

White County E/911 Communications Officer

Open Until Filled

Submit Copy of Drivers Licenses
With Application



Application Package

Contains:

- **Application for Employment ***
- **Background Investigation Consent Form ***
- **Dispatch Self Screening ***
- **Job Description**

**Complete Entirely and Return to Human Resources*

White County Government
1235 Helen Hwy
Cleveland, Georgia 30528

Telephone: (706) 865-2235
Fax: (706) 865-1324

Internet Address: www.whitecounty.net

APPLICATION FOR EMPLOYMENT

Position or Job Title Applied For: _____

• Human Resources Department, White County Administrative Building, 1235 Helen Hwy Cleveland, Georgia •

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a disability or any other legally protected status.

Personal Data

Last Name First (given) Middle Other name(s) under which you have been employed

Address: Street Apt # City State Zip Code

E-mail Address _____

Telephone: _____

Cell _____

Residence _____

Social Security Number _____

WILL YOU ACCEPT: Temporary Work? Part-Time Work? Shift Work? Weekend/Holiday?

What is the minimum salary you will accept for this position? _____

Are you 18 years old or older? _____ Are you eligible to work in the United States either because you are a U. S. citizen or have U.S. government permission to do so? No Yes

NOTE: If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide the requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Have you ever worked for us before? No Yes If yes, when and where? _____

Give name, relationship, & department of any relatives currently employed with White County Government _____

Are you able to perform the job duties listed for the position you are applying for without an accommodation?

Yes No If no, what accommodation is needed? _____

If required by this position, do you have a valid driver's license? No Yes

License # _____ Type _____ State _____

Have you had any traffic violations in the past 3 years? No Yes If yes, type of offense and dates: _____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? (Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law).

NO Yes If Yes, give complete details: (Date, Place, Charges, Disposition) _____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

"We are an Equal Opportunity Employer"

EDUCATION

Do you have a high school diploma or its equivalent (G.E.D./USAFI Certificate)? NO YES

If yes, please list the name and address of the high school or state authority issuing the diploma or certificate.

Please complete the following section for post-secondary education (Technical Schools/Colleges/Universities):

Name of School	City	State	Hours Earned		Major	Degree	Date Received
			Quarter	Semester			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include office equipment, computer skills, foreign language skills, and special honors that may relate to the position for which you are applying.

REFERENCES - Give names, addresses, and telephone numbers of three (3) references who are not related to you and are not previous employers.

1. _____
 Name Phone #

Address: Street Apt # City State Zip Code

2. _____
 Name Phone #

Address: Street Apt # City State Zip Code

3. _____
 Name Phone #

Address: Street Apt # City State Zip Code

Work History

Describe your work history **beginning with your current or most recent job**. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. Have you ever been disciplined, fired, or asked to resign from any job? No Yes If yes, why? _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____

Company Name: _____ Telephone: _____

Address: _____ Employment Dates:

_____ From _____ to _____

Name of Supervisor: _____ Annual Salary: _____

Position Held: _____ Reason for Leaving: _____

Describe Your Duties: _____

A resume may be attached only as additional information and will not be accepted in lieu of completing this section.

(Please duplicate this page if needed)

Applicant's Certification and Agreement

Authorization to Release Information

Conditions of Employment

I hereby declare the information provided by me in this application is true and complete, and I understand that misrepresentations, omissions of facts, or falsification of this information are grounds for refusal to hire, or if hired, termination.

I authorize any persons or organizations to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given in this application.

If I am employed by the White County Government, I agree to conform to the policies, rules and regulations of the government set forth in the White County Government's Personnel System, employee handbook, policies, and ordinances; and acknowledge that these policies, rules, and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option.

I further acknowledge that if I become employed with White County Government, my employment will be at-will and may be terminated with or without cause at any time by me or by the employer.

If required by White County Government for the position I am applying, I consent to undergo a physical examination, after I have been offered employment, as deemed necessary.

THIS APPLICATION WILL REMAIN ACTIVE FOR SIXTY (60) DAYS ONLY UNLESS RENEWED PERSONALLY BY ME IN WRITING.

May we contact your present employer? No Yes Presently not employed

You must sign the "Authorization to Release Information" form to enable us to contact prior employers, even though we may not contact your present employer.

Date: _____ Signature: _____

****White County Government is a Drug Free Workplace**
Alcohol and Controlled Substance Testing**

As a condition of employment with White County Government , you will be required to submit to an alcohol and controlled substance screening test. In order to be employed by the White County Government, you must successfully pass this screening test. Candidates rejected for failing to pass the required screening will be required to wait at least 12 months before reapplying for employment. Employees must, as a condition of employment, abide by the White County Substance Abuse / Drug Testing Policy. Employees who are indicted for, or convicted of, a controlled substance related violation under state or federal law, or who plead guilty or no contest to such charges must inform their Supervisor or Human Resources in writing within five days of the conviction or plead (this is a requirement of the Drug Free Workplace Act of 1988). **Should you be offered a job with White County Government, your position will be subject to post accident and reasonable suspicion testing. All safety sensitive positions will be subject to random drug and alcohol testing. These requirements are in accordance with the County's Substance Policy.**

By signing this form, you are acknowledging that you consent to such an examination and screening test.

Date: _____ Signature: _____

CONFIDENTIAL

**WHITE COUNTY GOVERNMENT
HUMAN RESOURCES DEPARTMENT**

It is the policy of the White County Government to ensure equal opportunity in employment and promotion. This policy will be administered without regard to race, religion, color, national origin, marital or veteran status, sex, age, or disability.

For equal employment opportunity (EEO) statistical data, we request *the* following information. All information will be considered strictly private and confidential and will be used for EEO purposes only. This form is not part of the application for employment. **Failure to complete this form will not affect your application for a position.**

Your cooperation is appreciated. If you prefer not to reply, leave this sheet blank.

If you have questions, please contact the Human Resources Department at **706-865-2235**.

Position applied for: _____

Male _____ Female _____ Age _____

WITH WHICH ETHNIC GROUP DO YOU MOST IDENTIFY?

1. ____ Black - Not of Hispanic Origins.
2. ____ Caucasian - Includes origins in Europe, *North* Africa, Middle East; not Hispanic or East Indian.
3. ____ Hispanic - Includes origins of Mexican, Puerto Rican, Central American, South American or other Spanish cultures.
4. ____ American Indian/Alaskan Native
5. ____ Asian/Pacific Islander
6. ____ Other

REFERRAL SOURCE:

1. ____ Atlanta Journal
2. ____ Job Line
3. ____ Walk-In
4. ____ Job Posting Board
5. ____ Job Fair
6. ____ Friend or Relative
7. ____ Current Employee
8. ____ State Department of Labor
9. ____ Professional Journal
10. ____ Community Agency
11. ____ Other
12. ____ Employment Agency
13. ____ ACCG Website

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ White County Public Safety _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90 (ninety) days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

E – Employment
J - Civilian Criminal Justice Employment (State & III Info Received)
M - Working with Mentally Disabled
N - Working with Elderly
P - Public Records
U - Personal Copy
W - Working with Children
Z – Sworn Criminal Justice Employment (State & III info Received)

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and title Date

WHITE COUNTY HUMAN RESOURCES DEPARTMENT
AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

I understand that driving a White County vehicle (or my own vehicle, as required) is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I hereby authorize the White County Human Resources Department, to obtain any information in my files pertaining to my driving record for the time period indicated below on an annual basis upon hire.

This release is executed with full knowledge and understanding that the information is for official use of the White County Human Resources Department for the purpose of employment or underwriting of insurance and will not be used for any other purpose.

Consent is granted for the White County Human Resources Department to furnish such information as described above to third parties in the course of fulfilling its official responsibilities.

Full Name: _____ Male Female
(Print)

Date of Birth: _____ Driver's License Number: _____ State Where Issued: _____

Driver's License Expiration Date: _____ Request: Three-year _____ Seven-Year _____

Signature: _____ Date: _____

***All applicants applying for positions requiring the operation of a county vehicle (or a personal vehicle, as required) must provide a satisfactory three year driving record upon notification.**

**DISPATCH APPLICANT
SELF-SCREENING**

THE FOLLOWING REQUIREMENTS NEED TO BE UNDERSTOOD BY ALL CANDIDATES FOR THIS POSITION CLASSIFICATION. PLEASE ANSWER THE FOLLOWING QUESTIONS AND SIGN BELOW.

**** Return this form with your employment application****

Are you willing to work an irregular shift schedule during your probationary period, where one week you might be on days with Monday and Tuesday off, and the next week on graveyard shift with Wednesday and Thursday off?

Yes No

Are you willing to work weekends, and holidays?

Yes No

Are you willing to rotate to any shifts: day or nights?

Yes No

Are you willing to accept last minute changes in your work schedule, which might require you to cancel personal plans?

Yes No

Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally?

Yes No

Are you willing to take directions from a supervisor in front of your peers?

Yes No

Because you are working 12 hour shift without scheduled breaks, there may be times when you are required to forego breaks due to understaffing or shift activity. Are you willing to give up breaks, when necessary?

_____ Yes _____ No

Are you willing to work in an environment with small windows, little ventilation, and temperatures that might be too cool or too hot for your personal comfort?

_____ Yes _____ No

Are you willing to be at a console that restricts your movements to a 6-foot radius, except for your breaks during a 12-hour shift?

_____ Yes _____ No

Are you willing to learn all functions of the job -complaint taking (answering questions, processing calls for citizens), law enforcement, ambulance and fire dispatching (which requires receiving and transmitting messages over a radio frequency)?

_____ Yes _____ No

Are you willing to read and study several hundred pages of manuals, complete homework assignments, fill in study guides, and take written tests during your training period?

_____ Yes _____ No

Are you able to comprehend that when you process a call incorrectly, that it could contribute to someone's property being lost or damaged; or someone being seriously injured or dying?

_____ Yes _____ No

Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally?

_____ Yes _____ No

This job requires you to copy information as it is being received, simultaneously digest what you heard and respond immediately. Is this something you would be able to do?

_____ Yes _____ No

Are you willing and able to deal calmly with angry people when the problem is not your fault?

_____ Yes _____ No

Are you willing to deal with a crises call, where a child might have died, an officer injured, a woman assaulted, and set it aside and continue to calmly deal with an irate citizen complaining of a barking dog?

_____ Yes _____ No

If you smoke, are you willing to go without a cigarette for an entire shift if necessary, or smoke only during breaks?

_____ Yes _____ No

Are you willing to work under constant electronic surveillance that records all telephone and radio messages?

_____ Yes _____ No

IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PLEASE RE-CONSIDER APPLYING FOR THIS POSITION.

SIGNATURE OF APPLICANT

DATE