

APPLICANT QUESTIONNAIRE

Applicant's full name: _____

Before completing an application for employment with the Dorchester County Department of 911 Emergency Services, answer the questions below:

- I received a copy of the position description. YES NO
- Are you a citizen of the United States ? YES NO
- Are you at least twenty-one years of age? YES NO
- Do you have a valid drivers license? YES NO
- Do you have four. or fewer points on your drivers license record? YES NO
- Do you have a high school diploma or a general education development certificate? YES NO
- Are you willing to work shift work? YES NO
- Are you willing to work weekends and holidays? YES NO
- Are you physically and psychologically able to meet the demands for the position that you have applied for? YES NO
- Are you currently certified as a FIREFIGHTER I, II or III or as an EMERGENCY MEDICAL TECHNICIAN, CRT, or PARAMEDIC YES NO

If you have answered NO to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

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Have you ever been convicted of a felony crime? YES NO

Have you ever been convicted of any crime in which the possible penalty was confinement in a jail or prison for one year or longer? (This question does not refer to what sentence you may have actually received, rather it refers to the maximum sentence of confinement that could have been received.) YES NO

Have you used any type of illegal drug or illegal controlled dangerous substance, within the past three years? YES NO

Have you ever sold, given, or provided another person with any illegal drug, or illegal controlled dangerous substance? YES NO

Have you ever illegally used cocaine, heroin, opium, depressants (barbiturates, benzodiazepines, methaqualone, etc.) or stimulants (amphetamines, methamphetamines, etc.) hallucinogenic(LSD,PCP, mescaline, etc.) YES NO

Have you ever illegally used cannabis (marijuana, hashish, or any substance containing THC regularly? YES NO

If you answered YES to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

APPLICANTS SIGNATURE: _____ DATE: _____



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

**829 Fieldcrest Road
Cambridge, Maryland 21613-9455**



**NOTICE TO PROSPECTIVE APPLICANTS / EMPLOYEES
EMPLOYMENT BENEFITS**

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.

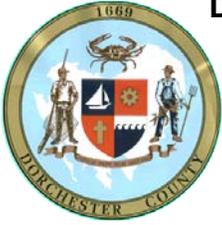
Applicants may be given a Conditional Offer of Employment contingent of the results of a Medical and Psychological examination to determine their ability to perform job related functions.

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
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**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**



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.

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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 of 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.

SELECTION GUIDELINES:

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

Candidates may be offered employment contingent on the results of a medical and psychological examination to determine their ability to perform job related functions.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

The position description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.



DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES
COMMUNICATIONS DIVISION
829 Fieldcrest Road
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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 Address: _____
 PO Box House Number Street or Road

City or Town County State Zip Code

If you use a PO Box, what is your physical street or road number and name?

Social Security No.: _____ Date of Birth: _____

Place of Birth: _____ Race: _____

Drivers License No.: _____ State: _____ Class: _____
background check only

Home telephone No.: _____

Other numbers where you can be contacted: _____

Email address: _____

Are you a U. S. Citizen?: _____

Birth or naturalization?: _____

SECTION II MILITARY HISTORY

Branch: _____ Entry Date: _____ Separated Date: _____

Type of Discharge / Separation: _____

Are you now a member of a Military Reserve or National Guard Unit? _____

Military occupational specialty: _____

SECTION III

BACKGROUND

List all criminal convictions that you have received:

Date	Court	Charge	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you pending any civil court action?: _____

Have you ever used or gone by a different name, alias, or incorrect name?: _____

List your **COMPLETE ADDRESS** for the past ten (10) years starting with your present address and working backwards:

Dates		street and number	city, county, state, zip
from	to		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently awaiting criminal or traffic court action?: _____

Are you presently the subject, or a party, of any investigations or pending criminal litigation?: _____

SECTION IV

WORK HISTORY

List your complete work history, starting with your present position and work backwards.

INCLUDE COMPLETE MAILING ADDRESSES

Dates		Employer's name, address and supervisor	Duties
from	to		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

SECTION V

EDUCATION AND SKILLS

List last school year you successfully completed:_____

Did you receive a high school diploma?:_____

Name and address of high school:_____

Do you have a G.E.D.?:_____

Have you received a degree or certificate from a college?_____ If yes, what type of degree and date:_____

Give name and address of any special or trade schools you have attended, that are related to your application:_____

Can you use a typewriter?:_____ If yes, wpm:_____

Can you use a computer?:_____ If yes, what is your skill level_____

List any computer applications that you are proficient 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

1. NAME: _____

COMPLETE ADDRESS: _____

TELEPHONE NO.: _____ YEARS KNOWN: _____

OCCUPATION: _____

2. NAME: _____

COMPLETED ADDRESS: _____

TELEPHONE NO.: _____ YEARS KNOWN: _____

OCCUPATION: _____

3. NAME: _____

COMPLETE ADDRESS: _____

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 _____ Applicant's Signature

_____ Date of Birth _____ SS No. _____ Applicant's printed name

STATE OF MARYLAND, COUNTY OF _____: to wit,

On this _____ day of _____, 20_____, before a Notary

Public, the undersigned officer, personally appeared _____ know to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he / she executed the same in the capacity therein stated and for the purpose therein contained. IN witness whereof, I here unto set my hand and official seal.

_____ place of seal Signature of Notary Public

My commission Expires_____