

Welcome to Jefferson County 9-1-1 Dispatch

Jefferson County 9-1-1 Dispatch is a unique joint communication dispatch agency. We provide dispatching services for 14-Fire, 4-Ambulance, 5-Law Enforcement Agencies, Animal Control and Emergency Management.

Employees must be able to effectively multi-task, split-ear hear and possess computer/typing skills. You must be able to work effectively as a team member.

Part-time Employment Information

- **All new employees are hired as part-time until they satisfactorily complete the training period.**
- Training periods can be as long as six months.
- While in training you will be evaluated on a daily basis to ensure that you are progressing in your training. Failure to progress will result in terminating your part-time status.
- Training may consist of four-8 hour shifts per week. While on day shift you will work from 10:00 am until 6:00 pm. While on night shift, you will work from 6:00 pm until 2:00 am. Alternating days to nights every twenty-eight days. Working weekends and holidays if scheduled. Training schedules are subject to change.
- **Part-time employees receive no benefits except those as required by law.**
- **Jefferson County 9-1-1 has a strict attendance policy.** Our philosophy is that in order to satisfactorily complete your training you must be at work. Excessive absenteeism during your training will result in termination.
- Once training is satisfactorily completed, you will be required to successfully complete both a physical/drug test and psychological evaluation as a condition of your full-time employment.
- **Fulltime employees** receive all benefits defined in the employee handbook.

Thank you for considering Jefferson County 9-1-1 Dispatch as part of your future.

APPLICATION

JEFFERSON COUNTY 9-1-1 DISPATCH



Position Applied For

INSTRUCTIONS

Read every question carefully and ANSWER EACH QUESTION ACCURATELY. An applicant may be disqualified from further processing he/she intentionally makes a false statement of a material fact, practices, or attempts to practice any deception or fraud in his/her application. ALL ENTRIES, EXCEPT SIGNATURE, MUST BE PRINTED LEGIBLY WITH INK.

I. PERSONAL DATA

1. Name _____
(last) (first) (middle)
2. List all other names you have used:

3. Present address _____
4. Telephone number: Home: _____ Other: _____
5. Are you a U.S. Citizen? Yes No Date of Birth ___/___/___
6. Do you possess a valid Missouri Operator's License? Yes No License # _____
7. Do you possess a High School Diploma or Equivalent Certificate? Yes No
8. Do you have any impairments, physical, mental or medical, which would interfere with your ability to perform the job for which you have applied? Yes No

If there are any positions or types of positions for which you should not be considered, or job duties you cannot perform because of physical, mental or medical disability, please describe.

II. EMPLOYMENT

9. List below your complete work history, starting with your present position and working backward, to your first employment. List any period of unemployment. All of your time must be accounted for. Include all part-time employment. Use additional paper if necessary.

DATE MONTH/YEAR	EMPLOYER
<p>a. TO:</p> <p>FROM:</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Position _____ Phone _____</p> <p>Reason for leaving _____</p>
<p>b. TO:</p> <p>FROM:</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Position _____ Phone _____</p> <p>Reason for leaving _____</p>
<p>c. TO:</p> <p>FROM:</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Position _____ Phone _____</p> <p>Reason for leaving _____</p>
<p>d. TO:</p> <p>FROM:</p>	<p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Position _____ Phone _____</p> <p>Reason for leaving _____</p>

11. Were you ever DISCHARGED or ASKED TO RESIGN from any employment? Yes No
12. May we discuss your application with your present/past employer? Yes No

13. Have you had any training in fire, ems or law enforcement communication? **Yes** **No**
If yes, give details:

14. Have you ever been convicted of a crime? **Yes** **No**

15. Were you ever arrested, detained, taken into custody in this state or other state? **Yes** **No**

DATE	VIOLATION/CHARGE	LOCATION	DISPOSITION	POLICE AGENCY

Applicant Signature

Date
