

FAIRVIEW POLICE DEPARTMENT

Dispatcher Application for Employment



Date/Time Turned in: _____

Received by _____ (printed) _____ (signature)

Print or type answers to each question CLEARLY and COMPLETELY. All questions must be answered. This is an application for employment and no employment contract is being offered. The City of Fairview may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the Dispatcher/Communications Officer on duty.

Fairview Police Department
203 E. Central
Fairview, OK 73737
580-227-4444 or 580-227-2390

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Copies of the following items must be submitted with completed application.

Failure to provide one of the listed items will render the application as incomplete and unable to be considered for employment.

- o Driver's License
- o Social Security Card
- o High School Diploma or GED
- o College Transcripts (if applicable)
- o Birth Certificate
- o Military Record/DD-214 (if applicable)
- o Any certificates listed in this application

If you have any questions contact the
Chief of Police or Assistant Chief of Police at: 580-227-4444

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Date of Application: _____ **Date Available for work:** _____

Print or type answers to each question clearly and completely. All questions must be answered. This is an Application for Employment and no employment contract is being offered.

_____	_____	_____	_____
Last Name	First Name	Middle	Social Security Number
_____			_____
Street Address			Home Phone
_____			_____
City, State, Zip			Cell Phone

List any other name(s) you have been known by: _____

Provide any other Social Security Number(s) you have used: _____

ARE YOU WILLING TO WORK (circle all that apply):

SHIFT WORK NIGHTS WEEKENDS HOLIDAYS.

If you are under 18 years of age, you may not be hired until age 18.

Date of Birth: _____ Present age: _____

AN EQUAL OPPORTUNITY EMPLOYER: The City does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disability status, or any other legally protected status.

WARNING: All information in this application will remain confidential and only released to those who need to know: however, the applicant will be subject to extensive background examination and polygraph. Any false, misleading, or incomplete statements will be considered grounds for rejection. Leave no blank spaces. If the question does not apply to you, mark N/A (not applicable).

The City is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation except as necessary to complete the application form. After reviewing your application form, verifying your responses, conducting an extensive background investigation, conducting necessary interviews or tests, and you are considered for the job, need for accommodations will be noted. The parties will explore reasonable accommodation to perform the essential job functions if necessary at that time.

The City MAY conduct a pre-employment exam, which will determine whether you can do the essential functions of the job without substantial risk or harm to yourself and the public.

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Job Description

Title: Dispatcher

Job Description:

The position of a Communications Officer/Dispatcher requires moderate ability to use a computer and a multi-line phone. You must be able to make quick decisions and keep your composure under pressure. This is a high stress occupation. We are not only the lifelines to our police officers and fire fighters, but also the community at large.

The City of Fairview is concerned with our ability to perform the job and will not at this time consider your need for reasonable accommodation. If after reviewing your application form, verifying your responses, and conducting the necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives.

The ***MINIMUM*** training time that will be provided for a Communications Officer/Dispatcher is 80 hours. If after that time, you are considered to be a reasonable candidate for a position by your training officers, you will be hired under a probationary status.

Must be at least 18 years of age. Although this is an entry level position, the incumbent will be in a probation status for a minimum of 90 days and maximum of 180 days and will be directly supervised by a Training Officer (TO) during such period.

- Must be able to pass comprehensive drug tests or other exams.
- Must be a citizen of the United States and possess a high school diploma or G.E.D.
- Must not have been convicted of a felony, domestic abuse charge, or have pending criminal actions.
- Must not be a current user of controlled substances.
- Must demonstrate through background investigation, interview, and other tests that he/she is suited for the job of Dispatcher/Communications Officer.
- Ability to operate two-way radio.
- Ability to read, understand, and follow Police Department and City of Fairview policy and procedures.
- Ability to effectively communicate while under stress, information on the radio and telephone and handle emergency situations.

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- Ability to deal effectively with the public using tact and diplomacy and remain calm in emergency situations. Ability to cope with situations firmly, courteously, tactfully, and with respect for the rights of others.
- Self-confidence.
- Willingness to both work with others and follow orders or allow superior officer(s), dispatcher(s), or other trained experts to take charge as required. Must be flexible in dealing with situations.
- Ability to interface properly with other law enforcement personnel both in the city and in other agencies and to cooperate in law enforcement work.
- Sensitive and responsive to the needs and feelings of others; sensitive to the community values and norms; knowledge or appreciation of special lingo or slang to communicate with the public; sensitive to alternative lifestyles and socio-economic groups and races in applying or enforcing the law.
- Ability to maintain confidentiality. Must be honest in his/her dealings with public and obey laws.
- **MUST work rotating shifts, holidays, weekends, and long hours as required.**
- Must be able to handle stressful, hostile, or irrational persons.

Physical/Mental Requirements:

- o Even-tempered, reacts well to stress
- o Willingness to work with others and follow others
- o Sensitive and responsive to the needs and feelings of others

After reviewing the essential job functions, the minimum qualifications and special requirements from the attached job description, are you able to do them with or without a reasonable accommodation? Yes No

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As you complete the next portions, provide us with prior education, work experience, and any relevant training, certificates, or licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

It is extremely important that you provide correct responses to the following questions and that you indicate your qualifications to be able to do the essential functions of the Dispatcher position. Failure to answer these questions may indicate that you have not provided the information to qualify for the present position. Use section 38 if you need additional space.

1. Are you a U.S. Citizen? **Yes** **No**

If no, what citizenship are you? _____

2. Have you ever worked for the City of Fairview: **Yes** **No**

If so, what Department?

3. Are you related to any City employee or any member of the City Council? **Yes** **No**

If yes, Who? _____

4. Have you applied with any other Police Department in the last 5 years? **Yes** **No**

If yes, which Department(s) and when?

5. Do you know any City of Fairview Police Officers or Dispatchers: **Yes** **No**

If yes, Who? _____

6. Can you operate: Automobile Motorcycle Airplane Helicopter

License(s) Number	State	Date Expires	Type

7. Does your drivers license have any restrictions? **Yes** **No** If yes, explain:

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8. Have you ever had a driver's license suspended or revoked? **Yes** **No**

If yes, please explain:

9. In the last seven years:

1) How many traffic tickets have you received? _____

2) Number of times arrested for driving under the influence? _____

3) Reckless driving of any type? _____

4) Number of accidents you were involved in as a driver for which you were charged or cited?

5) Have you been involved in a serious accident(s) where you were the driver? **Yes** **No**

If yes, or anything other than none to any of the above, explain:

10. It is imperative that law enforcement/dispatch personnel have a clean conviction record and not be addicted to controlled substances. (Arrest information will not necessarily disqualify you.)

By any court of law, or law enforcement body anywhere, have you:

ever been arrested? **Yes** **No** if so - placed in jail? **Yes** **No** detained? **Yes** **No**

received a conviction? **Yes** **No** suspended sentence? **Yes** **No**

deferred sentence which has not been sealed? **Yes** **No** probation? **Yes** **No**

If yes, please explain below:

Date	Charge	Age at time	Court of Jurisdiction	Disposition	Location of Police Agency Involved

Other explanation:

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11. Have you ever been fingerprinted? **Yes** **No** If yes, complete the following:

When	Where	For Whom	Purpose

12. Residence: List every place you have resided in the past 10 years
Phone number of current landlord? _____

From Month - Year	To Month - Year	Street Address	City, State	Name of Landlord

13. Education: List high school(s), college(s), correspondence, business or technical schools attended. Exclude military training.

Name of School	Location City & State	Type of School	Dates of Attendance	Hours Completed	Graduate/ Degree

14. List all educational special honors, scholarships, etc., received:

15. List all memberships in school societies, fraternities, or clubs (You may exclude membership in organizations indicating national origin if desired)

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16. Have you ever been expelled or suspended from any school or dropped out of school because of poor scholastic standing? **Yes** **No** If yes, please explain circumstances:

17. List employment experience for the past 10 years.

Dates (From-To)		Employed by:	
Title of Position	Salary	Reason for Leaving	Phone Number
Type of duties:			
Phone #:		Name of Supervisor	

Dates (From-To)		Employed by:	
Title of Position	Salary	Reason for Leaving	Phone Number
Type of duties:			
Phone #:		Name of Supervisor	

Dates (From-To)		Employed by:	
Title of Position	Salary	Reason for Leaving	Phone Number
Type of duties:			
Phone #:		Name of Supervisor	

Dates (From-To)		Employed by:	
Title of Position	Salary	Reason for Leaving	Phone Number
Type of duties:			
Phone #:		Name of Supervisor	

Dates (From-To)		Employed by:	
Title of Position	Salary	Reason for Leaving	Phone Number
Type of duties:			
Phone #:		Name of Supervisor	

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18. If you have had no prior employment experience, please explain what you have done since high school to prepare you for this job.

19. Have you ever been fired, suspended, or put on an inactive status (other than for workers' compensation cases) by any of your previous employers? **Yes** **No**

If yes, please state circumstances:

20. Account for all periods of time since age 18 that you were not in school, working, in the military, or recuperating from an illness or injury if over 90 days in duration:

21. In chronological order, list all special training received and occupational schools attended in your employment history that are not listed elsewhere. (Exclude military schools and training, high school, colleges, etc)

Name of School	Location City & State	Type of School	Dates of Attendance	Hours Completed	Certificate Received

22. Indicate if you have any additional information or comments concerning any volunteer experience, any special licenses or training, which would help us determine your suitability for this position.

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23. Have you ever been bonded? **Yes** **No** With respect to each time bonded, state details below:

Date	Reason	By Whom	Address, City, State

24. Are you now engaged in any business as an owner, partner (active or silent), or other connection (not listed in job history as employee) ? **Yes** **No** If yes, give full details: name, address, etc.

25. Has any corporation, partnership or business of which you are/were an officer partner, etc. ever been issued or denied a license or permit by any City, State or Federal Government? **Yes** **No** If yes, give full details: Exclude drivers license(s).

Selective Service/Military Service

26. Have you registered for the selective service? **Yes** **No** If yes, when _____

27. Have you served in any branch of the military? **Yes** **No** If yes, indicate branch, current status, and military training or experience that would assist you in being a Dispatcher:

Base or Name of School	Location City & State	Type of School	Dates of Attendance	Hours Completed	Certificate Received

28. List any medals, decorations, campaign and theater ribbons awarded to you while in the armed forces:

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29. Were you honorably discharged? **Yes** **No** Please provide a copy of any discharge papers (Forms DD-214 and DD-214 Member 4)

Subversive Organizations

30. As used in this application, a subversive organization shall mean any group or organization which does not support local State and Federal Laws and which advances its beliefs through violence and force.

- a) Have you advocated, advised, or taught the doctrine that the government of the United States of America or any State or any political subdivision thereof should be overthrown by force, violence, or any other unlawful means? **Yes** **No**
- b) Are you now or have you ever been a member of any subversive organization? **Yes** **No**
- c) Have you ever been connected, or affiliated in any manner with or have you ever attended meetings of any subversive organization? **Yes** **No**
- d) Have you ever paid, collected, or solicited any money, dues, or contributions to, for, or on behalf of any subversive organization? **Yes** **No**

If any of your responses are yes to any of the questions in category 29, please indicate circumstances:

31. Background references pertaining to past character:
(This information is used to question family members and associates to determine your fitness to do the essential functions of the job)

Name, Phone Number and Address of Current Spouse, if applicable:

--

Name, Phone Number, and Address of Former Spouse, if applicable:

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Name, Phone Number, and Address of College Roommate, if applicable:

Name, Phone Number, and Address of Military Associate, if applicable:

Name, Phone Number, and Address of Mother, Father, & Siblings:

Name, Phone Number, and Address of any other personal references:

32. List any social, labor, civic and fraternal organizations that you have in the past or currently belong to which demonstrates your fitness for this position (You may exclude any that is associated with a national origin if you wish.)

33. Which of your previous jobs did you like the **best**? Explain the duties and reasons why:

34. Which of your previous jobs did you like **least**? Explain the duties and reasons why:

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Personal Questionnaire

As an applicant for the position of Dispatcher with the City of Fairview, you will be subjected to a background investigation, which may include a polygraph on any of these questions. The following questionnaire is a preview of items that will be necessary for us to check information. It will be to your benefit to answer all questions honestly and to the best of your ability.

1. Have you in the past 7 years used any controlled substance such as narcotics, speed, PCP, barbiturate, amphetamine, LSE, cocaine, crack heroin, marijuana, etc., that was not prescribed for you by a medical doctor? _____ If yes, please indicate the type of drug, the date of use, and extent of usage:

2. During the past 5 years, except as covered by medical procedure, have you sniffed or inhaled glue, paint lacquer, gasoline, or any other substance with the intent of getting high or intoxicated? _____ If yes, please indicate the particulars:

3. Have you stolen anything of value? _____ If yes, please indicate what it was, when it happened, and how often it happened:

4. Have you ever been arrested and/or convicted of any crime? _____ If yes, be sure you have explained this in detail indicating the outcome of the conviction on question 10 of this application form.

5. Do you support the Local, State, and Federal Laws and are you willing to do so without reservation? _____

6. Are you able to do the essential functions of the job of Dispatcher with or without reasonable accommodations? _____

Date: _____ Signature: _____
Month/Day/Year

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READ CAREFULLY BEFORE SIGNING

I certify that I am the person named above and that facts in this application are true and complete to the best of my knowledge. In signing this statement, I do so with the understanding that the truthfulness of all statements herein will be investigated and if found incorrect, incomplete, or misleading, it may render me ineligible for employment as a Dispatcher.

I hereby grant permission to the City of Fairview to investigate any information included in the application and I agree to submit to a pre-employment drug screen, polygraph examination, or medical examination if requested to do so. I understand that this application is not a contract of employment. I hereby release the City of Fairview and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the city.

I hereby authorize any City, County, State, or Federal Agency or former employer or any individual listed in this application form to furnish to any member of the Fairview Police Department any information concerning me necessary to process this questionnaire. A Photostats and/or Verifax copy of this authorization shall be considered as valid as the original.

Date _____ Signature _____

Subscribed and sworn to me on this date: _____

Notary

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Authorization to Release Information

To Whom It May Concern:

I hereby authorize any sworn Police Officer or other authorized representative of the Fairview Police Department bearing this release, or copy thereof, within one year of its date, to obtain information from your files pertaining to my employment, credit, or educational records, including but not limited to academics, achievements, attendance, athletics, personal (non-medical) history, and disciplinary records. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of the Fairview Police Department. Consent is granted for the Fairview Police Department to furnish such information as is described above, as third parties in the course of fulfilling its official responsibilities.

I hereby release you as the custodian of such records and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, 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 any compliance with this authorization, request to release information, or an attempt to comply with it.

A copy of this authority to release will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below:

Date: _____ Signature: _____
Month/Day/Year Full Name

Typed or Printed Name: _____
Full Name

Current Address: _____

Phone: _____

Witness: _____

Date: _____

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Authorization to Release Medical & Worker's Compensation Information

To Whom It May Concern:

I hereby authorize any physician or other authorized medical representative under contract or agreement with the City of Fairview bearing this release, or copy thereof, within one year of its date, to obtain information concerning medical history to determine whether I can do the essential functions of the position of Dispatcher with the City of Fairview, I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information is for the official use of any medical group, medical or psychological practitioner, or professional for the City of Fairview. Consent is granted for the purpose of performing such post-offer medical or psychological exam as required by the City of Fairview Police Department. Such information is confidential and will not be released to the City except as covered by the Americans with Disabilities Act and as required by State law.

I hereby release you as the custodian of such records and any hospital or other repository of medical records, including its officers, 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 any compliance with this authorization and request to release information, or an attempt to comply with it.

A copy of this authority to release will be as valid as the original.

Should there be any question as to the validity of this release, you may contact me as indicated below:

Date: _____ Signature: _____
Month/Day/Year Full Name

Typed or Printed Name: _____
Full Name

Current Address: _____

Phone: _____

Witness: _____

Date: _____

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Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for the position of Dispatcher. To a great extent, your ability to be qualified for employment will depend on information obtained in confidential interviews with persons with whom you have been associated, including personal references you have listed.

If reasons for your non-acceptance are of a temporary nature, whereby you could be accepted at a later date, you will be so notified. Failure to be certified and hired at the present time does not indicate that you cannot apply at a later date, but that other candidates provided experience, education, and background data that were more suitable for employment at this time.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

Date: _____

Signature: _____

Witness: _____