGES:			
	School Name		
Address	City	,,	
CERTIFICATE EARNED?			
DATE OF THE PARTY			
BUSINESS/VOCATIONAL:	School Name		
Address	City	, , , _	7in
		State	Zīp
CERTIFICATE EARNED?	·		
ADDITIONAL TRAINING?			
	ICENSES AND/OR of te: Attach additional sl		

Work History

Begin with the most recent/current. Be sure to list your longest and most important jobs, even if you are required to attach any additional sheets.

Job #1

Name of Employer:
Address:
Type of Business:
From:/ To:/
Immediate Supervisor:
Reason for leaving:
Final pay:
Please describe your job title, responsibilities, tasks performed, equipment operated, etc;
Job #2
Name of Employer:
Address:
Type of Business:
From:/ To:/
Immediate Supervisor:
Reason for leaving:
Final pay:
Final pay: Please describe your job title, responsibilities, tasks performed, equipment operated, etc;
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Work History

Begin with the most recent/current. Be sure to list your longest and most important jobs, even if you are required to attach any additional sheets.

Job #3

Name of Employer:
Address:
Type of Business:
From:/ To:/
Immediate Supervisor:
Reason for leaving:
Final pay:
Please describe your job title, responsibilities, tasks performed, equipment operated, etc;
Job #4
Name of Employer:
Address:
Type of Business:
From:/ To:/
Immediate Supervisor:
Reason for leaving:
Final pay:
Please describe your job title, responsibilities, tasks performed, equipment operated, etc;

Central Communications Inc.

EMPLOYEE APPLICATION

Work History

Begin with the most recent/current. Be sure to list your longest and most important jobs, even if you are required to attach any additional sheets.

Job #5 Name of Employer: Address: _____ Type of Business: From: ____/ ____ To: ___/ ____ Immediate Supervisor: ____ Reason for leaving: Final pay: ___ Please describe your job title, responsibilities, tasks performed, equipment operated, etc; **Job #6** Name of Employer: Address: _____ Type of Business: From: _____/ _____ To: ____/ _____ Immediate Supervisor: Reason for leaving: Please describe your job title, responsibilities, tasks performed, equipment operated, etc;

Central Communications Inc.

EMPLOYEE APPLICATION

CHARACTER REFERENCES

Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	
Name:	
Address:	
Telephone:	
I, the undersigned, certify that the information given the accurate to the best of my knowledge. When filling this form and submitting digitally, add constitutes a legal and binding signature agree	ing your name to this field
	//
Applicant Signature	Date