



Stephens County 911
Communications
Officer
Application Package

Communications Officer Applicant Self-Screening

The following questions are based on job requirements of a Communications Officer for Stephens County 911 Communications. Please answer the following questions and sign below.

1. Are you willing to work an irregular shift schedule during your probationary period, where one week you could be on days, and the next week on nights? Yes No
2. Are you willing to work nights, weekends, and holidays? Yes No
3. Are you willing to accept last minute changes in your work schedule, which may require you to cancel personal plans or work on your day off? Yes No
4. Are you willing to be placed on call on your scheduled off days? Yes No
5. Are you willing to work over time? Yes No
6. Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally? Yes No
7. Are you willing to take direction and criticism from a supervisor in front of other employees? Yes No
8. Are you willing to give up breaks when necessary? Yes No
10. Are you willing to be at a console that can potentially restrict your movements for 12 hours at a time or longer? Yes No
11. Are you willing to learn all functions of the job? Yes No
12. Are you willing to read and study several hundred page manuals, complete study guides, and take written tests during your training period? Yes No
13. Are you willing to maintain continuing education training as part of the job? Yes No
14. Do you understand that when you process a call incorrectly, that it could contribute to someone's life or property being lost or damaged? Yes No
16. Can you type at least 40 wpm to 90% accuracy? Yes No
17. Are you able to deal with any type of crisis call, where a child may die, an officer may be injured, or a woman assaulted by setting your own feelings aside and handling the call? Yes No
18. Are you willing to work under constant electronic surveillance that records all telephone and radio messages? Yes No

If you answered "no" to any of the above questions, please re-consider applying for this position.

Signature of Applicant

Date



**BEFORE PROCEEDING:
ENSURE YOU HAVE
INCLUDED THE
FOLLOWING
DOCUMENTS:**

- COPY OF HIGH SCHOOL DIPLOMA/GED CERTIFICATE
- MILITARY DD-214 IF APPLICABLE
- ENSURE THAT YOU HAVE COMPLETELY FILLED OUT THE APPLICATION

**INCOMPLETE APPLICATIONS *WILL NOT*
BE
CONSIDERED!**

Stephens County 911 Communications Officer

Application for Employment

Incomplete Applications will not be processed or considered.

Section 1: Personal Identification

Name: _____
(Last) (First) (Middle) (Maiden)

List any other names you have used, including nicknames, maiden names, or aliases:

Address: _____
(Complete Street Address, Apt #, and/or PO Box)

_____ (City, County, State, Zip)

Home Phone: _____ Cell Phone: _____

Social Security: _____ Email: _____

Driver's License: _____ State of Issue: _____

Have you ever had a driver's license in another state? Yes No

If yes, please specify state and dates you were licensed. _____

Are you a United States Citizen? Yes No

If no, are you legally allowed to work in the United States? Yes No

Note: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to do so will result in ineligibility from employment.

Have you served in the US Military? Yes No

If yes, list the Branch: _____

Date of Separation: _____ Type of Discharge: _____

Were you subject to any disciplinary actions, judicial or non-judicial? Yes

If yes, explain in detail: _____

Are you now in the U.S. Military Reserves, National Guard, etc? Yes No

If yes, provide name and mailing address of your unit Commander: _____

Note: A copy of DD Form 214-Member 4 must be attached to this application.

Have you ever applied with any other 911 center before? Yes No

If yes, please specify where and when. _____

Have you ever worked for Stephens County before? Yes No

If yes, when were you employed and what was the reason for leaving? _____

Will you accept: Temp Work? Part-time Work? Shift Work?

Weekends? Holidays? On Call?

What is the minimum salary you are willing to accept for this position? _____

Do you have any relatives that work for Stephens County? Yes No

If yes, please list names and departments: _____

Are you able to perform the job duties listed for this position? Yes No

Do you require an accommodation to work in the position you are applying for? Yes No

If yes, what accommodation is needed? _____

Has anyone in your immediate family or in your household ever been convicted of a felony or misdemeanor? *Immediate family is usually defined as a spouse, parents, grandparents, children (adopted, half and step children are included), grandchildren, siblings, or in-laws.* Yes No

Section 2- Education

Beginning with high school, list all schools, colleges, and/or trade schools attended as well as dates of attendance and highest level attained. If you are not a high school graduate, please state when and where you received your GED: _____

NAME OF SCHOOL	CITY AND STATE	DATES ATTENDED	DEGREE OBTAINED

Section 3- Prior Residences

Starting from your current residence and proceeding backwards, list all of your residences for the last ten years.

DATES	STREET ADDRESS	CITY, STATE, ZIP CODE

Section 4- Employment History

Starting with your most recent place of employment and working backwards, list all of your prior employers. Attach additional sheets if necessary.

Can we contact your present employer? Yes No N/A

Employer Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Employed From: _____ To: _____ Position: _____

Direct Supervisor: _____ Email: _____

Reason for Leaving: _____

Employer Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Employed From: _____ To: _____ Position: _____

Direct Supervisor: _____ Email: _____

Reason for Leaving: _____

Employer Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Employed From: _____ To: _____ Position: _____

Direct Supervisor: _____ Email: _____

Reason for Leaving: _____

Employer Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Employed From: _____ To: _____ Position: _____

Direct Supervisor: _____ Email: _____

Reason for Leaving: _____

Employer Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Employed From: _____ To: _____ Position: _____

Direct Supervisor: _____ Email: _____

Reason for Leaving: _____

Section 5- References

List five personal or professional references. Of the five, at least three should be professional. Each of your references should be over the age of 18, and none should be former employers, school teachers, or family members. Each of these references should have known you during the last 5 years.

Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Years Acquainted: _____ Occupation: _____

Email: _____ Reference Type: _____

Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Years Acquainted: _____ Occupation: _____

Email: _____ Reference Type: _____

Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Years Acquainted: _____ Occupation: _____

Email: _____ Reference Type: _____

Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Years Acquainted: _____ Occupation: _____

Email: _____ Reference Type: _____

Name: _____ Telephone Number: _____

Address: _____
(Street, City, County, State, Zip)

Years Acquainted: _____ Occupation: _____

Email: _____ Reference Type: _____

Section 6- Prior Criminal/Civil Offenses and Drivers History

Have you ever been arrested for a felony or misdemeanor? Yes No

If yes, please provide the following information.

Note: A yes does not necessarily disqualify you from employment.

DATE	LOCATION	CHARGE	DISPOSITION

Have you ever had a traffic citation? Yes No

If yes, please provide the following information.

Note: A yes does not necessarily disqualify you from employment.

DATE	LOCATION	CHARGE	DISPOSITION

Section 7- Certifications and Skills

If you are a Georgia Peace Officer Standards and Training Council Certified Communications Officer, please complete the following.

Certification #: _____ Date of Certification: _____

Is the certification current? Yes No N/A

List any certifications that you currently hold:

CERTIFICATION	ISSUING AGENCY	DATE CERTIFIED	CERTIFICATION #

Has your certifications ever been disciplined or sanctioned in any state? Yes No N/A

Have you ever been denied an application for certification as a Communications Officer?

Yes No N/A

List any skills that you feel would help you in the position you are applying for:

Section 8- Willingness Statement

I understand that the Stephens County 911 Center is a public safety organization and as such it is a twenty-four (24) hour a day, seven (7) day a week operation. Its employees are subject to working shifts any time of the day and days off, as well as being placed on call. Employees work nights, weekends, and holidays. Granting leave is based on a combination of center needs and seniority.

Prospective employees of the Stephens County 911 Center must agree to, submit, and must successfully complete a background examination and drivers history as condition of employment.

Prospective employees agree that being hired doesn't guarantee permanent employment. Permanent employment is dependent on whether it is determined that the prospective employee is able to perform all functions of a Communications Officer.

I understand that by signing this application, I am willing to accept and abide by these general conditions.

I certify that the answers I have given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment with the Stephens County 911 Center as may be necessary in arriving at an employment decision.

I certify that I have read, understand, and accept the general conditions outlined in this willingness statement.

In the event of employment, I understand that false or misleading information given in my application for employment or during interview(s), or the withholding of information may result in termination of my employment.

Signature of Applicant

Date

Waiver and authorization for release of information

Read carefully and sign where indicated.

I, _____, do hereby authorize a review of, and full disclosure of all records, concerning myself, to any duty authorized agent of the Stephens County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records including, but not limited to, records of educational institutions, driving history records, GCIC and/or NCIC criminal history records, financial or credit institutions including records of loans, records of commercial or retail credit agencies including credit reports, including background reports, efficiency ratings, complaints or grievances filed by or against me, and the record and recollections of attorneys or other counsel whether representing me or another party in any case either criminal or civil in which I presently have had an interest.

I understand that any information obtained in a personal history background investigation arising in whole or in part directly or indirectly, from this waiver and authorization will be considered in determining my suitability for employment with the Stephens County 911 Communications Center.

I certify that any person furnishing information concerning me shall not be held accountable for such information, and I hereby release said person from any and all liability, be it civil or criminal in nature, which may be incurred as a result of furnishing such information. I understand that the 1974 Privacy Act affords me the right to expect certain types of information not to be disseminated by persons who have access to such information. For the purpose of a personal history background investigation to determine my suitability for employment with the Stephens County 911 Communications Center, I hereby waive said rights. I understand that, by my signature below, I am authorizing the Stephens County Sheriff's Office to release any and all information regarding or relating to my employment with Stephens County 911 Communications to future or prospective employers seeking information regarding my employment and/or performance while employed by Stephens County 911 Communications.

A copy of this release form shall be valid as an original thereof even though said photocopy does not bear an original of my signature.

Sworn to me and subscribed before me this
_____ day of _____
20____.

Notary Public

Full Legal Signature of Applicant
(Including Maiden Name if Applicable)

Address

City State Zip

Telephone Number

SSN