

LEWIS-GILMER E-911
APPLICATION PACKAGE

APPLICANT # _____

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|--|
| <p>DATE RECEIVED</p> <p>_____</p> <p>TO BE FILLED IN BY OFFICE PERSONNEL</p> |
|--|

DATE AND TIME OF CLOSING

5/6/2024

APPLICATION IS ONLY GOOD FOR A PERIOD OF TWO (2) YEARS

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS _____

CITY, STATE, AND ZIP: _____

TELEPHONE: (HOME) _____ (WORK) _____

(CELL) _____

Employee Application Telecommunicator

Lewis-Gilmer E-911
201 Orchard Street, Weston, WV 26452

PLEASE READ CAREFULLY

The Telecommunicators main objective and duties are to receive requests for help and/or assistance, no matter how slight or major the request and to determine which agency or agencies shall be directed to the scene. It must be realized that any and/or the entire request received have the possibility of being life threatening.

- Have the ability to express thoughts concisely and meaningfully with an effective speaking voice, good diction, good telephone technique, and in writing when necessary.
- Have the ability to deal tactfully, courteously and skillfully with the human relation aspect and with other problems which may arise involving communications center personnel, public safety agency personnel, and the general public.
- Have the ability to think and act quickly and effectively in emergency situations, and when necessary, handle several communications simultaneously; yet function with accuracy, speed and emotional self-control.
- Have the ability to work in a tobacco free environment, in close quarters, with infrequent breaks and sometimes long, strenuous hours.

The position for which you are about to apply will expose you to information that must, by requirement of law, be kept strictly confidential. For this reason, for you to be considered for the position, you must be willing to submit to rigid testing, thorough interview, and a complete background investigation.

Attached to this application is a Privacy Act Statement. You are required to read and sign the statement to insure further consideration of your application.

All Sections of this application, along with a submitted resume, must be returned to the 911 Center, no later than the posted closing.

LEWIS-GILMER E-911
WORKING CONDITIONS STATEMENT

The Lewis-Gilmer E-911 Director understands that the position of Telecommunicator requires great sacrifice of the person assigned to the position. It is this understanding which results in the effort to make working conditions within Lewis County Dispatch as pleasant as humanly possible while still achieving the goals of the Lewis-Gilmer E-911 Center.

The work of a 911 Telecommunicator is considered extremely stressful. The nature of the work in combination with working conditions has the potential to be disruptive of 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 the Lewis-Gilmer E-911 Center. This can include a rotating shift schedule.
- Must be willing to rotate days off if deemed advantageous to the Lewis-Gilmer E-911 Center.
- Must be willing to work overtime, on short notice, and on regularly scheduled days off as deemed advantageous to the Lewis-Gilmer E-911 Center.
- Must understand that the scheduling requirements of the position take priority over controllable personal commitments.
- Must be willing to comply fully with all written and verbal instructions.
- Must be willing to come to work even in the worst of weather, as that is usually when we need everyone to provide services.
- Must be willing and able to respond to occasional short notice call-out requests on/off duty time when emergencies arise, 24 hrs a day.
- Requirement of having access to a phone, cell phone, electronic device and/or willing to carry and monitor a pager for immediate notification if the 911 Center needs you in case and emergency arises and/or someone calls off.
- Provide the Center with numbers to contact you- home, cell, and/or other, 24 hrs a day.
- Must have dependable transportation.

Once again, every effort will be made to ensure that an employee of the Lewis-Gilmer E-911 Center 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 the Communications Center. You are urged to carefully consider your willingness to work under the aforementioned conditions.

I, the undersigned, understand the working conditions within the Communications Center as outlined above and wish to be considered for the position with the realization that the conditions are not likely to change. I have also read the job information available on the website. www.lewis-gilmere-911.com.

APPLICANT SIGNATURE

DATE

PRIVACY ACT STATEMENT

Data required by Privacy Act of 1974

PLEASE READ CAREFULLY

Authority for collection for information including Social Security Number is contained in 5USC 3331, 32USC 708, 44USC 708, 44USC3101, 32USC 708, and Sections 133, 265, 275, 504, 508, 510, 672(d), 678, 837, 1007, 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 Lewis-Gilmer E-911 Administrators and/or their agent permission to conduct a thorough background investigation with agencies such as the credit bureau, medical and mental institutions, law enforcement agencies, and other agencies with might be of concern for the completion of the investigation. This voluntary release allows Lewis-Gilmer E-911 Administrations 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 inquire 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 even 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 Lewis County Commission.

APPLICANT SIGNATURE

DATE

LEWIS-GILMER E-911
EMPLOYEE APPLICATION

DATE OF BIRTH: _____ Drivers License Number _____

ADDRESSES FOR THE PREVIOUS FIVE YEARS WITH DATES:

ARE YOU AVAILABLE TO WORK () FULL () PART TIME?

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

YES ___ NO ___ ARE YOU A CITIZEN OF THE UNITED STATES
YES ___ NO ___ HAVE YOU EVER FILED AN APPLICATION WITH
LEWIS CO? DATE OF APPLICATION: _____

IF YOU ANSWER YES TO THE FOLLOWING QUESTION, PLEASE
GIVE PARTICULARS BELOW. A YES ANSWER DOES NOT
AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION.

YES ___ NO ___ HAVE YOU EVER BEEN CHARGED OR
CONVICTED OF ANY CRIME? PLEASE LIST- Use back if necessary

YES ___ NO ___ HAVE YOU READ AND UNDERSTAND THE
POSITION DESCRIPTION LOCATED ON OUR WEBSITE
www.lewis-gilmere-911.com

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire)
Equal Opportunity Employer

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner, which reflects favorably upon the organization, and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PERSONAL INFORMATION

Date: _____

Social Security # _____

Name _____
Last First Middle

Present Physical Address _____
Street City State Zip

Mailing Address if different from physical address _____
Street City State Zip

Home Phone _____ Daytime Phone _____

Are you at least 18 years of age or older (circle one) YES NO

Other names you have used: _____

Referred by: _____

EMPLOYMENT DESIRED

Position _____ Date you are available to start _____ \$ _____ Salary desired

Are you employed now (circle one) YES NO If "yes" circle one Full time Part time

Have you ever been employed by this company before? (Circle one) YES NO

If "Yes", in which department/office? _____ When? _____

Department head or elected official's name _____

Reason for leaving: _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY of the questions in this section unless the employer has checked a box preceding a question indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws or is needed for other legally permissible reasons.

- Height _____ feet _____ inches Citizen of U.S. _____ Yes _____ No
- Weight _____ lbs. Date of Birth* _____
- What foreign languages do you speak fluently? _____
- Read _____ Write _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basics of age with respect to individuals who are at least 40 but less than 70 years of age.

Have you ever been convicted of a felony: (circle one) YES NO
(A conviction will not necessarily disqualify an applicant from employment.)
If yes, give location, date, charge and disposition of cases(s) on a separate page.

If applying for a position, which requires driving a vehicle, please provide the following information:

I have a valid driver's license (circle one) YES NO
What state are you licensed in? _____

| EDUCATION | Name & location of school | # Of years | *Graduate? | Subjects studied? |
|----------------------|---------------------------|------------|------------|-------------------|
| Elementary/grammar | | | | |
| High School | | | | |
| College | | | | |
| Trade business other | | | | |

MILITARY INFORMATION

If you have served in the U.S. Military, please provide the following information:

Branch of Service:

From: _____ To: _____

Type of Discharge:

Are you presently serving in the National Guard or Reserves? (Circle one)
YES NO

Do you have any disabilities that would prevent you from performing the work for which you are being considered? (Circle one) YES NO

If "Yes" please describe _____

Have you any defects in hearing? _____
in vision? _____ in speech? _____

=====

COMPUTER SOFTWARE

Please list any computer software you use and rank your proficiency as either "familiar", "competent" or "skilled".

FORMER EMPLOYERS (list below the last four employers, starting with the last one first)

| Date Month & Year | Name & Address of Employer | Employer Phone Number | Salary | Position | Reason For Leaving |
|----------------------|----------------------------------|-----------------------------|--------|----------|--------------------------|
| From To | | | | | |
| From To | | | | | |
| From To | | | | | |
| From To | | | | | |

REFERENCES: Give below the names of three persons not related to you whom you have known for at least one year.

| Name | Address | Phone Number | Business | Years Acquainted |
|------|---------|--------------|----------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Please use this space to explain employment history interruptions since high school that does not pertain to pregnancy, childcare, disability or any other protected activity.

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER (S):

(CIRCLE ONE) YES NO

Applications/resumes for advertised positions will be kept on file for a period of two (2) years.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the proper department head or elected official or County Designees.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I further understand that positions within certain departments may require criminal background checks and/or Motor Vehicle Record (MVR) checks and authorize the employer, its representative, employees or agents to perform such investigations.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE
AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT

DATE