



# **BLAINE COUNTY EMERGENCY COMMUNICATIONS CENTER APPLICATION FOR EMPLOYMENT**

## **Instructions:**

- **Please follow all directions carefully.**
- **Complete all pages thoroughly, legibly and accurately.**
- **You may PRINT OR TYPE.**
- **Incomplete applications will not be processed.**
- **Include pages 1-2 of this document with your application.**

## **Phases of the Hiring Process:**

1. Individuals interested in employment shall submit a fully completed Application for Employment, resume and copies of all required documents listed on page 4.
2. Applications submitted will be processed and reviewed for completeness. Questionnaires inquiring about the applicant's character will be sent to their references.
3. Upon return of the reference questionnaires a thorough background investigation WILL BE conducted on the applicant.
4. A typing test and a public safety telecommunicator listening test will be scheduled for all telecommunication applicants. Initial and annual hearing and vision testing may be required.
5. Applicants who have passed the above phases will be scheduled for Oral Board Interview.
6. A formal job offer will be made to those individuals selected for employment.

**COMPLETED APPLICATIONS SHOULD BE SENT TO:  
The Blaine County Emergency Communications Center  
c/o BCSO --Attention: Holly Carter  
1650 Aviation Drive  
Hailey, Idaho 83333  
(208) 788-5536**

**Blaine County**  
**Emergency Communications Center**  
**FY: 2009 Salary and Benefits**

**Salary Range**  
**Dispatcher: \$32,000-\$46,000**

**Full Benefits Package**  
Medical Insurance  
Dental Insurance  
Prescriptions  
Vision Insurance  
Life Insurance  
Personal Leave  
Sick Leave  
Employee Assistance  
Payroll Direct Deposit  
Pre-Tax Medical or Daycare Cafeteria Plans  
PERSI Retirement System  
Paid Holiday, Vacation, Sick Time  
Supplemental Insurance Available  
Available 401K with matching funds  
Available 457B with matching funds

**Mission Statement**

The Mission of Blaine County Emergency Communications is to provide a high quality gateway to Public Safety Services through Technology and Teamwork

Blaine County Emergency Communications exists to provide the citizens of its service communities an effective means by which to summon both emergency and non-emergency public safety assistance and to provide a high quality gateway to public safety through technology and teamwork. For our public safety responders to provide the highest level of prompt and professional service, B.C.E.C. staff must be able to gather and relay as much information as possible with the utmost precision, accuracy and speed.

**Employee Value Statement**

The men and women of Blaine County Emergency Communications are responsible to each other and will always strive to work together to serve the citizens of our county. We will treat each other fairly, in a working environment that rewards and reinforces cooperation at all levels. Positive thinkers, who are adaptable to our organization's needs, will be recognized by the department. We are empowered to make suggestions and express our concerns. With management's commitment to quality training and staff development, we accept the responsibility to contribute by our actions and ideas, to improve to our organization's effectiveness and efficiency. Our fundamental commitment is to ourselves, our organization, and our customers—the citizens of Blaine County. With these commitments in place, we will positively impact our profession to the highest degree possible.

**ECC Director Bob Greenlaw**

## PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		<b>POSITION APPLIED FOR:</b> <input type="checkbox"/> <b>TELECOMMUNICATIONS OFFICER</b> <input type="checkbox"/> <b>OTHER:</b> _____	
MAILING ADDRESS – BOX NO., CITY, STATE, ZIP		SOCIAL SECURITY NO.                      STATE ISSUED	
PHYSICAL ADDRESS - STREET, CITY, STATE, ZIP		DATE OF BIRTH                                      AGE	
PLACE OF BIRTH?		<b>LIST ANY OTHER STATES YOU HAVE LIVED</b>	
<b>LIST ANY OTHER NAMES EVER USED (INCLUDING MAIDEN NAME):</b>			
WORK PHONE#	HOME PHONE#	CELL PHONE#	E-MAIL ADDRESS
HEIGHT:	WEIGHT:	HAIR COLOR:	EYE COLOR:
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF NOT, DO YOU HAVE CURRENT AND VALID DOCUMENTATION WHICH AUTHORIZES YOU TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</i>			
HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY BLAINE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN? WHAT POSITION?	
ANY RELATIVES EMPLOYED IN LAW ENFORCEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT POSITION? WHERE?	
TYPE OF WORK YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		DATE YOU ARE AVAILABLE TO START WORK?	
<b>ARE YOU WILLING TO WORK?</b> <input type="checkbox"/> <b>DAY SHIFTS</b> <input type="checkbox"/> <b>NIGHT SHIFTS</b> <input type="checkbox"/> <b>ROTATING SHIFTS</b> <input type="checkbox"/> <b>WEEKENDS</b>			
HOW DID YOU LEARN ABOUT THE JOB OPENING?			
<input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> WEBSITE: _____ <input type="checkbox"/> JOB FAIR <input type="checkbox"/> OTHER _____			
CAN YOU OPERATE A COMPUTER? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPING WORDS PER MINUTE                      _____			

DESCRIBE THE TYPES OF COMPUTER EQUIPMENT & SOFTWARE PROGRAMS YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE WITH EACH:

DO YOU HAVE A VALID DRIVER'S LICENSE?  YES  NO DRIVERS LICENSE# \_\_\_\_\_

STATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ NAMED USED \_\_\_\_\_

LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN PREVIOUSLY ISSUED A DRIVERS LICENSE.

STATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ NAMED USED \_\_\_\_\_

STATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ NAMED USED \_\_\_\_\_

STATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ NAMED USED \_\_\_\_\_

## DOCUMENTATION

Copies of the following documents are required to begin the application process and should be submitted with the application. If you require additional time to request any of these documents from its original source, please reference the specific document missing, the reason and your estimate of the time required to obtain it in a cover letter. Do not send original documents as they will not be returned to you. Failure to provide these required items may be grounds for rejection of your application.

VALID DRIVERS LICENSE

SOCIAL SECURITY CARD

BIRTH CERTIFICATE

HIGH SCHOOL DIPLOMA, G.E.D. OR TRANSCRIPTS SHOWING GRADUATION

CITIZENSHIP RECORDS (IF APPLICABLE)

NAME CHANGE RECORDS (IF APPLICABLE)

P.O.S.T. CERTIFICATES, LAW ENFORCEMENT TRAINING RECORDS (IF APPLICABLE)

## EDUCATIONAL HISTORY

List your educational history below. Use additional pages if necessary.

	NAME, ADDRESS, CITY AND STATE OF SCHOOLS ATTENDED	CIRCLE LAST GRADE ATTENDED	DATE	GRADUATED	DEGREE / MAJOR
<b>HIGH SCHOOL</b>		9 10 11 12	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D.	
<b>COLLEGE</b>		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE</b>		1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER</b>		SPECIFY	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>OTHER</b>		SPECIFY	<b>FROM</b> <b>TO</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

List any specialized training, additional schooling or educational awards you may have.

---



---

List any foreign languages you speak and the extent of your proficiency.

---



---

Summarize any other experience, volunteer work or any related general information you feel pertains to you as an applicant for this job. Include any licenses, or technical skills.

---



---

## EMPLOYMENT HISTORY

List your work history below going back at least ten (10) years, beginning with your present or most recent job. You must provide current contact information for all employers or supervisors.

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

EMPLOYER'S NAME		FROM	TO
		MO/YR	MO/YR
FULL MAILING ADDRESS		TOTAL TIME	HOURS/WEEK
		MO/YR	
DUTIES (BE SPECIFIC)	YOUR TITLE OR POSITION	SALARY	SALARY
		STARTING	ENDING
SPECIFIC REASON FOR LEAVING	SUPERVISOR'S NAME	PHONE NO.	

## PERSONAL REFERENCES

**Provide full and correct mailing addresses and contact information** for at least three (3) personal references that you have known for three (3) years. List only person we may contact. Each reference will be sent a questionnaire inquiring about your character. Do not include anyone related to you or previous employers.

**Please verify all addresses prior to submission of application.**

Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____
Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ <b>Full Mailing Address</b> _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____

## **HIRING STANDARDS AND MINIMUM QUALIFICATIONS**

**Telecommunications Officer:** Must have a high school diploma or equivalency (GED) and meet the following minimum age requirement: 19 years of age.

### **Criminal History**

**NO** convictions or commission of a felony as an adult; case-by-case review of juvenile felony convictions. General misdemeanor convictions are reviewed on a case-by-case basis; however

**NO** convictions for domestic battery, child abuse, stalking or voyeuristic type of convictions. Any criminal probation must already have been served.

**NO** D.U.I. convictions in the past 3 years. This policy will also include Withheld Judgments as convictions.

**NO** drivers license suspensions in the past 3 years for violations relating to D.U.I., chemical test refusal or points assessed due to moving traffic violations, if driving is an essential function of the job.

### **Drug Usage**

**Failure to disclose past drug usage regardless of meeting these standards will automatically disqualify you for employment.**

**NO** “soft” illegal drug use in the **past 3 years** - marijuana, illegal use of prescription drugs, etc.

**NO** “hard” illegal drug use in the **past 5 years** - methamphetamines, LSD, cocaine, heroin, etc.

### **APPLICANT ACKNOWLEDGEMENT**

**BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE STANDARDS LISTED ABOVE, AND THAT A TYPING TEST, LISTENING SKILLS TEST, BACKGROUND INVESTIGATION, ORAL BOARD AND BACKGROUND INTERVIEWS, VISION AND HEARING TESTS MAY BE CONDUCTED PRIOR TO EMPLOYMENT TO VERIFY MY COMPLIANCE WITH EACH STANDARD.**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**(Signature Required)**

## PERSONAL HISTORY QUESTIONNAIRE

To be eligible for employment you must successfully pass a background investigation and meet established standards set by the Blaine County Emergency Communications Center, Sheriff's Office and the Idaho Peace Officers Training Academy (POST). The Personal History Questionnaire is required to begin this process. Please complete and return this form promptly.

Your answers will be verified through a detailed background investigation and interview assessment. It is to your advantage to BE ABSOLUTELY TRUTHFUL in answering all questions. Any falsification or omission of information will result in disqualification of your application.

Instructions: Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. **If the answer to any of the questions below is yes, explain in detail on the Comment Page provided on page 12.**

### DO NOT WRITE EXPLANATION ON THIS PAGE.

1. As a juvenile or as an adult have you ever committed an offense where you could have been/or were arrested? If yes, give date the offense was committed, what the offense was and disposition of charge.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever petitioned any court to seal or expunge a criminal or juvenile record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been involved in or arrested for any crime of unlawful sexual conduct, stalking or employing physical or domestic violence of any kind?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of an investigation dealing with the theft of something not belonging to you? If yes, what was taken, what was the value and when did this occur?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you ever purchased any item(s) that you knew or suspected was stolen? If yes, list item, quantity, value and date of purchase.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, give the date the warrant was issued and date cleared.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you reside or associate with anyone (family or friends) who is or has been involved in, charged with or convicted of a misdemeanor or felony? If yes, please list details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever been placed on probation or parole? If yes, when, and where.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever failed a polygraph examination? If yes, when, where, why, and dates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever falsified an insurance claim, income tax return or collected unemployment / welfare benefits that you were not entitled to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever fraudulently misused a credit card or forged a check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you ever or are you currently involved in a civil lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Has there ever been any situation in which you have been involved which may be incompatible with the discharge of the duties of a certified officer. This would include any activity which may impair your independence of judgment or action in the performance of the duties of a peace officer. If yes, explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14. Has your driver's license ever been suspended, revoked, placed on probation or have you ever received a warning notice from the state who issued your license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Have you ever been refused a driver's license by any state? If yes, give the state, date and the circumstances.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Have you ever illegally purchased, sold or otherwise distributed any drugs, narcotics or other controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics or other controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Have you ever knowingly stored or transported illegal drugs, narcotics or other controlled substances for yourself or another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Have you ever tried, ingested, experimented or used illegal drugs? This includes as a juvenile or even one (1) experimental use. (Please note answering affirmative to this question does not automatically exclude you from employment. See hiring standards on pp. 8) If yes, explain, what types, how often and date of last occurrence.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. Do you drink alcohol? If yes, how much and how frequent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. Have you ever had a drug or alcohol related accident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. Have you ever been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U. I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. Have you or your spouse: Ever defaulted on any loan, debt or obligation in the past five years? Ever had your wages attached or garnished? Ever been refused credit? Ever had any collection or repossession action taken against you? Ever filed a petition for bankruptcy? When? Ever had a check bounce or returned for insufficient funds? If yes to any, please explain circumstances on the comment page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Have you ever been involved in any domestic violence? If yes, explain on pp.12.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Do you have any issues or problems losing your temper or with anger management?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Do you have any issues or problems with honesty, reliability, integrity or moral character?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Have you ever perjured yourself in a court of law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Would you object to taking a polygraph screening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30. Would you object to taking hearing or vision tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Would you object to taking a psychological assessment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Have you purposely omitted any information from your employment application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>HAVE YOU EVER BEEN CHARGED WITH A CRIME?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><input type="checkbox"/> MISDEMEANOR    <input type="checkbox"/> FELONY</p> <p>CHARGE(S) _____</p> <p>_____</p> <p>DATE _____    LOCATION _____</p> <p>If more space is needed use comment page</p>	<p>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><input type="checkbox"/> MISDEMEANOR    <input type="checkbox"/> FELONY</p> <p>CHARGE(S) _____</p> <p>_____</p> <p>DATE _____    LOCATION _____</p> <p>If more space is needed use comment page</p>
<p><b>NOTE: A CONVICTION MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. THE CIRCUMSTANCES AND FACTS SURROUNDING THE OCCURRENCE(S) AND THE DEGREE OF RELEVANCE TO THE JOB YOU ARE APPLYING FOR WILL BE TAKEN INTO CONSIDERATION.</b></p>	

## EMPLOYMENT HISTORY

**If the answer to any of the questions below is yes, please explain in detail on the Comment Page provided on page 12.**

**DO NOT WRITE EXPLANATION ON THIS PAGE.**

1. Have you ever worked for any law enforcement agency in any capacity? If yes, list agency name, dates, job title and status.	[ ] Yes	[ ] No
2. Are you currently or have you in the past been POST certified? If yes, list the type of certificate, agency name, state, highest level attained and date awarded.	[ ] Yes	[ ] No
3. Have you ever served in the U.S. Military? If yes, list dates, branch of service, type of discharge and highest rank held.	[ ] Yes	[ ] No
4. Has any supervisor ever reprimanded you for being late or absent?	[ ] Yes	[ ] No
5. Has any supervisor ever reprimanded you for misconduct or not doing your job properly?	[ ] Yes	[ ] No
6. Have you ever been terminated during the probationary period from any employment?	[ ] Yes	[ ] No
7. Have you ever been suspended, fired, or asked to resign from any employment?	[ ] Yes	[ ] No
8. Have you ever quit a job without giving proper notice?	[ ] Yes	[ ] No
9. Have you ever been rejected for employment for any reason by any law enforcement agency? If yes, list which agency and why on the comment page.	[ ] Yes	[ ] No
10. Would contacting your current employer during the background investigation present a problem for you?	[ ] Yes	[ ] No



**PERSONAL INQUIRY WAIVER  
BLAINE COUNTY SHERIFF'S OFFICE  
AUTHORIZATION TO RELEASE INFORMATION**

**NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED**

To whom it may concern:

I respectfully request and authorize you to furnish the Blaine County Sheriff's Office with any and all information that you may have concerning me, my employment and education records, my reputation, and my financial and credit status. Please include any and all medical, physical, and mental records, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the Sheriff's Office in determining my qualification and fitness for the position I am seeking with the Blaine County Emergency Communications Center.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature Required)

**SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_**

(Seal)

\_\_\_\_\_  
**Notary Public for the State of Idaho**  
**Resides in** \_\_\_\_\_  
**Notary Expires** \_\_\_\_\_  
**(NOTARIZATION REQUIRED)**

A photocopy of this request shall be for all intent and purposes, as valid as the original. The original is on file at the Blaine County Sheriff's Office

# JOB DESCRIPTION

## **Job Title: Telecommunicator**

Department: Emergency Communications

Location: Hailey, Idaho

Applications Accepted: Year-round

Salary: \$32,000-\$46,000

## **SUMMARY**

Responsible for collecting, communicating, and relaying information related to emergency and non-emergency incidents quickly and accurately. This work may require, but is not limited to, coordination and communication with fire, police, and medical agencies, multiple city and county services. The person will assist and represent multiple jurisdictions. The successful candidate will report to an assigned supervisor.

## **ESSENTIAL DUTIES & RESPONSIBILITIES**

- Responds to and serves the public with courteous good will.
- Questions callers appropriately in both emergency and non-emergency situations.
- Initiates agency response; includes knowledge of multiple agencies and cities policies and procedures.
- Communicates effectively on the radio; i.e. speed/rate of speech, voice tone, type of wording used, identifies radio transmissions, etc.
- Enters information accurately and completely for agency records.
- Uses policies and procedures to accomplish job objectives.
- Performs system troubleshooting and reporting duties.
- Attends educational and training activities as needed to support objectives of this position.
- Performs other related duties, as assigned, to accomplish the overall purpose of this position.

## **QUALIFICATIONS**

- Ability to think clearly, and make appropriate decisions in emergency and stressful situations.
- Ability to follow written and verbal instructions, policies and procedures with accuracy and attention to detail.
- Ability to effectively communicate verbally and in writing in a professional manner.
- Ability to work both independently and cooperatively in a collaborative atmosphere.
- While working under the direction of a supervisor, the employee must have the ability to exercise independent problem solving with initiative and self motivation.

- Knowledge of current Fire, Police and Medical agency needs and objectives.
- Knowledge of current laws pertaining to dispatch communications, including criminal and civil law as well as liability, legal issues, and FCC regulations.
- Computer skills that include, but are not limited to, telephones, radios, TDD, CAD, ILETS and other telecommunications and standard MS Office applications.
- Available to work varying hours, including night, weekend and holiday shifts to staff a 24-hour center.
- Must have a high school diploma or GED.
- No felony convictions or disqualifying criminal history upon completion of a thorough background check.

**CERTIFICATIONS (to be obtained during employment):**

- American Red Cross (or) American Heart Association Health Provider CPR
- APCO Public Safety Telecommunicator I
- EMD Certification
- TDD
- APCO Fire Communications I
- ILETS Entry and Query Certification
- APCO CTO Certification
- Idaho Peace Officer Standards and Training (POST); Basic & Advanced Dispatch Academy

**PHYSICAL REQUIREMENTS**

- Requires working extended or irregular hours, or various shifts.
- The job duties require an employee to be absent of any physical limitation, which would impair effective performance.