

# APPLICATION FOR EMPLOYMENT

County of Randolph, Indiana  
An Equal Opportunity Employer

The County of Randolph, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will be disqualified.*

Position sought \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Middle initial \_\_\_\_\_ Former name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Phone \_\_\_\_\_ Are you at least 18 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicants for Sheriff Department: Are you at least 21 years of age? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you interested in: Full-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_

Date available to start work \_\_\_\_\_

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## EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to Previous employer below.

- Current employer \_\_\_\_\_  
 Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Hire date \_\_\_\_\_ Job title \_\_\_\_\_  
 Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Current salary \_\_\_\_\_ per \_\_\_\_\_  
 Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
 Work phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave?

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

- Previous employer \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

- Previous employer \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

- Previous employer \_\_\_\_\_  
Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
City/state/zip \_\_\_\_\_  
Dates employed \_\_\_\_\_ - \_\_\_\_\_ Job title \_\_\_\_\_  
Beginning salary \_\_\_\_\_ per \_\_\_\_\_ Ending salary \_\_\_\_\_ per \_\_\_\_\_  
Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Work phone \_\_\_\_\_

Briefly describe the work you did, such as duties, responsibilities, equipment you operate, promotions:

Reason for leaving:

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

*☛ If you had additional employers within the last five years, attach additional pages as needed.*

List and explain periods of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

From \_\_\_\_\_ to \_\_\_\_\_ Reason:

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### EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of the position.

High school attended *Attach additional pages as needed.*

Name \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability)*

College(s) or Trade School(s) attended *Attach additional pages as needed.*

• Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

• Name \_\_\_\_\_

Dates attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/state/zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/minor course(s) of study \_\_\_\_\_

• Activities, awards *(You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.)*

\_\_\_\_\_  
\_\_\_\_\_

• Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_  
\_\_\_\_\_

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**MILITARY HISTORY AND STATUS**

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next section.

Military Branch                      Dates of Service                      Highest Rank Attained                      Rank at Separation

\_\_\_\_\_

Type of Discharge \_\_\_\_\_

Citations/awards received \_\_\_\_\_

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**PROFESSIONAL OR SPECIALIZED TRAINING**

Specialized training \_\_\_\_\_

Professional/special license(s) or certificate(s):

State                      Issued By                      Date Issued                      Expiration                      Type                      License #

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any license suspended, revoked or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

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**PROFESSIONAL AFFILIATIONS**

List current or previous affiliations/organizations and related offices/positions.

Organization Name                      Address                      Phone                      Offices/Positions

\_\_\_\_\_

\_\_\_\_\_

● Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**PERSONAL INFORMATION**

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

• Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

• List three references who are not related to you and are not former employers or supervisors:

o Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
Number of years known \_\_\_\_\_

o Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
Number of years known \_\_\_\_\_

o Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/state/zip \_\_\_\_\_  
Number of years known \_\_\_\_\_

• Are you currently required to register as a sex offender in this or any other jurisdiction?

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain (including jurisdiction of registry):

\_\_\_\_\_  
\_\_\_\_\_

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### APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

● I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

● I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: \_\_\_\_\_

● I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

● I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

*The following sections to be completed by Sheriff Department applicants only:*

● I understand that the employer provides sheriff service on a seven day per week and twenty-four hour per day service, and therefore, if employed by the Sheriff Department, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

● I understand that if I am hired as a sworn officer on the Sheriff Department, that I must successfully complete required training and courses specified and be certified by the State of Indiana Police Academy.

Initials: \_\_\_\_\_

**NOTICE, AUTHORIZATION AND RELEASE FOR  
CRIMINAL BACKGROUND CHECK**

**County of Randolph, Indiana**  
*an Equal Opportunity Employer*

I, \_\_\_\_\_ respectfully request and authorize  
\_\_\_\_\_ to complete a criminal background check. This  
information is to be used in the course of my application for employment with the County of Randolph.  
I hereby release \_\_\_\_\_, the County of Randolph and the  
organization assisting with the application process from any liability or damages which may result as a  
result of furnishing the information requested.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (Note: date of birth is requested in order to obtain accurate retrieval of records.)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
State



## Randolph County E911 Communications Specialist Employment Checklist

Experience has shown that many applicants for Communications Specialist positions consider only certain aspects of the job while ignoring less attractive features. As a result, when new employees encounter negative job features they sometimes react by leaving the job before training is completed or within a few months of qualification.

While there are many satisfying, rewarding aspects of the Communications Specialist positions and there is no question that Communications Specialists make significant contributions to the welfare and safety of their fellow citizens, it is important for all applicants to carefully consider **both** the negative and positive features of a new career **before** considering the position.

The job factors listed below are features of the Communications Specialist positions about which many applicants are unaware. If you are concerned about any of these items, you may discuss your concerns with the Deputy Director.

**This questionnaire should be taken home, considered carefully and if pertinent, discussed with your family or whomever else you feel is important. Should you be successful in passing all the phases in the application process and are offered a position, you will be given a new form and asked to sign each line. The form will then become part of your permanent personnel folder.**

### **WORKING ENVIRONMENT**

No.	Comment	Initial
1	You must have regular and predictable attendance.	
2	You must arrive for work in time to be at your console, with all materials, plugged in and ready to start answering calls at the start of your shift.	
3	Required to work assigned shift in a 24 x 7 x 365 work environment.	
4	You will have no choice about which shift you are assigned to work.	
5	You will have no choice about which days you work.	
6	You will be required to work all shifts, including during the training period.	
7	Required to work weekends on a regular basis.	
8	Work any and <b>all</b> Federal, State, and religious holidays on the recognized or actual date.	
9	Work on personally important or special days (i.e. birthdays, anniversaries, sporting events, etc.).	
10	Obtain childcare for all types of shifts on a regular basis.	
11	As necessary, obtain childcare for weekends and holidays on a regular basis.	
12	As necessary, obtain childcare on short notice events on a frequent basis.	
13	Work voluntary overtime, before or after a shift, sometimes with little to no notice.	
14	Work <b>mandatory</b> overtime, before or after a shift, sometimes with little to no notice.	
15	You must have reliable transportation that functions in the 24-hour environment.	
16	You must be willing to respond back to work with little to no notice.	
17	You must be willing to conform to the prescribed uniform/ dress code.	
18	Specialists must be at their workstation for extended durations of time, including regularly eating meals at your workstation. No established breaks are provided. Leaving the building is often restricted or prohibited. Depending on work load, unscheduled breaks (i.e. to walk around, get coffee, etc.) are at times, restricted.	

# E911 New Employee Checklist | 2016

19	Specialist must be able to work within an organization structured on the military model. Specifically, must be willing to: <ul style="list-style-type: none"> <li>• Work through a highly structured “chain of command”</li> <li>• Have all phone and radio activities recorded</li> <li>• Work in accordance with a disciplinary policy</li> <li>• Work in a restricted access area</li> </ul>	
20	Work at a radio console and computer terminals for an entire shift (up to 12 hours).	
21	Work at a console with four computer monitors, numerous radios and ringing telephones, while multi-tasking seamlessly between the computers, telephone and radios while being able to type accurately.	
22	Workstations are in a confined room with low lighting.	
23	Work in a high stress environment.	
24	You must be willing to get along with your co-workers.	
25	Receive criticism from co-workers, fire fighters, police officers, and/or civilians.	
26	During training, be regularly reminded of errors and mistakes.	
27	During training, receive a daily rating of your job performance including criticism.	
28	Multi-jurisdictional training is required.	
29	Ability to record the information the caller is giving you into the computer in real time.	
30	Work at a rapid pace over which you have little to no control.	
31	Maintain intense concentration and attention for extended periods of time.	
32	Smoking is prohibited in the building.	

Failure to comply or withstand any or all of the above defined work environment issues, may result in disciplinary action being taken against you, up to and including termination.

### **Types of Calls**

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

With my signature below, I state that I have read, considered and understand each item.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## ***Employee Candidate Observation and Visitors***

Original Effective Date:

April 1, 2016

Last Revised / Review Date:

Scope:

All Randolph County E911 Employees

### **Purpose**

To establish guidelines and responsibilities for the proper handling of candidates desiring to observe the daily routine of the 911 Center before applying for a position, and for visitors to the 911 center.

### **Procedure**

Due to the nature of the 911 Center, the general public will not be allowed to visit without the prior approval of the 911 Director unless it is included in the "Approved Visits" listed below.

### **Approved Visits:**

- Official law enforcement or emergency service business. This means law enforcement or emergency services personnel are here to pick up paperwork, leave paperwork, meet with the 911 Director or Assistant Director, or handling a call that involves 911 Center personnel. Length of stay should not be longer than 10 minutes unless meeting with the Director or Assistant Director.
- Employee candidates that desire to observe the 911 Center activity before deciding to apply for a position in the 911 Center. Observation of shifts must be during first or second shifts, there can be no more than three 8-hour observations, and the observer must be with the shift supervisor or senior telecommunicator. The observer must sign-in into the center per IDACS regulations. The observer must also sign an "Observer Form" that lists the rules for observing and dates they observed. The observer form will be signed by the shift supervisor or senior telecommunicator.
- At no time should a former employee be allowed to enter the 911 Center without the prior permission of the Director or Assistant Director.
- Technicians and repairmen responding to work on 911 equipment will be allowed to do the needed. If at any time the Supervisor on shift questions the validity of the repairman or does not recognize the repairman, the Supervisor should call the Director or Assistant Director for approval prior to allowing the person to enter the 911 Center.
- Pre-approve tours for schools or organizations. These will always be approved by the Director or Assistant Director and the shift affected will be notified to expect the visit before anything is scheduled.
- Off-duty 911 personnel in the center on official business. At no time should any off-duty personnel be in the 911 Center to "hang out" or visit.

### **All Visitors Must Meet the Following Conditions:**

- He or she will remain outside of the communication console area unless the visitor is here to work or has prior approval to be in the console area.
- There will be no disruption of the day to day operations. If at any time a disruption is noted, the visitor will be asked to leave. This includes volumes remaining low at all times.

- No visitor will be left unattended in the 911 Center for any reason, or left with only one telecommunicator in the 911 Center.
- The telecommunicators will never leave the consoles unattended at any time. If a visitor requests to talk to a telecommunicator, the telecommunicator may leave the console for a short period of time (no longer than break length without supervisor or Director approval) provided he or she is not busy with a call and provided that the other personnel in the Center can cover.
- No controlled substances or weapons will be allowed in the 911 Center. If any are found, the visitor/observer will be escorted off the property.
- No children are allowed to visit unattended and without prior approval of the Director or Assistant Director.
- Visitors must be human; no animals allowed in the building unless service animals or law enforcement canines.
- No calls will be discussed with anyone outside the shift working. The only persons that should be giving information on any call are the personnel related to the call, the 911 Director/Assistant Director, and/or the department head from another agency with personnel involved.

**Remainder of Page Intentionally Left Blank**

**Employee Candidate Observation Form**

Thank you for your interest in the Randolph County E911 Communications Center. Working in a E911 Center can be extremely stressful, and it is not the best work environment for everyone. Therefore, before completing an application for employment, we allow candidates interested in employment with our Center to observe the center in action for up to three 8-hour shifts. We hope that by the end of these shifts, you would be able to make a more informed decision on whether you feel that you can handle the stresses of employment in a E911 Center.

While observing our Center in action, there are some basic rules you will need to follow. Those are:

- You may only observe on first or second shift (06:00 – 14:00 or 14:00 – 22:00).
- You must observe the senior-most telecommunicator unless approved differently by the Director or Assistant Director.
- You will be required to sign-in on the visitor log per IDACS regulations.
- Your dates of observation will be listed. You and the senior telecommunicator will initial next to each date worked.
- No controlled substances or weapons are permitted within the E911 Center.
- You are not permitted to answer the phones, open doors, or work consoles. You are here just to observe.
- The senior telecommunicator may end the observation period at their discretion at any time for reason. They will document the reason for terminating the observation period.
- Do not use mobile electronic devices within the Center, and no taking pictures within the Center.

I understand the rules as listed above.

\_\_\_\_\_  
**Observer Signature and Date**

\_\_\_\_\_  
**Telecommunicator and Date**

1st Observation Date: \_\_\_\_\_

\_\_\_\_\_ Obs. Initials \_\_\_\_\_ Emp. Initials

2<sup>nd</sup> Observation Date: \_\_\_\_\_

\_\_\_\_\_ Obs. Initials \_\_\_\_\_ Emp. Initials

3rd Observation Date: \_\_\_\_\_

\_\_\_\_\_ Obs. Initials \_\_\_\_\_ Emp. Initials