

**MASON COUNTY
E-911 COMMUNICATIONS CENTER**

911 Emergency Drive
Point Pleasant, WV 25550
Phone: (304) 675-9911
Fax: (304) 675-9938
<http://www.masoncountyoeh.com>

Point of Contact
RC Faulk
rcfaulk@masoncountyoeh.com
304-675-9911

APPLICATION PACKET FOR EMPLOYMENT
TELECOMMUNICATOR



The Mason County Enhanced 911 (E-911) Telecommunicator application packet must be filled out in its entirety by applicants and returned to the Deputy Director.

Mason County E-911 answers approximately 65,000 calls for service in any given year. Telecommunicators typically generate over 18,000 emergency response dispatches on average per year and coordinate over 25,000 responses per year. Telecommunicators dispatch emergency calls for service to 17 response agencies and transmit and receive emergency radio audio communications simultaneously dispersed over 15 radio communications channels.

Applicants who become Telecommunicators may be subject to mandatory work above and beyond the scope of normal day to day operations of the E-911 Center.

Definition: Telecommunicator

A Telecommunicator performs work involved with emergency service dispatching from a centralized public safety communications center.

Duty Conditions

Telecommunicators with Mason County E-911 should expect the following duty conditions:

1. Work is for *part time, mostly unscheduled, short notice, and no guarantee of set hours.*
2. No applicant is hired directly to full time status. All full time positions are filled from existing part time Telecommunicators.
3. No vacation time or benefits are available to part time Telecommunicators.
4. Telecommunicators should expect average shifts to last 12 hours in duration.
5. Telecommunicators should expect to be utilized for day and night shifts.
6. Part time employees will be compensated for any overtime at a rate of 1 and ½ times the regular pay.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above sections titled **Definition: Telecommunicator** and **Duty Conditions**.

Applicant Signature: _____

Date of Signature: _____

Working Conditions

Employment as a Telecommunicator requires long periods of sitting, adjusting to changing shifts and days off, exposure to a stressful environment, including a drug, alcohol and tobacco free situation with little chance for breaks.

Telecommunicators spend the shift utilizing constant connectivity and wearing a radio and telephone headset for communication purposes.

Telecommunicators spend the shift utilizing 6 simultaneous computer screens they must monitor at all times. Telecommunicators are expected to rapidly switch between various functions and methods of interactions with these 6 monitors by using 2 two button computer mice utilizing a varying combination of left and right click functions to perform critical dispatch procedures.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Working Conditions**.

Applicant Signature: _____

Date of Signature: _____

Partial List Of Duties

The following are intended to illustrate typical duties that a Telecommunicator should expect to encounter. They are by no means meant to be an all-inclusive or restrictive list.

1. Receives training in emergency service response, first aid, and communications equipment operations.
2. Follow established policies and protocols of the E-911 Center.
3. Receive telephone calls from the public relating to emergency as well as non-emergency situations relating to law enforcement, medical, fire, disasters and other related incidents.
4. Records pertinent information and transmits same to agencies and individuals.
5. Maintains records and reports of activities.
6. Makes referrals to other public service agencies when appropriate.
7. Monitors and operates telephones, radios, teletype, alarm panels, video monitors, computers and all other equipment located within or controlled by Mason County E-911 Center.
8. Uses a wide variety of communication equipment to coordinate activities of emergency service and response agencies.
9. Performs other duties as directed by shift supervisors and administrative personnel.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Partial List Of Duties**.

Applicant Signature: _____

Date of Signature: _____

Skills

The following skills are suggested for applicants to the position of part time Telecommunicator. The list is not meant to be all inclusive or limiting and change on a situation by situation basis.

1. Multi-task capability is required.
2. Skilled in the ability of using a word processor or other typing device with the ability of typing 30 or more errorless words per minute, to transcribe hand written copy and/ or simultaneous oral communications.
3. A working knowledge of the English language including common "slang".
4. A working knowledge of correct grammar and spelling.
5. Skilled in basic map reading.
6. Skilled in reading and understanding complex technical manuals and documents written in the English language including laws and ordinances, procedures, technical manuals, training manuals, computer generated print offs and public safety reports.
7. Skilled in observing, remembering and recording facts and details such as those contained in oral and written directives, radio communications, and telephone communications.
8. Skilled in analyzing a variety of information and applying selected knowledge which is learned after employment in order to decide on an appropriate and reasonable course of action.
9. Ability to exercise tact, self-restraint, judgment and strategy in dealing with a wide variety of people in various emotional states.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Skills**.

Applicant Signature: _____

Date of Signature: _____

Required Pre-Employment Education

All applicants MUST meet the following educational requirements prior to submitting an application.

1. Successful completion of high school with issued diploma.
2. In substitution of number one above, successful acquisition of a General Education Degree.
3. Completion of requirements from one of the 50 United States of America that allows the applicant to hold a valid motor vehicle operator's license.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Required Pre-Employment Education**.

Applicant Signature: _____

Date of Signature: _____

Required Post Employment Education

The following list of educational requirements MUST be completed in its entirety within one year of hire if the applicant is hired. This list is to inform applicants of the educational burden that they MUST complete with no exceptions if hired and by issuing this list Mason County E-911 makes no intent for this to serve as a guarantee of employment.

1. Certified in Cardio-Pulmonary Resuscitation
*Note: If applicant already has a valid CPR card, they may simply copy and submit to waive this requirement.
2. Successful completion of the National Incident Management System ICS-100 level course.
3. Successful completion of the National Incident Management System ICS-200 level course.
4. Successful completion of the National Incident Management System ICS-700 level course.
5. Successful completion of the National Incident Management System ICS-800 level course.
6. Successful completion of the four day National Crime Information Center/ West Virginia Automated Police Network full terminal operation class offered by the West Virginia State Police.
7. Successful completion of the Association of Public Safety Communications Officials Level 1 Public Safety Telecommunicators class.
*Note: If an applicant has completed another equivalent course, they may copy and submit a copy of the valid certificate from that program to satisfy this requirement.
8. Successful completion of the Association of Public Safety Communications Officials Emergency Medical Dispatch program.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled Required **Post Employment Education**.

Applicant Signature: _____

Date of Signature: _____

Required Experience

Applicants MUST have the following experience prior to submitting an application for employment. The intense post hire educational requirements for Telecommunicators depend on the applicant already having in place these skills. Meeting these requirements does NOT guarantee the applicant employment with Mason County E-911.

1. Must be extremely fluent in the use of the Microsoft Windows operating system.
2. Must be extremely fluent in the use of a minimum two button computer mouse.

The entire system relies on the applicants ability to utilize four simultaneous desktop computers and we do not intend to teach any applicant the basics of how to use a mouse or the Microsoft Windows Operating System.

Suggested Experience

Applicants who have previous public safety dispatch backgrounds are preferred. The lack of public safety dispatching will not in and of itself prevent an applicant from being considered for part time employment as a Telecommunicator.

Applicants should be experienced with interacting with the public through a variety of communication methods with the most notable form of communication being telephone. It would also be helpful for potential candidates to have held previous positions that required the interrogation of callers for in depth details during a stressful situation.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Required Experience** and **Suggested Experience**.

Applicant Signature: _____

Date of Signature: _____

Applicant Investigation

Mason County E-911 will conduct an extremely fluent and exhaustive background investigation of each applicant as required by local policy and West Virginia state law. This investigation will include but will not be limited to the Department of Motor Vehicles, the Federal Bureau of Investigation Interstate Information Index, National Crime Information Center, state and local judiciary posts, past employers and character references.

In the event that an applicant is chosen for hire by the Mason County E-911 they will submit to a further finger print investigation as required by the West Virginia State Police Chief Terminal Officer of the West Virginia Automated Police Network.

All applicants who are chosen for hire will be tested for the use of illegal drugs per a policy implemented by the Mason County courthouse.

Signature of Review and Understanding

By signing this document on the line indicated below I am agreeing that I have **read** and **understand** all components to the above section titled **Applicant Investigation**.

Applicant Signature: _____

Date of Signature: _____

PERSONAL INFORMATION

Name (Last, First, MI)		Date of Application	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Wireless Phone	Other Phone	
Date Of Birth (yyyy/dd/mm)	Place Of Birth (City & State)	Social Security Number	
Driver's License Number	Driver's License State	Referred To Apply By	
Are You Legally Authorized To Work In The U.S.? <input type="checkbox"/> No <input type="checkbox"/> Yes	Former Applicant Here <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	Former Employee Here <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	
Are You A United States Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are You A Member Of The Military Reserves or National Guard? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Military Service Branch	Rank	Discharge Status	
Have You Been Convicted Of Any Crime Other Than A Moving And/ Or Parking Violation? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Provide Details: _____			

Employment Desired

Position Being Applied For E9-1-1 Emergency Telecommunicator	Date You Are Available To Start	Desired Salary \$
Interested Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time & Full Time <input type="checkbox"/> Part Time Only	Desired Hours If Part Time	
Are You Currently Employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, What Is Your Current Employment Status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Are You A Retiree? <input type="checkbox"/> No <input type="checkbox"/> Yes
May We Make Inquiries Of Previous Employers <input type="checkbox"/> No <input type="checkbox"/> Yes	Have You Held Any Position Similar To This <input type="checkbox"/> No <input type="checkbox"/> Yes Where: _____	
Are Your Currently Laid Off From A Position? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Are You Subject To Recall? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are You Capable Of Working In Conditions That Require Long Hours Of Sitting Without Interruption? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are You Capable Of Working In Conditions That Require Near Constant Use of Multiple Computers Without Interruption? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Are You Capable Of Working In Conditions That Require Constant Monitoring, Interpretation, Logging And Filtering Forms Of Information Without Interruption Or Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Do You Understand That Your Inability To Perform The Above Three Inquiries Could Result In Someone's Death For Which You Could Be Liable? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Educational Background

	Name & Location Of School	Years Attended	Graduate	Program Of Study
Elementary Or Primary			<input type="checkbox"/> No <input type="checkbox"/> Yes	
High School Or Secondary			<input type="checkbox"/> No <input type="checkbox"/> Yes	
College Or Post-Secondary			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Trade School Business School			<input type="checkbox"/> No <input type="checkbox"/> Yes	
List Other Appropriate Here				

Certifications & Licenses

CPR <input type="checkbox"/> Layperson CPR <input type="checkbox"/> Professional Rescuer	First Aid <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Emergency Vehicle Operations <input type="checkbox"/> No <input type="checkbox"/> Yes
EMT-Basic <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____	EMT-Intermediate <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____	EMT-Paramedic <input type="checkbox"/> No <input type="checkbox"/> Yes State: _____
Fire Fighting <input type="checkbox"/> Level 1 <input type="checkbox"/> Other: _____	Hazardous Materials Experience <input type="checkbox"/> No <input type="checkbox"/> Yes List: _____	Nursing & Health Care <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Aide
Basic Telecommunicator Class <input type="checkbox"/> No <input type="checkbox"/> Yes Which: _____	Emergency Medical Dispatch Class <input type="checkbox"/> No <input type="checkbox"/> Yes Which: _____	Communication Leadership Class <input type="checkbox"/> No <input type="checkbox"/> Yes
National Crime Information Center Terminal Training <input type="checkbox"/> No <input type="checkbox"/> Yes Which State & System: _____	West Virginia Automated Police Network Terminal Certified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
National Incident Management System Certifications: <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-300 <input type="checkbox"/> ICS-400 <input type="checkbox"/> ICS-700 <input type="checkbox"/> ICS-800		
Other Special Training		
Other Special Skills		

Technology Services & Informational Technologies

Are You Able To Effectively Operate Any Of These Devices <input type="checkbox"/> Fax Machine <input type="checkbox"/> Copier <input type="checkbox"/> Multifunction Duplicator <input type="checkbox"/> Multi-Line Telephone		
Are You Capable Of Typing 30 Or More Words Per Minute If Tested? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have You Used A Modern Desktop Computer With A Mouse And Keyboard? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Operating Systems <input type="checkbox"/> Microsoft Windows <input type="checkbox"/> Macintosh OS	Software <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Google Earth	
Are You Capable Of Taking Dictation In A Live Environment? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are You Capable Of Utilizing The Internet For Functions Such As Local Weather Checks? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are You Able To Use A Telephone Directory Book? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are You Able To Read A Map? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are You Able To Give Someone Directions From A Map? <input type="checkbox"/> No <input type="checkbox"/> Yes
Other Technological Skills Or Abilities		

Previous Employers

*Note: List current or most current first and proceed in reverse chronological order.

Employer Name		Complete Employer Address	
Employer Phone Number		Immediate Supervisors Name & Department	
Position / Job Function With Employer		Duties With Employer	
Date Of Hire (mm/yyyy)	Date Of Departure (mm/yyyy)	Initial Salary	Final Salary
Reason For Leaving Employer			May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

Employer Name		Complete Employer Address	
Employer Phone Number		Immediate Supervisors Name & Department	
Position / Job Function With Employer		Duties With Employer	
Date Of Hire (mm/yyyy)	Date Of Departure (mm/yyyy)	Initial Salary	Final Salary
Reason For Leaving Employer			May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

Employer Name		Complete Employer Address	
Employer Phone Number		Immediate Supervisors Name & Department	
Position / Job Function With Employer		Duties With Employer	
Date Of Hire (mm/yyyy)	Date Of Departure (mm/yyyy)	Initial Salary	Final Salary
Reason For Leaving Employer			May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

Employer Name		Complete Employer Address	
Employer Phone Number		Immediate Supervisors Name & Department	
Position / Job Function With Employer		Duties With Employer	
Date Of Hire (mm/yyyy)	Date Of Departure (mm/yyyy)	Initial Salary	Final Salary
Reason For Leaving Employer			May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes

Character References

**Note: Applicants are NOT to list any family member as a character reference.

Reference Name		Complete Mailing Address Of Reference	
Primary Phone	Secondary Phone	Other Contact Method	
How Are You Acquainted With This Reference			Length Of Acquaintanceship

Reference Name		Complete Mailing Address Of Reference	
Primary Phone	Secondary Phone	Other Contact Method	
How Are You Acquainted With This Reference			Length Of Acquaintanceship

Reference Name		Complete Mailing Address Of Reference	
Primary Phone	Secondary Phone	Other Contact Method	
How Are You Acquainted With This Reference			Length Of Acquaintanceship

Reference Name		Complete Mailing Address Of Reference	
Primary Phone	Secondary Phone	Other Contact Method	
How Are You Acquainted With This Reference			Length Of Acquaintanceship

**Application Packet For Employment
Certification**

Read Before Signing

I certify that the information on this application and its supporting documents is accurate and complete. I agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Mason County to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full responses to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/ or screening for illegal substances upon conditional offer of employment. I understand this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Mason County serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the WV Public Employees Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand the first 40 shifts following the completion of any training shifts represent a provisional period which I may be terminated without right of appeal.

Applicant Signature: _____

Date of Signature: _____