

**CENTRAL
TELECOMMUNICATIONS
CENTER
Of
WOOD COUNTY**



EMPLOYMENT APPLICATION

**CTC TELECOMMUNICATOR
Job Description**

DEFINITION

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

EXAMPLE OF DUTIES

NOTE: The following are intended to illustrate typical duties; they are not meant to be all-inclusive or restrictive.

1. Receives training in emergency service response, first aid, and communications equipment operation.
2. Performs in strict accordance with CTC policy, orders and statements of procedure and protocol.
3. Receives telephone calls from the public concerning emergency and 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. Maintains records and reports of activities. Makes referrals to other public service agencies when appropriate.
5. Provides pre-arrival instructions to caller, utilizing established protocol and procedure.
6. Monitors and operates telephones, radios, teletype, alarm panels, video monitors, tape recorders, computers and all other equipment located within or controlled by the CTC facility.
7. Uses a wide variety of radio frequencies to inform and coordinate activities of participating emergency service agencies.
8. Maintains a safe working environment and takes care to protect all of the equipment and materials associated with the CTC facility.
9. Provides for general cleanliness and order within the CTC facility.
10. Assists with the training of new employees.
11. Suggests improved communication practices.
12. Performs other reasonable related duties as assigned by CTC facility employees operating in a supervisory capacity.

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT GUARANTEE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME.

SUPERVISION RECEIVED

Works under the general supervision of a telecommunications Supervisor, Assistant Supervisor or designated Telecommunicator.

SUPERVISION EXERCISED

Performs supervision as required or directed.

WORKING RELATIONSHIPS

Relationships are typically with the general public or outside agencies on specialized matters that may include handling difficult relationships or solving minor difficulties.

WORKING CONDITIONS

Requires long periods of sitting, adjusting to changing shifts and days off, exposure to a stressful environment, including a tobacco free situation with little chance of breaks.

CENTRAL TELECOMMUNICATIONS CENTER of WOOD COUNTY

SKILLS and ABILITIES

SKILLS

- Skilled in the use of typewriter at a minimum of 20 errorless words per minute, to transcribe hand-written copy and/or simultaneous oral communications.
- Working knowledge of business English, spelling and grammar.
- Skilled in basic map reading.
- Skilled in reading and understanding complex technical documents written in English, such as laws, ordinances, procedures, technical manuals, training manuals, computer printouts and public safety reports.
- Skilled in observing, remembering and recording facts and details such as those contained in oral and written directives, radio communications and telephone communications.
- Skilled in organizing and 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.
- Skilled in exercising tact, self-restraint, judgment and strategy in dealing with a wide variety of people in various emotional states.

ABILITIES

- Ability to communicate effectively by radio, telephone and in person.
- Ability to gain knowledge of various communications and emergency response procedures.
- Ability to gain knowledge of the community, including major facilities, highways, streets, landmarks, etc.
- Ability to accurately comprehend auditory inputs, particularly those received via telephone and radio.
- Ability to utilize eyes, ears, finger, arms and/or torso in a mobile and coordinated manner.
- Ability to react immediately and precisely to sudden stimuli.
- Ability to perform duties under stress with speed and accuracy.
- Ability to sit continuously for long periods in a tobacco free environment with minimal breaks.
- Ability to remain calm and react appropriately under stress.
- Ability to establish and maintain effective working relationships with other employees, user agency personnel and the general public.

QUALIFICATION REQUIREMENTS

EDUCATION

- Completion of high school or GED;
- Willingness to establish and actively maintain a program of continuing education directed to self-improvement in the position.

EXPERIENCE

- Radio and telephone dispatching of police, medical or fire agencies preferred, but not required.

SPECIAL REQUIRMENTS

- Applicant is subject to a background investigation;
- Physical, hearing and psychological examination;
- Must reside within a 30-minute drive.

**CTC TELECOMMUNICATOR
Working Conditions Statement**

The CTC Director understands that the position of Telecommunicator requires great sacrifice from the person assigned to the position. This understanding should result in a joint effort to make working conditions within CTC as pleasant as humanly possible while still achieving the goals of CTC.

The work of a Telecommunicator is considered extremely stressful. The natures of the work, in combination with the working conditions, have the potential to be disruptive to the home environment. Applicants must understand and be willing and able to work under the following conditions:

- Must be willing to work any schedule which has been deemed advantageous to CTC;
- Must be willing to rotate days off if deemed advantageous to CTC;
- Must be willing to work overtime, on short notice and on regularly scheduled days off, as deemed advantageous to CTC;
- Must understand that the scheduling requirements of the position take priority over controllable personal commitments;
- Must comply fully with all written and verbal instructions.

Every effort will be made to insure that an employee of CTC is treated with dignity, respect and understanding. The purpose of this form is to insure that you, the applicant, understand the inherent problems associated with working in CTC. You are urged to carefully consider your willingness to work under the aforementioned conditions.

***THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT GUARANTEE
EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME.***

**I, THE UNDERSIGNED, UNDERSTAND THE WORKING CONDITIONS WITHIN CTC AS
OUTLINED ABOVE AND WISH TO BE CONSIDERED FOR THE POSITION WITH THE
REALIZATION THAT THE CONDITIONS ARE NOT LIKELY TO CHANGE.**

Applicant Signature

Date

CTC TELECOMMUNICATOR
Employment Conditions

The employment conditions are as follows:

1. The applicant is applying for the position of Part Time Public Safety Telecommunicator.
2. The Part Time Employees are subject to call out for work on short notice, with no regularly scheduled hours.
3. The Part Time Employee is not permitted to work more than 1040 hours per calendar year, unless the Part Time Employee agrees to waive the receipt of benefits, regardless of hours worked.
4. The Full Time Employees are entitled to complete benefits which includes Insurance, Vacation, Sick Time and Holiday Pay.
5. The Part Time Employee will receive overtime pay for hours worked over 40 hours in a workweek. The workweek begins on Monday morning at 0600 hours and finishes on Monday morning at 0559 hours.

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT GUARANTEE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME.

I, THE UNDERSIGNED, UNDERSTAND THE EMPLOYMENT CONDITIONS AS OUTLINED ABOVE AND I REALIZE THAT THE CONDITIONS ARE NOT LIKELY TO CHANGE.

_____ I WISH TO WAIVE MY RIGHTS TO FULL TIME BENEFITS, REGARDLESS OF HOURS WORKED IN A CALENDAR YEAR.

_____ I DO NOT WISH TO WAIVE MY RIGHTS TO FULL TIME BENEFITS, AFTER WORKING 1040 HOURS IN A CALENDAR YEAR.

Applicant Signature

Date

CTC TELECOMMUNICATOR

Privacy Act Statement

Data Required by the Privacy Act of 1974

1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 3012, 5031, 8012, 8033, 8496 and 9411 of 10USC and Executive Orders 9397, 10450 and 11652.

This authority for collection of information must be signed by you giving the CTC Administrators and/or their agent permission to conduct a thorough background investigation with agencies such as the credit bureau, medical or mental institutions, law enforcement agencies and other agencies, which might be of concern for the completion of the investigation. This voluntary release allows CTC Administrators and/or their agent to contact agencies for release of information and accurate documentation concerning your past personal history, your employment history and your financial status.

AGREEMENT

- I certify that all answers and information submitted by me are true and complete to the best of my knowledge.
- I authorize you to make such investigations and inquiries of my personal, employment, financial and medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from liability in responding to inquiries in connection with my application.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Wood County Commission.

Applicant Signature

Date

CTC Telecommunicator Application

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT GUARANTEE EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME.

Full Name _____

Address _____

Phone day _____ evening _____

Social Security _____ **Driver's License** _____

Previous Address (if you have moved in the last 5 years) _____

Date you would be available for work _____

	Yes	No
1. Are you a citizen of the United States?	_____	_____
2. Are you a United States Veteran?	_____	_____
3. Are you a member of the National Guard or Reserves?	_____	_____
4. Have you ever filed an application with Wood County?	_____	_____
If yes, date of application _____		
5. Have you ever been employed by Wood County?	_____	_____
If yes, dates of employment : _____ to _____		

NOTE: If you answer "Yes" to any of the following questions, please give particulars on the reverse of this page. A "Yes" answer does not automatically disqualify you from consideration.

6. Have you ever been discharged or asked to resign from employment?	_____	_____
7. Have you ever been convicted of a crime (excluding minor traffic violations)?	_____	_____
8. Do you have any health defects or physical handicaps which may prevent you from adequately performing the duties of this position?	_____	_____
9. Do you object to inquiry of your present employer in regard to your character, work record, abilities or qualifications?	_____	_____
10. Are you on lay-off and subject to recall?	_____	_____

CTC Telecommunicator Application

EDUCATION

Highest Grade Completed: _____

School Name & Address

Certification

High School _____ / _____

College _____ / _____

Business/Vocational _____ / _____

Additional Training _____ / _____

ADDITIONAL SKILLS

LICENSES

CERTIFICATIONS

CTC Telecommunicator Application

WORK HISTORY

Begin with current or most recent job. Be certain to list longest and most important jobs even if required to attach additional sheets.

1. Name of Employer _____

Address _____

Telephone _____ From _____ to _____

Immediate Supervisor _____

Job Title _____ Final Pay _____

Reason for Leaving _____

Duties Performed _____

2. Name of Employer _____

Address _____

Telephone _____ From _____ to _____

Immediate Supervisor _____

Job Title _____ Final Pay _____

Reason for Leaving _____

Duties Performed _____

CTC Telecommunicator Application

WORK HISTORY (continued)

3. Name of Employer _____

Address _____

Telephone _____ From _____ to _____

Immediate Supervisor _____

Job Title _____ Final Pay _____

Reason for Leaving _____

Duties Performed _____

4. Name of Employer _____

Address _____

Telephone _____ From _____ to _____

Immediate Supervisor _____

Job Title _____ Final Pay _____

Reason for Leaving _____

Duties Performed _____