



SUMMIT COUNTY COMMUNICATIONS CENTER

970-668-8600
Fax 970-668-4224

Post Office Box 4188
0227 SCR 1003
Frisco, Colorado 80443

SCCC TELECOMMUNICATOR EMPLOYMENT APPLICATION PACKET



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To: All Summit County Communications Center Applicants
From: Stephanie Smith, Training Supervisor
Subject: Application Instructions

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Please read the following instructions before completing this application.

1. Provide complete mailing information and phone numbers in the sections labeled WORK HISTORY and CHARACTER REFERENCES. If you do not want us to contact a current or former employer, indicate this with an explanation on an attached letter. We will honor that request. When providing references, it is advisable to let them know they will be receiving a form to complete and/or a phone call from the Summit County Communications Center. Be sure to include the complete mailing address and current telephone number for each of your references. They should return the form in the pre-addressed postage paid envelope as soon as possible. Processing of your application can not be completed until both references have responded. Delays in the receipt of responses from your references may disqualify you from the interviewing process.

2. The signing of the authorization sheet for a background check must be witnessed and stamped by a Notary Public.

3. Please attach a personal resume.

4. Return the application packet to the Summit County Communications Center in the Emergency Services Building, 0027 Summit County Road 1003, Frisco (behind the Summit Stage). This must be done DURING NORMAL BUSINESS HOURS.

5. **BE PREPARED TO TAKE A TYPING TEST AT THE TIME YOU DROP OFF YOUR APPLICATION!!!**

If you have any questions, please call 668-8600.



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APPLICANT: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination, such as age. The laws of most States also prohibit some or all of the above types of discrimination based upon ancestry, marital status or physical or mental handicap or disability.

ANSWER ALL QUESTIONS. The requested information is necessary for the position for which you are applying. Summit County Communications Center has legally permissible reasons, including without limitation, national security requirements, a bonafide occupational qualification, or business necessity for requesting this information.

1. What is your mailing address? _____
2. How long have you lived at your present address? _____
3. Are you a full-time resident of Summit County? _____
4. What is your present Selective Service classification? _____
5. Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____
If yes, describe in full on attached page.
6. Is there any reason known to you why you might be unable to perform consistently and promptly any of the job duties? If yes, how may we accommodate you? _____
7. List any friends or relatives working for us, other than spouse. _____
8. How did you hear about this position? _____
9. What is your date of birth? _____
10. Where were you born? _____



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AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the Summit County Government, Communications Center, I am required to furnish information concerning my moral, physical, educational and mental qualifications. In this regard, I hereby authorize the Summit County Communications Center to make any and all appropriate inquiries, including those directed to police agencies, regarding the above enumerated qualifications. Moreover, I authorize those people or organizations, including police agencies, selected by the Summit County Communications Center to release any and all information that they may have concerning me, including information of a confidential or privileged nature. A Notary Public's signature and seal must accompany this application.

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

I also hereby agree to submit to a polygraph examination upon request of the Summit County Communications Director.

Print Name _____

Signed _____ Dated _____

Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Public

Date Commission Expires

SUMMIT COUNTY COMMUNICATIONS

Position Title: Telecommunicator (911 Dispatcher)

Classification: PS5

Salary Range: \$38,929 to \$54,501

GENERAL DESCRIPTION

Serves as a professional Telecommunicator for Summit County. Works directly with the public, law enforcement, fire departments, ambulance service and numerous other public safety agencies providing a communications link for both emergent and non-emergent responses to incidents.

SUPERVISION RECEIVED/EXERCISED

Works under the direct supervision of a senior telecommunicator, Communications Supervisor and/or Communications Director. Trainees must successfully complete a mandatory 6 month training period, as part of a nine month probation period. Trained telecommunicators supervise those with less seniority.

SUMMARY OF DUTIES

- Answers incoming radio, telephone and computer generated calls of both an emergent and non-emergent nature; ascertains the nature of each situation and appropriately dispatches all necessary personnel and equipment according to jurisdiction and specific standard operating procedures.
- Maintains incident and status histories accurately in the Computer Aided Dispatch system and other records, documenting agency response and location of personnel and equipment.
- Operates a CRT terminal, requesting and reacting to interagency data on a crime information center computer network. Obtains criminal histories, driver histories, enters warrants, etc. and maintains strict confidentiality on all information relating to same.
- Maintains a current knowledge and understanding of all departmental policies and procedures, ensuring consistency in responding to situations.
- Performs minor care and maintenance of communication, office and radio equipment.
- Performs Emergency Medical Dispatch (EMD) functions; i.e. relays information to callers to provide immediate medical assistance to a victim.
- Performs related duties as assigned.
- Enters and maintains warrants for arrest in the crime computer.
- Participates in ongoing projects within the dispatch center.

REQUIRED ABILITIES

COMMUNICATIONS: Able to listen to, read and/or understand directives, correspondence and memoranda; able to write and speak in an understandable, accurate and positive manner; able to gather pertinent information quickly and accurately; able to communicate received information professionally and precisely to the proper personnel; able to display accuracy and react courteously in communication with other employees, user agencies and the public; able to communicate effectively all aspects of the job requirements to new dispatchers; i.e. effective training skills.

DECISION MAKING: Acts in a decisive manner, using good judgement; able to assess problems and situations in a timely manner; able to anticipate needs and evaluate alternatives; able to deal with emergency and stressful situations while avoiding overreaction; demonstrates knowledge of and utilization of appropriate resources and the willingness to initiate the use of available references with expediency.

INTERPERSONAL RELATIONSHIPS: Demonstrates consistency dealing with people, shows personal integrity and sensitivity to other's problems without direct involvement; excludes personal biases from work performance; able to accept discipline and constructive criticisms while promoting a cooperative, positive attitude and a team atmosphere.

PROFESSIONAL ATTITUDE: Displays emotional stability, self motivation, loyalty and commitment to the department and Summit County; willing to take initiative and act in a dependable and mature manner in relationships with others; represents the department to other agencies and citizens with a courteous, helpful, accurate and professional attitude in all radio, telephone, teletype and personal contacts.

STRESS MANAGEMENT: Consistently works well under pressure and manages stressful situations without compromising job performance or mental and physical well-being. Able to detect and correct errors, able to perform tasks simultaneously when necessary. Able to coordinate heavy work load to maintain organization. Able to utilize work time properly.

WORK SCHEDULE: Able to work holidays, weekends and rotating shifts. Able to work eight, ten or twelve hour shifts as required. Must be prepared to stay 4 hours after certain shifts if necessary to cover sick time for other shifts. Must be prepared to have schedule changed as necessary. Able to report for shifts on time without exception.

WORK ENVIRONMENT: Ten hour shifts often require mostly sitting. Lighting and temperature agreed upon per shift and as a team. Breaks are sometimes delayed or foregone depending on the shift workload.

TRAINING REQUIREMENTS: The following skills and certifications are provided and must be maintained by the employee: EMD (Emergency Medical Dispatch) Provider Course; CPR certification; CCIC CBI Training; and other courses as deemed necessary. Able to act as an FTO and train new employees in the absence of Senior

Telecommunicators, after the first year of employment. Working knowledge of radio, telephone and computer functions, including limitations and alternatives.

OTHER REQUIREMENTS

Able to work 40 hours per week.

Able to pass a typing test at the time of application (30 wpm).

Able to pass written testing for basic spelling, mapping and logic skills.

Able to pass a dispatch performance examination according to established standards.

Able to pass a criminal background investigation.

High school graduate or equivalent.

ACKNOWLEDGEMENT

I acknowledge this document as a detailed description of my responsibilities as a telecommunicator, knowing public safety is a changing and dynamic field, and policies and procedures will change as needed. I will read, understand and adhere to all Summit County Government and Summit County Communications Policies and Procedures.

SIGNED: _____ DATE _____



**SUMMIT COUNTY
EMPLOYMENT APPLICATION**

Return to: Human Resources Department, PO Box 68, 208 E. Lincoln, Breckenridge, CO 80424

Summit County is an equal opportunity employer, dedicated to a policy of non-discrimination in employment or the provision of services on any basis including race, color, religion, sex, age, sexual orientation, disability or national origin. Summit County only hires individuals authorized to be employed in the United States.

Answer each question fully and accurately. Please print in INK or TYPE, except for signature on application

Position Applied For: _____

PERSONAL INFORMATION

Name (Print) _____ Home or Nearest Phone _____

Physical Address _____ Emergency Phone Number _____

Mailing Address _____ Previous Address _____

Are you over the age of 18? Yes No How soon could you report to work? _____

Are you a citizen or do you have a valid authorization to work in the United States? Yes No

Type of employment Full Time Part Time Temporary Rate of Pay Expected _____

Are you employed now? Yes No Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material): Yes No

Have you ever served in the U.S. Armed Forces? Yes No

Branch _____ Date Entered _____ Date Discharged _____

EDUCATION

CIRCLE HIGHEST YEAR COMPLETED HIGH SCHOOL 1 2 3 4 COLLEGE 1 2 3 4 5 6

	List any special schooling (extension, night, business, etc.) NAME AND ADDRESS OF SCHOOL	Did you Graduate?	Type of Diploma or Degree	Major and Minor Studies
High School/GED				
Bachelors or Associates Degree				
Other (Vocational, Technical, Military, Graduate)				

WORK HISTORY

(START WITH PRESENT EMPLOYER, LIST ALL PAST WORK HISTORY WITH THE MOST EMPHASIS ON RECENT EXPERIENCE)

1. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
2. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	
3. Name & Address of Employer:		Telephone Number:	
Job Title & Duties	May We Contact this Employer?	Yes	No
Name & Position of Immediate Supervisor:	Date of Hire:	Date Left:	
Reason for Leaving:	Starting Rate:	Last Rate:	

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful in considering your application _____

REFERENCES

(Do not list relatives or former employers -at least 2 professional references.)

Name:	How Known:	Address:	Phone:
Name:	How Known:	Address:	Phone:
Name:	How Known:	Address:	Phone:

JOB APPLICANT'S AGREEMENT AND VERIFICATION

I certify that the information given by me in the application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorized the use of any information in the application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Summit County and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Summit County unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that Summit County retains the same right.

I understand that if employed, policies and rules which are issued by Summit County I may be requested take an employment examination. In the event I have a disability which will affect my ability to take the test, I will also inform Summit County prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Summit County reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued by Summit County are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on the active file for 30 days from the date completed, after which time I would have to reapply in accordance with established Summit County procedures.

Signature of applicant: _____ Date: _____