APPLICANT QUESTIONNAIRE

Applicant's full name:	
Before completing an application for employment with the Dorche Services, answer the questions below:	ester County Department of 911 Emergency
I received a copy of the position description. Are you a citizen of the United States? Are you at least twenty-one years of age? Do you have a valid drivers license? Do you have four. or fewer points on your drivers license record? Do you have a high school diploma or a general education develop certificate? Are you willing to work shift work? Are you willing to work weekends and holidays? Are you physically and psychologically able to meet the demands the position that you have applied for? Are you currently certified as a FIREFIGHTER I, II or III or as an EMERGENCY MEDICAL TECHNICIAN, CRT, or PARAMEDICAL TECHNICIAN, CRT, or PARAMEDICAL TECHNICIAN, CRT, or DARAMEDICAL TECHNICIAN, DARAMEDICAL	[] YES [] NO [] YES [] NO for [] YES [] NO IC [] YES [] NO
Emergency Services Department.	
Ĭ	
If you answered YES to any of the above questions, you may not Services Department.	be eligible for employment with the Emergency
APPLICANTS SIGNATURE:	DATE;

911/0500

DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES

COMMUNICATIONS DIVISION 829 Fieldcrest Road

829 Fieldcrest Road Cambridge, Maryland 21613-9455

NOTICE TO PROSPECTIVE APPLICANTS / EMPLOYEES <u>EMPLOYMENT BENEFITS</u>

SALARY:

9-1-1 Emergency Communications Specialist Trainee

VACATION:

Standard County Leave Allowances

SICK LEAVE:

Standard County Leave Allowances

HOLIDAYS:

As set by the County

HOSPITALIZATION:

County Health Plan

UNIFORMS:

Most uniforms are provided

RETIREMENT:

Employees are enrolled in the State of Maryland Retirement

System and Federal Social Security System

ENROLLMENT:

Eligible for MD State Employees Credit Union

FREE MEMBERSHIP:

Blood Bank of the Eastern Shore

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

SELECTION GUIDELINES:

A formal application, rating of education and experience, oral interview, reference check and job related test will be required.

Applicants may be given a Conditional Offer of Employment contingent of the results of a Medical and Psychological examination to determine their ability to perform job related functions.

YOU MUST PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:

Birth certificate, Drivers License, Social Security Card, High School Diploma or G.E.D. Certificate, DD 214 (for Military Service only), Firefighter, Emergency Medical Certification or License. Any other documentation that might assist in consideration of your application.

YOU MUST HAVE YOUR APPLICATION NOTARIZED.

Failure to submit the above documents and/or failure to have your application notarized will result in the application being rejected.

DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES **COMMUNICATIONS DIVISION ON**

829 Fieldcrest Road Cambridge, Maryland 21613-9455

DORCHESTER COUNTY 9-1-1

EMERGENCY COMMUNICATIONS

EMERGENCY COMMUNICATIONS SPECIALISTS

JOB DESCRIPTION STANDARD OPERATIONAL GUIDLINES



DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES COMMUNICATIONS DIVISION

829 Fieldcrest Road Cambridge, Maryland 21613-9455

911

POSITION DESCRIPTION

ORGANIZATION TITLE: Probationary, 9-1-1 Emergency Communications Specialist

This is the Basic Level with the Department of Emergency Communications. Work is usually performed within the Facility and does not include Police, Fire or EMS-type activities or responsibilities outside the facility except as directly concerned with Dispatcher assignments.

Positions is given a Job Performance Review – Quarterly for first year, then Yearly

MAJOR RESPONSIBILITY: Assumes responsibility for the receiving calls from the public for emergency and non-emergency situations. Ensures communications are carried out with regards to emergency and non-emergency situations with police, fire, and EMS departments.

DUTIES:

- 1. Reports and works under the direction of the Shift Supervisor
- 2. Receives calls from the public and accurately assign their request for police, fire, EMS and other allied public safety resources.
- 3. Dispatch appropriate units and resources to police, fire, EMS and other public safety incidents.
- 4. Provide communications coordination of public safety resources.
- 5. Accurate and timely utilization of County computer-aided dispatch system for complaint taking, location verification, resource dispatching, and coordinating public safety incidents.
- 6. Transmission and retrieval of information through county, state and federal law enforcement data networks.
- 7. Accurate recording of information on a variety or forms, logs, and computer screens as dictated by operational policies and procedures.
- 8. Performs other duties as assigned.
- 9. Reports all unusual situations to the Supervisor.

EDUCATION: High School diploma or GED is required.

EXPERIENCE: None

KNOWLEDGE AND SPECIAL SKILLS:

- 1. Public safety dispatch operations, policies and procedures and the Dorchester County Personnel Rules and Regulations
- 2. Computer-aided dispatch system
- 3. County geopolitical characteristics.
- 4. Successfully complete and maintain operator qualifications for state law enforcement computer system.
- 5. Successfully complete telecommunicator training program and score 80% or better on the written Telecommunicator Examination.
- 6. Successfully complete the emergency medical dispatch (EMD) training program and score 80% or better on the written EMD Examination.
- 7. Successfully complete the emergency police dispatch (EPD) training program and score 80% or better on the written EPD Examination.
- 8. Successfully complete the emergency fire dispatch (EFD) training program and score 80% or better on the written EFD Examination.
- 9. Successfully complete the Maryland Information Law Enforcement Systems/National Criminal Information Center (MILES/NCIC) training program and score 80% or better on the written examination.
- 10. Must maintain a current CPR card.
- 11. Must maintain a valid Maryland Drivers License.
- 12. Must complete all internal mandatory trainings.

RESPONSIBILITIES:

- 1. Must adhere to all Policy and Procedures / Rules and Regulations of the Dorchester County Emergency Communications and the Dorchester County Guidelines.
- 2. Receive calls from the public and assign the calls to the appropriate agencies.
- 3. Dispatch appropriate units
- 4. Maintains a variety of forms, logs, and computer screens as dictated.
- 5. Provide communications coordination of public safety resources.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee must be physically capable of moving about in the facility. Hand-eye coordination is necessary to operate various equipment.

While performing the duties of this job, the employee is frequently required to sit, talk see, and hear. Is required to use hand and fingers, handle or feel objects, tools, or controls; reach with hand and arms. The employee is occasionally required to be able to move about the facility. Be required to lift and/or move objects weighing up to ten pounds.

Specific vision abilities required by this job include close vision, color vision, and the ability to adjust focus.

Specific hearing abilities required by this job include the ability to distinguish tones and sounds at various frequencies and audio levels.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those and employee encounters while performing the essential functions of this job.

Work is usually conducted within the facility. While performing the duties of this job the employee is exposed regularly to stressful situations. The noise level in the work environment is usually low.

DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES COMMUNICATIONS DIVISION

829 Fieldcrest Road Cambridge, Maryland 21613-9455



TO ALL APPLICANTS:

1. YOU MUST PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:

Birth certificate, Drivers License, Social Security Card, High School Diploma or G.E.D.

2. YOU MUST HAVE YOUR APPLICATION NOTARIZED.

Failure to submit the above documents
and/or failure to have your application
notarized will result in the application being
rejected.

DORCHESTER COUNTY 9-1-1 EMERGENCY COMMUNICATIONS

APPLICATION FOR EMPLOYMENT

This application is being submitted to apply for the following position: 911 Dispatcher				
Name:				
first	middle	last	maiden	jr., sr.
Other names you	have used:			
Complete Addres	s:			
	PO Box	House Number	Street	or Road
City or Town		County	State	Zip Code
If you use a PO B	Box, what is yo	our physical stree	t or road number and i	name?
Social Security N	o.:		Date of Birth:	
Place of Birth:			Race:	
Drivers License	No:		background check or State:	
Home telephone	No.:			
Other numbers w	here you can	be contacted:		
Email address: _				
Are you a U. S. C	Citizen?:			
Birth or naturaliz	ation?:			
SECTION II	ľ	MILITARY HIS	TORY	
Branch:	Entr	y Date:	Separated Date:	
Type of Discharg	ge / Separation	ı:		
Are you now a m	ember of a M	ilitary Reserve or	r National Guard Unit	?
Military occupati	ional specialts	<i>1</i> •		

SECTION III BACKGROUND

Date	A IIIIIII A	l convictions that you Court	Charge	Sentence
				11. 35 5 At 15.55
Are you	pendin	g any civil court actio	n?:	 -
lave yo	u ever	used or gone by a diffe	erent name, alias, or ir	ncorrect name?:
		IPLETE ADDRESS (ackwards:	for the past ten (10) ye	ears starting with your present address
Date	es			
rom	to	street and num	ber city, co	ounty, state, zip
<u> </u>				
			i	
		<u></u>	I	
SECTIO	ON IV		WORK HISTORY	
List you	ır comp	lete work history, star	ting with your present	position and work backwards.
INCLU	DE CO	OMPLETE MAILIN	G ADDRESSES	
Da	tes	Employer's na	me, address and super	visor Duties
from			iio, aadioos aira sapei	
		 Reason for leaving:		
		<u> </u> 		
		Reason for leaving:		
		Reason for leaving:		
	1	Reason for leaving:		

SECTION V

EDUCATION AND SKILLS

college? If yes, what type of degree	
chools you have attended, that are related to your	
_ If yes, wpm:	
_ If yes, what is your skill level	
icient in that could benefit you in this job:	

SECTION VI

PERSONAL REFERENCES

List below the information requested for three personal references who are reliable persons, who know you well enough to give information concerning your background.

DO NOT INCLUDE RELATIVES OR EMPLOYERS

NAME:COMPLETE ADDRESS:	
relephone no.:	
OCCUPATION:	. 11 - 24 - 25 - 2
NAME:	
COMPLETED ADDRESS:	
TELEPHONE NO.:	YEARS KNOWN:
OCCUPATION:	
NAME:	
COMPLETE ADDRESS:	
	331 VI
TELEPHONE NO.:	YEARS KNOWN:
OCCUPATION:	

AUTHORIZATION FOR THE RELEASE OF RECORDS AND CONFIDENTIAL INFORMATION

I authorize complete investigations of all statements contained in this application for employment as may be required. I authorized the Dorchester County Department of Emergency Services to have access to and receive copies of my school records, college records, court records, driving records, medial records, employment records, records of treatment for alcohol, drugs, and psychiatric, mental or psychological problems.

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by / to any duly authorized agent of the Dorchester County Department of Emergency Services, whether the said records are public or private, and including those which any be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; medical and psychiatric consultation and / or treatment, including those hospitals, clinics, private doctors, the U.S. Veterans Administration, and all military and psychiatric facilities; employment and pre-employment records including background investigation reports, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or other counsel representing or who have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date	Appl	Applicant's Signature	
Date of Birth	SS No.	Applicant's prin	nted name
STATE OF MAR	YLAND, COUNTY OF		: to wit,
On this	day of	, 20	, before a Notary
know to me (or s instrument and ac	knowledged that he / sh	be the person whose in the executed the same in	name is subscribed to the within n the capacity therein stated and nto set my hand and official seal
	·		
place of s		ature of Notary Publi	ic
	My	commission Expires_	