

**APPLICANT QUESTIONNAIRE**

Applicant's full name: \_\_\_\_\_

Before completing an application for employment with the Dorchester County Department of Emergency Services Communications Division, answer the questions below:

- I received a copy of the position description.  YES  NO
- Are you a citizen of the United States ?  YES  NO
- Are you at least twenty-one years of age?  YES  NO
- Do you have a valid drivers license?  YES  NO
- Do you have four. or fewer points on your drivers license record?  YES  NO
- Do you have a high school diploma or a general education development certificate?  YES  NO
- Are you willing to work shift work?  YES  NO
- Are you willing to work weekends and holidays?  YES  NO
- Are you physically and psychologically able to meet the demands for the position that you have applied for?  YES  NO
- Are you currently certified as a FIREFIGHTER I, II or III or as an EMERGENCY MEDICAL TECHNICIAN, CRT, or PARAMEDIC  YES  NO
- Are you currently certified with the International Academy of Emergency Medical Dispatch, Emergency Police Dispatch and/or Emergency Fire Dispatch  YES  NO

If you have answered NO to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

Have you ever been convicted of a felony crime?  YES  NO

Have you ever been convicted of any crime in which the possible penalty was confinement in a jail or prison for one year or longer? (This question does not refer to what sentence you may have actually received, rather it refers to the maximum sentence of confinement that could have been received.)  YES  NO

Have you used any type of illegal drug or illegal controlled dangerous substance, within the past three years?  YES  NO

Have you ever sold, given, or provided another person with any illegal drug, or illegal controlled dangerous substance?  YES  NO

Have you ever illegally used cocaine, heroin, opium, depressants (barbiturates, benzodiapines, methaqualone, etc.) or stimulants (amphetamines, methamphetamines, etc.) hallucinogenic(LSD,PCP, mescaline, etc.)  YES  NO

Have you ever illegally used cannabis (marijuana, hashish, or any substance containing THC regularly?  YES  NO

If you answered YES to any of the above questions, you may not be eligible for employment with the Emergency Services Department.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES  
COMMUNICATIONS DIVISION**

**829 Fieldcrest Road  
Cambridge, Maryland 21613-9455**



**NOTICE TO PROSPECTIVE APPLICANTS / EMPLOYEES  
EMPLOYMENT BENEFITS**

<b>SALARY:</b>	9-1-1 Emergency Communications Specialist Trainee
<b>VACATION:</b>	Standard County Leave Allowances
<b>SICK LEAVE:</b>	Standard County Leave Allowances
<b>HOLIDAYS:</b>	As set by the County
<b>HOSPITALIZATION:</b>	County Health Plan
<b>UNIFORMS:</b>	Most uniforms are provided
<b>RETIREMENT:</b>	Employees are enrolled in the State of Maryland Retirement System and Federal Social Security System
<b>ENROLLMENT:</b>	Eligible for MD State Employees Credit Union
<b>FREE MEMBERSHIP:</b>	Blood Bank of the Eastern Shore

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**SELECTION GUIDELINES:**

A formal application, rating of education and experience, oral interview, reference check and job related test will be required.

Applicants may be given a Conditional Offer of Employment contingent of the results of a Medical and Psychological examination to determine their ability to perform job related functions.

**YOU MUST PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:**

Birth certificate, Drivers License, Social Security Card, High School Diploma or G.E.D. Certificate, DD 214 (for Military Service only), Firefighter, Emergency Medical Certification or License. Any other documentation that might assist in consideration of your application.

**YOU MUST HAVE YOUR APPLICATION NOTARIZED.**

**Failure to submit the above documents and/or failure to have your application notarized will result in the application being rejected.**



**DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES  
COMMUNICATIONS DIVISION  
829 Fieldcrest Road  
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**DORCHESTER COUNTY 9-1-1  
EMERGENCY COMMUNICATIONS**

**EMERGENCY COMMUNICATIONS SPECIALISTS**

JOB DESCRIPTION

STANDARD OPERATIONAL GUIDELINES





**DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES  
COMMUNICATIONS DIVISION  
829 Fieldcrest Road  
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**POSITION DESCRIPTION**

ORGANIZATION TITLE: Probationary, 9-1-1 Emergency Communications Specialist

This is the Basic Level with the Department of Emergency Communications. Work is usually performed within the Facility and does not include Police, Fire or EMS-type activities or responsibilities outside the facility except as directly concerned with Dispatcher assignments.

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Positions is given a Job Performance Review – Quarterly for first year, then Yearly

**MAJOR RESPONSIBILITY:** Assumes responsibility for the receiving calls from the public for emergency and non-emergency situations. Ensures communications are carried out with regards to emergency and non-emergency situations with police, fire, and EMS departments.

**DUTIES:**

1. Reports and works under the direction of the Shift Supervisor
2. Receives calls from the public and accurately assign their request for police, fire, EMS and other allied public safety resources.
3. Dispatch appropriate units and resources to police, fire, EMS and other public safety incidents.
4. Provide communications coordination of public safety resources.
5. Accurate and timely utilization of County computer-aided dispatch system for complaint taking, location verification, resource dispatching, and coordinating public safety incidents.
6. Transmission and retrieval of information through county, state and federal law enforcement data networks.
7. Accurate recording of information on a variety of forms, logs, and computer screens as dictated by operational policies and procedures.
8. Performs other duties as assigned.
9. Reports all unusual situations to the Supervisor.

**EDUCATION:** High School diploma or GED is required.

**EXPERIENCE:** None

## **KNOWLEDGE AND SPECIAL SKILLS:**

1. Public safety dispatch operations, policies and procedures and the Dorchester County Personnel Rules and Regulations
2. Computer-aided dispatch system
3. County geopolitical characteristics.
4. Successfully complete and maintain operator qualifications for state law enforcement computer system.
5. Successfully complete telecommunicator training program and score 80% or better on the written Telecommunicator Examination.
6. Successfully complete the emergency medical dispatch (EMD) training program and score 80% or better on the written EMD Examination.
7. Successfully complete the emergency police dispatch (EPD) training program and score 80% or better on the written EPD Examination.
8. Successfully complete the emergency fire dispatch (EFD) training program and score 80% or better on the written EFD Examination.
9. Successfully complete the Maryland Information Law Enforcement Systems/National Criminal Information Center (MILES/NCIC) training program and score 80% or better on the written examination.
10. Must maintain a current CPR card.
11. Must maintain a valid Maryland Drivers License.
12. Must complete all internal mandatory trainings.

## **RESPONSIBILITIES:**

1. Must adhere to all Policy and Procedures / Rules and Regulations of the Dorchester County Emergency Communications and the Dorchester County Guidelines.
2. Receive calls from the public and assign the calls to the appropriate agencies.
3. Dispatch appropriate units
4. Maintains a variety of forms, logs, and computer screens as dictated.
5. Provide communications coordination of public safety resources.

## **PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

The employee must be physically capable of moving about in the facility. Hand-eye coordination is necessary to operate various equipment.

While performing the duties of this job, the employee is frequently required to sit, talk see, and hear. Is required to use hand and fingers, handle or feel objects, tools, or controls; reach with hand and arms. The employee is occasionally required to be able to move about the facility. Be required to lift and/or move objects weighing up to ten pounds.

Specific vision abilities required by this job include close vision, color vision, and the ability to adjust focus.

Specific hearing abilities required by this job include the ability to distinguish tones and sounds at various frequencies and audio levels.

## **WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those and employee encounters while performing the essential functions of this job.

Work is usually conducted within the facility. While performing the duties of this job the employee is exposed regularly to stressful situations. The noise level in the work environment is usually low.

## **SELECTION GUIDELINES:**

A formal application, rating of education and experience, oral interview, reference check, and job related test may be required.

Candidates may be offered employment contingent on the results of a medical and psychological examination to determine their ability to perform job related functions.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

The position description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.



**DORCHESTER COUNTY DEPARTMENT OF EMERGENCY SERVICES  
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***TO ALL APPLICANTS:***

**1. YOU MUST PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS WITH YOUR COMPLETED APPLICATION:**

Birth certificate, Drivers License, Social Security Card, High School Diploma or G.E.D.

**2. YOU MUST HAVE YOUR APPLICATION NOTARIZED.**

**Failure to submit the above documents and/or failure to have your application notarized will result in the application being rejected.**

**DORCHESTER COUNTY  
9-1-1 EMERGENCY COMMUNICATIONS**

**APPLICATION FOR EMPLOYMENT**

This application is being submitted to apply for the following position: 911 Dispatcher

Name: \_\_\_\_\_  
          first                  middle                  last                  maiden          jr., sr.

Other names you have used: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
                          PO Box          House Number                  Street or Road

\_\_\_\_\_  
City or Town                  County                  State                  Zip Code

If you use a PO Box, what is your physical street or road number and name?  
\_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_  
background check only

Home telephone No.: \_\_\_\_\_

Other numbers where you can be contacted: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a U. S. Citizen?: \_\_\_\_\_

Birth or naturalization?: \_\_\_\_\_

**SECTION II                  MILITARY HISTORY**

Branch: \_\_\_\_\_ Entry Date: \_\_\_\_\_ Separated Date: \_\_\_\_\_

Type of Discharge / Separation: \_\_\_\_\_

Are you now a member of a Military Reserve or National Guard Unit? \_\_\_\_\_

Military occupational specialty: \_\_\_\_\_



**SECTION III**

**BACKGROUND**

List all criminal convictions that you have received:

Date	Court	Charge	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you pending any civil court action?: \_\_\_\_\_

Have you ever used or gone by a different name, alias, or incorrect name?: \_\_\_\_\_

List your **COMPLETE ADDRESS** for the past ten (10) years starting with your present address and working backwards:

Dates		street and number	city, county, state, zip
from	to		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently awaiting criminal or traffic court action?: \_\_\_\_\_

Are you presently the subject, or a party, of any investigations or pending criminal litigation?: \_\_\_\_\_

**SECTION IV**

**WORK HISTORY**

List your complete work history, starting with your present position and work backwards.

**INCLUDE COMPLETE MAILING ADDRESSES**

Dates		Employer's name, address and supervisor	Duties
from	to		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____
_____	_____	Reason for leaving: _____	_____
_____	_____	_____	_____

**MAY WE CONTACT YOUR PRESENT EMPLOYER?** \_\_\_\_\_

**SECTION V**

**EDUCATION AND SKILLS**

List last school year you successfully completed:\_\_\_\_\_

Did you receive a high school diploma?:\_\_\_\_\_

Name and address of high school:\_\_\_\_\_

Do you have a G.E.D.?:\_\_\_\_\_

Have you received a degree or certificate from a college?\_\_\_\_\_ If yes, what type of degree and date:\_\_\_\_\_

Give name and address of any special or trade schools you have attended, that are related to your application:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you use a typewriter?:\_\_\_\_\_ If yes, wpm:\_\_\_\_\_

Can you use a computer?:\_\_\_\_\_ If yes, what is your skill level\_\_\_\_\_

List any computer applications that you are proficient in that could benefit you in this job:

\_\_\_\_\_

**SECTION VI**

**PERSONAL REFERENCES**

List below the information requested for three personal references who are reliable persons, who know you well enough to give information concerning your background.

**DO NOT INCLUDE RELATIVES OR EMPLOYERS**

1. NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

2. NAME: \_\_\_\_\_

COMPLETED ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

3. NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF RECORDS AND CONFIDENTIAL INFORMATION**

I authorize complete investigations of all statements contained in this application for employment as may be required. I authorized the Dorchester County Department of Emergency Services to have access to and receive copies of my school records, college records, court records, driving records, medial records, employment records, records of treatment for alcohol, drugs, and psychiatric, mental or psychological problems.

I do hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself by / to any duly authorized agent of the Dorchester County Department of Emergency Services, whether the said records are public or private, and including those which any be deemed to be of a privileged or confidential nature. The intention of this authorization is to provide information which will be utilized for investigative resource material.

I authorize the full and complete disclosure of the records of educational institutions; medical and psychiatric consultation and / or treatment, including those hospitals, clinics, private doctors, the U.S. Veterans Administration, and all military and psychiatric facilities; employment and pre-employment records including background investigation reports, efficiency ratings, complaints or grievances filed by or against me; records of complaints of a civil nature made by or against me, and including, but not limited to the records and recollections of attorneys at law, or other counsel representing or who have represented myself or another person in any case in which I presently have, or have had an interest.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No. \_\_\_\_\_ Applicant's printed name

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_: to wit,

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before a Notary

Public, the undersigned officer, personally appeared \_\_\_\_\_ know to me ( or satisfactorily proven ) to be the person whose name is subscribed to the within instrument and acknowledged that he / she executed the same in the capacity therein stated and for the purpose therein contained. IN witness whereof, I here unto set my hand and official seal.

\_\_\_\_\_ Signature of Notary Public  
place of seal

My commission Expires \_\_\_\_\_