

COUNTY OF WALDO

MICHAEL R. LARRIVEE
DIRECTOR OF COMMUNICATIONS



COMMUNICATIONS

E911 Dispatcher Position

INSTRUCTIONS

1. Read every question carefully and answer each question accurately. Each entry must be legible. If a question or item does not apply to you, write N/A in the blank.
2. The information requested herein is to be used by the Waldo County Regional Communications Center to determine your suitability for employment. The Waldo County Regional Communications Center is an equal opportunity employer and does not discriminate on the basis of sex, religion, age, nationality, ancestry, sexual orientation, physical or mental disability or any other category protected by law.
3. The questions contained in this application are necessary to conduct a complete background check and to determine your ability to perform the duties assigned.
4. Any false or misleading information provided by you or arranged by you with references or past employers, will be grounds to disqualify your application, and, if hired, may cause your termination.
5. Applications with missing information will be considered incomplete and will not be processed. All sections must be addressed.

I understand that, should I be employed by the Waldo County Regional Communications Center, my continued employment is contingent upon my successful completion of an initial 12 month probationary period.

Applicant Signature

Date

COUNTY OF WALDO

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COMMUNICATIONS

RELEASE OF LIABILITY & WAIVER

I hereby authorize any representative of the Waldo County Regional Communications Center bearing this release, or a copy of it, within one year of its date, to obtain any information in your file pertaining to my employment, personnel records, professional standards / Internal Affairs records, criminal history records, driving record, military records and credit or educational records. This includes, but is not limited to, academic achievement records, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary files which are deemed to be confidential and / or sealed. This also includes reference information, whether written or verbal, from any current or past employers and educational institutions.

I hereby direct you to release this information upon request to the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Waldo County Regional Communications Center. Consent is granted to the Waldo County Communications Center to furnish the information described above to third parties in the course of fulfilling its official responsibilities

I hereby release you as custodian of such records, and any educational institution, consumer reporting agency, business establishment, or public entity including its officers, agents, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to this request, you may contact me as indicated below.

Full Name (Print) _____

Current Address: _____

Home Phone Number: _____ Work Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

NOTICE: This liability waiver and the information obtained from it will be utilized for the purpose of conducting a pre-employment background check only.

COUNTY OF WALDO

MICHAEL R. LARRIVEE
DIRECTOR OF COMMUNICATIONS



APPLICATION FOR EMPLOYMENT

COMMUNICATIONS

Date _____

PERSONAL INFORMATION

(LAST NAME) (FIRST) (M.I)

(PHYSICAL ADDRESS) (CITY) (STATE) (ZIP)

(MAILING ADDRESS)

Telephone No. _____ Cellular No. _____

(Email Address)

QUESTIONNAIRE

Date you can start: _____

YES	NO
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Do you have a valid Maine Drivers License?

_____	_____
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Do you have access to a private vehicle to use in getting to work?

_____	_____
-------	-------

Will you accept part-time work?

_____	_____
-------	-------

Will you accept full-time work?

_____	_____
-------	-------

Will you accept overtime work?

_____	_____
-------	-------

Are you currently on lay-off and subject to recall?

_____	_____
-------	-------

Have you ever been bonded?

_____	_____
-------	-------

Can you work Holidays?

_____	_____
-------	-------

Can you work overnights?

_____	_____
-------	-------

Can you work weekends?

_____	_____
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This position requires shift rotations including nights, weekends, holidays, overnights and days. If you answered "NO" to the last three questions, please explain.

Have you applied for a position in Public Safety Communications before? _____ YES _____ NO

Have you ever been employed by the County Of Waldo? _____ YES _____ NO
If yes, please provide department and years of service _____

Are you capable of performing the essential functions of the position for which you are applying with or without accommodations? _____ YES _____ NO

Identify any accommodation(s) that would be required: _____

EDUCATION

Please complete the following, indicating which of the following levels of education you have successfully completed, and listing the school, college, university, or vocational facility you attended:

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	GRADUATED YES OR NO	TYPE OF DIPLOMA OR DEGREE	MAJOR / MINOR OR FIELD OF STUDY
High School or Vocational School				
Technical Institutions or Schools				
College or University				
Graduate School				

Provide a description of any special skills or training received from any of the educational institutions listed above:

What are your present plans, if any, for improving your education?

EMPLOYMENT HISTORY

Starting with the PRESENT or MOST RECENT, list all previous employers. Please include self-employment, seasonal, part-time, military service and volunteer.

In addition to completing the following information, a current resume is requested with this application

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates Employed: From: _____ To: _____
Job Summary: _____
Reason for Leaving: _____

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates Employed: From: _____ To: _____
Job Summary: _____
Reason for Leaving: _____

Employer: _____ Position Held: _____
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Job Summary: _____
Reason for Leaving: _____

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Immediate Supervisor and Title: _____
Dates Employed: From: _____ To: _____
Job Summary: _____
Reason for Leaving: _____

DISPATCH TRAINING & COMPUTER SKILLS

Have you ever had any prior dispatch training and/or dispatch experience? _____ YES _____ NO

Name of dispatch agency _____

Dates worked: From _____ To _____

Number of training hours before released _____

List all dispatch courses completed _____

List any Awards and Commendations you have received. _____

What computer programs do you have training on or experience with? _____

How many words per minute do you type (if known)? _____

REFERENCES

List three persons who are NOT related to you and who have a definite knowledge of your qualifications for the position for which you are applying. Do NOT repeat names of supervisors listed in the EMPLOYMENT HISTORY section.

NAME	PRESENT ADDRESS & PHONE NO.	HOW LONG HAVE YOU KNOWN THIS PERSON?

