



CENTRAL DISPATCH OF POLK COUNTY EMPLOYMENT APPLICATION

110 E. Jefferson Street, P.O. Box 361, Bolivar, Missouri 65613
Telephone (417) 777-8844 Fax (417) 777-5343

Active for 30 days unless otherwise notified	Date Applied _____
NOTE: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of application is unclear.	

LAST NAME	FIRST	MIDDLE	STREET ADDRESS	CITY	STATE	ZIP
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() _____ PHONE NUMBER	SOCIAL SECURITY NUMBER	YEARS AT ABOVE ADDRESS
() _____ PHONE NUMBER		

NAME OF JOB APPLYING FOR DISPATCHER	ARE YOU A U.S. CITIZEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER WORKED FOR THIS CITY/COUNTY. <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FROM _____ TO _____ MO/YR MO/YR
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DO YOU HAVE ANY RELATIVE(S) WORKING FOR THE CITY OR COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME(S) RELATIONSHIP(S) _____ _____ _____

ARE YOU AVAILABLE TO WORK ANY TIME OF THE DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHEN?
ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHEN?

TYPE OF POSITION YOU WILL ACCEPT: FULL TIME PART TIME

US MILITARY HISTORY				
BRANCH	DATE ENTERED	DATE DISCHARGED	TYPE OF DISCHARGE	HIGHEST RANK ATTAINED

EDUCATIONAL HISTORY			
PROOF OF EDUCATION AND/OR LICENSE(S), AND CERTIFICATION(S) WILL BE REQUIRED PRIOR TO HIRE.			
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR A G.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HIGH SCHOOL	CITY	STATE	GRADUATION DATE
TRADE SCHOOL	CITY	STATE	GRADUATION DATE
COLLEGE OR BUSINESS SCHOOL	CITY	STATE	DEGREE

PROFESSIONAL REGISTRATION(S), LICENSE(S), AND/OR CERTIFICATION(S) YOU POSSESS THAT RELATE TO THIS POSITION:			
TYPE OF PROFESSIONAL REGISTRATION, LICENSE, AND/OR CERTIFICATION:	LICENSE # (IF APPLICABLE)	DATE RECEIVED	EXPIRATION DATE

IN THE SPACES BELOW, LIST YOUR RECORD OF EMPLOYMENT AND ANY OTHER RELEVANT WORK/VOLUNTEER EXPERIENCE. START WITH YOUR PRESENT OR MOST RECENT POSITION AND CONTINUE IN DESCENDING ORDER. LIST POSITIONS IN THE ORDER YOU HELD THEM. LIST ANY PERIODS OF UNEMPLOYMENT. PLEASE COMPLETE ALL AREAS, WHETHER OR NOT A RESUME IS ATTACHED.

EMPLOYER		<u>DATES OF EMPLOYMENT</u>	
SUPERVISOR'S NAME AND TITLE		FROM MO/YR	TO MO/YR
ADDRESS		STARTING SALARY	FINAL SALARY
CITY STATE PHONE		REASON FOR LEAVING	
YOUR EXACT TITLE	CHECK ONE FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		
SPECIFIC DUTIES			

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ADDRESS		STARTING SALARY	FINAL SALARY
CITY	STATE	PHONE	REASON FOR LEAVING
YOUR EXACT TITLE		CHECK ONE FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	
SPECIFIC DUTIES			

WORK REFERENCES WE MAY CONTACT (INCLUDE AT LEAST TWO MOST RECENT OR CURRENT SUPERVISORS)			
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE
NAME		NAME	
ADDRESS		ADDRESS	
OCCUPATION	PHONE	OCCUPATION	PHONE

HAVE YOU EVER BEEN REQUESTED OR FORCED TO RESIGN FROM A POSITION FOR MISCONDUCT OR UNSATISFACTORY SERVICE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.	
<p>AUTHORIZATION FOR RELEASE: I HEREBY AUTHORIZE CENTRAL DISPATCH OF POLK COUNTY TO MAKE SUCH INVESTIGATIONS AND INQUIRES AS TO MY CHARACTER, EMPLOYMENT RECORD AND CONVICTION RECORD, MEDICAL HISTORY AND/OR MATTERS AS MY BE DEEMED NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, LAW ENFORCEMENT AGENCIES AND PERSONS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER THAT MAY ENSUE FROM FURNISHING THE SAME TO CENTRAL DISPATCH OF POLK COUNTY.</p> <p>CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS MADE ON THE APPLICATION FORM AND IF APPLICABLE, ANY SUPPLEMENTAL QUESTIONNAIRE(S) ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY OMISSION, MISSTATEMENT, OR FALSIFICATION MAY BE CAUSE FOR TRUE AND COMPLETE. I UNDERSTAND THAT ANY OMISSION, MISSTATEMENT, OR FALSIFICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL OF MY NAME FROM AN ELIGIBILITY LIST(S), AND/OR DISCHARGE FROM EMPLOYMENT.</p>	
APPLICANT'S NAME (PRINT)	
APPLICANT'S SIGNATURE	DATE

CENTRAL DISPATCH OF POLK COUNTY QUESTIONNAIRE

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS MAY DISQUALIFY YOUR APPLICATION

PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS:

<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ANY OFFENSE THAT WOULD BE A FELONY IF COMMITTED?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER ILLEGALLY USED DANGEROUS DRUGS OR NARCOTICS FOR ANY PURPOSE WITHIN THE PAST TEN YEARS? <i>EXAMPLES OF A DANGEROUS DRUG OR NARCOTIC DRUG WOULD BE, BUT IS NOT LIMITED TO: COCAINE, CRACK, ETC.; METHAMPHETAMINE (CRYSTAL METH OR SPEED OF ANY KIND); ANABOLIC STEROIDS (AFTER 1994), EXCEPT PRESCRIPTION ONLY OR FDA APPROVED OVER THE COUNTER PREPARATIONS.</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER USED ILLEGALLY ANY OTHER DANGEROUS DRUGS OR NARCOTICS FOR ANY PURPOSE WITHIN THE PAST TEN YEARS OR BEFORE THE AGE OF 21 YEARS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN DISHONORABLY DISCHARGED FROM THE UNITED STATES ARMED FORCES?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAD YOUR MISSOURI DRIVER'S LICENSE EVER BEEN SUSPENDED AS A RESULT OF EXCESSIVE TRAFFIC VIOLATIONS OR ANY OTHER ACT THAT WOULD AUTOMATICALLY SUSPEND YOUR DRIVER'S LICENSE OR RECEIVED A SUSPENDED DRIVER'S LICENSE FROM ANOTHER STATE AS A RESULT OF SIMILAR CIRCUMSTANCES?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU COMMITTED OR VIOLATED FEDERAL, STATE, OR CITY LAWS PERTAINING TO CRIMINAL ACTIVITY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FALSIFIED YOUR QUESTIONNAIRE OR APPLICATION?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN INVOLVED IN THE COMMISSION OF A FELONY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU ENGAGED IN ANY OTHER CONDUCT OR PATTERN OF CONDUCT THAT WOULD TEND TO DISRUPT, DIMINISH, OR OTHERWISE JEOPARDIZE PUBLIC TRUST IN CENTRAL DISPATCH OF POLK COUNTY?
IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE RECONSIDER APPLYING FOR THIS POSITION.	

PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS:

<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK AN IRREGULAR SHIFT SCHEDULE DURING YOUR TRAINING PERIOD, IN WHICH ONE WEEK YOU MIGHT BE WORKING DAYS WITH WEDNESDAY AND THURSDAY OFF, AND ANOTHER WEEK YOU WOULD WORK THE GRAVEYARD SHIFT WITH MONDAY AND TUESDAY OFF?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK WEEKENDS AND HOLIDAYS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO ROTATE TO ANY OF THE THREE SHIFTS: DAYS, AFTERNOONS AND GRAVEYARDS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO ACCEPT LAST MINUTE CHANGES IN YOUR WORK SCHEDULE THAT MIGHT REQUIRE YOU TO CANCEL PERSONAL PLANS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO BE SUBJECTED TO ABUSIVE AND PROFANE LANGUAGE ON THE PHONE AND DEAL WITH IT UNEMOTIONALLY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TAKE DIRECTIONS FROM A SUPERVISOR IN FRONT OF YOUR PEERS?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO BE AT A CONSOLE THAT RESTRICTS YOUR MOVEMENTS TO A 6-FOOT RADIUS, EXCEPT FOR YOUR BREAK PERIOD, DURING AN 8-HOUR SHIFT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO LEARN ALL FUNCTIONS OF THE JOB INCLUDING COMPLAINT TAKING (ANSWERING QUESTIONS AND PROCESSING CALLS FOR CITIZENS)?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO READ AND STUDY SEVERAL HUNDREDS OF PAGES OF MANUALS, COMPLETE HOMEWORK ASSIGNMENTS, FILL IN STUDY GUIDES, AND TAKE WRITTEN TESTS DURING YOUR TRAINING?
<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU UNDERSTAND THAT IF A COMMUNICATIONS DISPATCHER PROCESSES A CALL INCORRECTLY IT COULD CONTRIBUTE TO SOMEONE'S PROPERTY BEING LOST OR DAMAGED, OR TO A PERSON BEING SERIOUSLY INJURED OR DYING?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO BE CLOSELY SUPERVISED AND QUESTIONED ROUTINELY ABOUT WHY YOU FOLLOWED A CERTAIN COURSE OF ACTION, WITHOUT TAKING IT PERSONALLY?
<input type="checkbox"/> YES <input type="checkbox"/> NO	THIS JOB REQUIRES YOU TO COPY INFORMATION AS IT IS BEING RECEIVED, SIMULTANEOUSLY DIGEST WHAT YOU HAVE HEARD, AND RESPOND IMMEDIATELY. IS THIS SOMETHING YOU ARE ABLE AND WILLING TO DO?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING AND ABLE TO DEAL CALMLY WITH ANGRY PEOPLE WHEN THE PROBLEM IS NOT YOUR FAULT?
<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO DEAL WITH A CRISIS CALL IN WHICH A CHILD MIGHT HAVE DIED, A POLICE OFFICER IS INJURED, OR A WOMAN IS ASSAULTED, AND THEN SET IT ASIDE TO CALMLY DEAL WITH AN IRATE CITIZEN COMPLAINING OF A DOG BARKING?
<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YOU ARE A SMOKER, ARE YOU WILLING TO GO WITHOUT A CIGARETTE FOR AN ENTIRE SHIFT IF NECESSARY, AND/OR SMOKE ONLY DURING SCHEDULED BREAKS?
IF YOU ANSWERED "NO" TO ANY OF THESE QUESTIONS, PLEASE RECONSIDER APPLYING FOR THIS POSITION.	

911 DISPATCHER / TELECOMMUNICATOR EXPERIENCE

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

HAVE YOU WORKED AS A 911 DISPATCHER OR CALL TAKER? YES NO

IF YOU ANSWERED "YES", PLEASE COMPLETE THE FOLLOWING SECTIONS:

EMPLOYER(S)	TYPE OF SERVICE	DATES OF EMPLOYMENT (MO/YR)		JOB TITLE
		FROM:	TO:	

DESCRIBE WORK PERFORMED:

HAVE YOU WORKED AS A POLICE DISPATCHER? YES NO

IF YOU ANSWERED "YES", PLEASE COMPLETE THE FOLLOWING SECTIONS:

EMPLOYER(S)	TYPE OF SERVICE	DATES OF EMPLOYMENT (MO/YR)		JOB TITLE
		FROM:	TO:	

DESCRIBE WORK PERFORMED:

HAVE YOU WORKED AS A DISPATCHER IN ANY OTHER CAPACITY (I.E. FIRE, MEDICAL, ETC.)? YES NO

IF YOU ANSWERED "YES", PLEASE COMPLETE THE FOLLOWING SECTIONS:

EMPLOYER(S)	TYPE OF SERVICE	DATES OF EMPLOYMENT (MO/YR)		JOB TITLE
		FROM:	TO:	

DESCRIBE WORK PERFORMED:

I HEREBY CERTIFY THAT THIS ENTIRE 2 PAGE SUPPLEMENTAL QUESTIONNAIRE WAS COMPLETED BY ME AND ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT OMISSIONS OR MISSTATEMENTS MAY BE CAUSE FOR REJECTION OF THIS APPLICATION, REMOVAL OF MY NAME FROM THE ELEGIBILITY LIST, AND/OR DISCHARGE FROM EMPLOYMENT. I UNDERSTAND THAT THIS INFORMATION IS SUBJECT TO VERIFICATION BY ANY FEDERAL, STATE, AND LOCAL AGENCIES.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

CENTRAL DISPATCH OF POLK COUNTY APPLICATION EVALUATION

General Information					
Applicant	Date				
Position Applied for:	Interviewer				
Hiring Recommendation					
Hire <input type="checkbox"/>					Not Hire <input type="checkbox"/>
Candidate Evaluation					
	Poor	Fair	Satisfactory	Good	Excellent
Knowledge of Specific Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Education or Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Company/Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths:

Weaknesses:

Additional Comments:

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