

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 and 12 hours shifts? 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

THIS APPLICATION MUST BE NOTARIZED

**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? _____

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 |
|-----------------------|-----------------------|-----------------------|------------------------|
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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 |
|--------------|-----------------------|------------------------------|
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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 |
|------|----------|--------|-------------|
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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 |
|------|----------|--------|-------------|
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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 # |
|----------------------|-----------------------|-----------------------|------------------------|
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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

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**Applicant Privacy Rights
Notification Signature Form**

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the [FBI website](#).

Signature

Print Name

Date