Harrison County 911

Application for Emergency 911 Dispatcher

Harrison County 911 is an Equal Opportunity Employer

HARRISON COUNTY DISPATCH HAS A THREE-STEP EMPLOYMENT APPLICATION

1. PRE-EMPLOYMENT QUESTIONNAIRE
2. PRETESTING PROCESS
3. PERSONALITY PROFILE TESTING
4. POLYGRAPH (If implemented by employer)

HARRISON COUNTY 911 DEPARTMENT INFORMATION SHEET

I. COMPLETING YOUR APPLICATION:

A. THE APPLICATION SHOULD BE COMPLETE AND ACCURATE BEFORE SIGNING. INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.

Any misrepresentations, falsifications or material omissions in any form may result in the County's exclusion of the individual from further consideration for employment. Such misrepresentation or falsification may result in termination even after the applicant is hired.

B. YOUR SOCIAL SECURITY NUMBER MUST BE INCLUDED for record control purposes. Federal law requires that all employed persons have a Social Security Number.

C. To receive APPROPRIATE CREDIT, include a copy of your diploma, transcript, certificate or license as directed on the application.

II. MINIMUM OR SELECTION REQUIREMENTS:

A. YOUR APPLICATION WILL BE ACCEPTED ONLY IF IT CLEARLY SHOWS YOU MEET THE REQUIREMENTS.

The information you provide will determine your eligibility and is subject to verification at any time. When applying for a 911 Dispatch position, you must be 18 years of age. The Federal Age Discrimination in Employment Act (ADEA) of 1967, as amended, prohibits discrimination on the basis of age for any individual over age 40.

III. EQUAL EMPLOYMENT OPPORTUNITY/NON-DISCRIMINATION POLICY

A. It is the policy of the County of Harrison County to provide equal opportunity in employment to all employees and applicants for employment and to prohibit discrimination in employment because of race, religion, color, sex, age, national origin, disability, military status or any other classification protected under applicable law. This policy applies to all terms, conditions and privileges of employment, including, but not limited to, hiring, promotion, transfer, compensation, benefits, layoff, recall, employee facilities, discharge and retirement.

B. It is the policy of Harrison County not to discriminate against a qualified individual with a disability in: job, application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. It is the intent of this County to comply with all applicable requirements of the Americans with Disabilities Act (ADA).

IV. AUTHORIZED ALIEN STATUS AND CITIZENSHIP

A. All new hires must cooperate with the County in its compliance with the Immigration Reform and Control Act of 1986 and in verifying employment eligibility. New employees shall complete an I-9 form and show proof of identity and employment eligibility within the first three (3) days of employment. Employees who refuse to or are unable to supply the documentation necessary to prove that they are American citizens or aliens authorized to work in this country will be terminated. If a person is not able to perform the essential functions of a job, even with reasonable accommodations, then the person is not qualified for the position. The County will reasonably accommodate persons with a disability.

V. RECORD OF CONVICTIONS

A. A full disclosure of all convictions is required. Failure to disclose convictions will result in disqualification. Not all convictions constitute an automatic bar to employment. Factors such as your age at that time of the offense(s), and the recency of offense(s) will be taken into account, as well as the relationship between the offense(s) and the job(s) for which you apply. ANY CONVICTIONS OR COURT RECORDS WHICH ARE EXEMPTED BY A VALID COURT ORDER DO NOT HAVE TO BE INCLUDED.

* Placement of an employment application with the County does not mean that an applicant will be interviewed. Equal consideration will be given to all applicants based on qualifications listed for the job.

*Applications will be retained in active files for six (6) months or for the duration of applicant recruitment lists when used

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

It is the policy of Harrison County and Harrison County E911 Dispatch to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Personal Data					
Name (last, first, middle)					
Address					
City				State/Zip	
Home Telephone		Cellular Telephone			
Maiden Name					
Aliases or Nicknames					
Date of Birth		Age		Social Security	
Military Branch		How many years		Honorably Discharged	
Gender		Email Address			
Height		Weight		Hair Color	
Eye Color		Marital Status		Driver's License #	

Describe Race/Ethnicity (required for identity and not a decision in the hiring process)				
Black/African American (Not Hispanic)			Asian or Pacific Islander (excluding Filipino)	
Hispanic/Latino (Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin)			Filipino	
American Indian (subject to Verification)			White (Caucasian)	

Disabled | Yes | No |

A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for or oneself or working; (2) has a record or history of such impairment or medical condition; (3) is regarded as having such an impairment or medical condition.

Authorization for Release of Criminal Records, Employment Records, and Personal Information

Printed Full Name (Last, First, Middle): _____

Driver's License Number: _____ State: _____

Date of Birth: _____Social Security#: _____

Ethnicity: _____ Gender: _____

I, _____, respectfully request and authorize you to furnish the Harrison County 911 any and all information that you may have concerning me including arrests, my work record, personnel record, including any disciplinary actions, my reputation, my financial and credit status. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used in determining my qualifications and fitness for the position I am seeking with the Harrison County 911. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

*NOTE THIS FORM WILL BE RETAINED FOR NCIC/IDACS PURPOSES.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

Requestor (printed): _____ Signature of Requestor: _____

Date Available: _____

Date Completed: _____

Polygraph Employment Questionnaire

The following may be used to complete a polygraph examination, should the position you are applying for require it. Be complete, honest and specific in your responses. If you need to complete these questions, attach your answers to this questionnaire. All dates are to be recorded in month, day, year format.

Contact Information

Name of Applicant (Last, First, Middle Initial): _____

Nick names or Aliases (maiden names, court approved name change):

_____

Employment Questionnaire

1. Have you ever quit a job without proper notice: Yes:_____ No:_____

If yes, please explain: _____

2. Have you ever resigned in lieu of termination or believed that termination was imminent:

Yes:_____ No:_____

If yes, explain:_____

3. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?

Yes:_____ No:_____

If yes, explain:_____

4.Were you ever the subject of a written complaint at work? Yes:_____ No:_____

If yes, explain:_____

5.Have you ever been counseled at work because of lateness or absences? Yes:_____ No:_____

If yes, explain:_____

6.Have you ever received an unsatisfactory performance review: Yes:_____ No:_____

If yes, explain:_____

7. Have you ever sold, released, or given away legally confidential information:

Yes:_____ No:_____

If yes, explain:_____

8. Have you ever called in sick to work when you were neither sick nor caring for a sick family member Yes:_____ No:_____

If yes, how many sick days have you used in the past five years which were not due to illness? _____ Please explain _____

_____

9. In the past three years, have you missed work or been late to work due to drug or alcohol consumption? Yes:_____ No:_____

If yes, explain:_____

10. Has your work performance ever been affected by your use of alcohol or drugs

Yes:_____ No:_____

If yes, explain:_____

11. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? Yes:_____ No:_____

If yes, explain:_____

Honesty & Countermeasures Certification

I do hereby certify that all the statements made in this employment application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false information, misstatement or omission of a material fact may disqualify me from further consideration with regards to the Harrison County 911Selection Process. I further understand that any of the foregoing information provided by me may be subject to investigation and any false information, misstatement, or omission of a material fact may subject me to future dismissal from the Harrison County 911.

I also understand my use of any countermeasures with the intent to disguise my answers or otherwise change the outcome of the polygraph examination will result in my dismissal form the Harrison County 911 selection process.

Signature: _____ Date: _____

Printed Name: _____

Please provide a photograph of yourself and a copy of your driver's license in the spaces below:

Photograph
Copy of Driver's License

Educations:

You will be required to furnish transcripts, diplomas or other proofs to support all your educational claims.

High School: _____

Address:_____ City, State Zip Code:_____

Telephone Number: _____ Year of Graduation: _____

Current/Most Recent Education

College or University #1

Name:_____

Address:_____ Telephone Number: _____

Highest Degree Earned:_____

Overall Grade Point Average:_____

Dates Attended (month/year): _____

If no degree was earned, please give the total number of credit hours earned. If you attended another college or university prior to earning your final degree, enter the information below:

Other Educational Experiences, including Trade, Vocational, Technical Schools

Name:_____

Address:_____ Telephone Number:_____

Highest Degree Earned:_____

Overall Grade Point Average:_____

Dates Attended (month/year): _____

If no degree was earned, please give the total number of credit hours earned.

Prior Dispatch History

Dispatch Application History: Have you ever applied to any other law enforcement agency? Yes: No: If yes, list EVERY agency with which you applied, starting with the most recent.

Most Recent Dispatch Academy/ Dispatch Agency

Name:_____

Address:_____

Dates Attended (month/year):_____

Telephone Number:_____

Department/Agency (if applicable):_____

Supervisor:_____

Check each step in the process you completed, and your current status:

Steps:

Application___ Written Test ____ Oral Interview____ Polygraph Background_____

Chief's or Board Oral Interview _____ Medical _____

Status: Hired_____ On List____ Withdrawn____ Disqualified_____

If not selected for the position, please explain why you were not selected or withdrew from the process.

If not selected for the position, please explain why you were not selected or withdrew from the process.

_____

_____

_____

Academic Information

Have you ever been subject to academic discipline, suspension, or expulsion from any high school, college/university, business or trade school or police academy?

If yes, please explain the circumstances of the incident:

Please list any organization, social or educational, that you have taken part in while in any school:

Please list any organized sport you have played at any school and the years you took part in these sports. Please include the name of the school involved.

Military Service

Have you ever served in a military organization? Yes ____ No ____

Current Military Branch:_____

Highest Rank Held:_____ Last M.O.S.: _____

Type of Discharge:_____

Dates of Service by year: From_____ To:_____

Supervisor's Name and Phone Number:_____

Past Military Branch:_____

Highest Rank Held:_____ Last M.O.S.: _____

Type of Discharge:_____

Dates of Service by year: From_____ To:_____

Supervisor's Name and Phone Number:_____

List all Military Awards you have received:

_____

_____

List all certifications you have received in the military:

_____

_____

List any discipline you received while in the military and the outcome of that discipline:

_____

_____

If you transferred from one branch of the military to another, state your reason for the transfer:

_____

_____

Selective Service

If you are male born after 1960, Federal Law requires you to have registered with the Selective Service. If you do NOT have a Selective Service number, you are in violation and your application cannot be processed. To locate your Selective Service Registration Number, go to http://www.sss.gov/

Selective Service Number:_____ Date of Registration:_____

References

In the spaces below, please list three references and contact numbers for each. None of the references listed can be a relative.

Name	Contact Number

Residential Information

Current address:_____

List the name and associations of the persons residing within this address

Name	Relationship	Phone Number

List your previous addresses below

Address	City, State	Dates Range

Employment History (If a Resume is attached, this section can be omitted)

List all employment from current or last employer to your first employer

Company Name:_____

Address:_____

Supervisor:_____ Title:_____

Phone Number:_____

Last Position Held:_____

Dates of Employment (month/year): From:_____ To:_____

Reason for Separation (if applicable):_____

_____

Laid Off_____ Resigned_____ Fired_____ Other (explain below):_____

Please explain your position at this employer and what you did on a daily basis:

_____

_____

_____

_____

Company Name:_____

Address:_____

Supervisor:_____ Title:_____

Phone Number:_____

Last Position Held:_____

Dates of Employment (month/year): From:_____ To:_____

Reason for Separation (if applicable):_____

_____

Laid Off_____ Resigned_____ Fired_____ Other (explain below):_____

Please explain your position at this employer and what you did on a daily basis:

_____

_____

_____

_____

Company Name:_____

Address:_____

Supervisor:_____ Title:_____

Phone Number:_____

Last Position Held:_____

Dates of Employment (month/year): From:_____ To:_____

Reason for Separation (if applicable):_____

_____

Laid Off_____ Resigned_____ Fired_____ Other (explain below):_____

Please explain your position at this employer and what you did on a daily basis:

_____

_____

_____

_____