

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT  
EMPLOYMENT APPLICATION**

# TIPTON COUNTY E911



**TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER IS  
AN EQUAL OPPORTUNITY EMPLOYER**

The Director of Tipton County Emergency Communications District resolves that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability, or political affiliation.

FOR OFFICE USE ONLY:

DATE: \_\_\_\_\_

APPLICATION #: \_\_\_\_\_

# TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT EMPLOYMENT APPLICATION

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Tipton County Emergency Communications District  
220 Highway 51 North  
Suite 4  
Covington, TN 38019  
901-476-0252

**Notice: This application must be submitted in ink in the applicant's own handwriting. USE BLACK INK ONLY. You may submit an employment résumé to supplement your application; however, all questions contained in this application must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond to questions. Applicants must not misrepresent or omit material facts, since the statements made herein will be used to determine qualifications for employment. Any false or misleading information provided may be grounds for being denied employment now or for termination of employment later. Tipton County Emergency Communications District is an Equal Opportunity Employer. Please notify us in advance if you require special disability accommodations to participate in the employment process.**

Employees of Tipton County Emergency Communications District must meet the requirements set forth by this agency and also additional requirements set forth in Tennessee Code Annotated 7-8-205:

1. Be at least (18) years of age.
2. Be a citizen of the United States.
3. CPR
4. Be a graduate of an accredited high school or possess a General Education Development (GED) diploma.
5. Possess a valid Tennessee driver's license.
6. Not have been convicted of, or plead guilty to, or entered a plea of nolo contendere to any felony charge, or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor (including driving while intoxicated), or controlled substances.
7. Must not have been convicted of any misdemeanor crime as defined by the Tennessee Code Annotated. If hired finger prints will be taken and put on file with the Tennessee Bureau of Investigation.
8. Not have been released or discharged under any other than honorable discharge from any of the Armed Forces of the United States.
9. Have good moral character as determined by a thorough investigation conducted by Tipton County Emergency Communications District.
10. Have such person's fingerprints on file with the Tennessee Bureau of Investigations.
11. Be available for **any shifts** of duty and **rotate shifts** if needed.
12. Complete a six (6) month probationary period.

I understand and accept these requirements. Furthermore, I understand that this application will remain on file for a period of one year, at which time it will be destroyed. I also understand that it is my responsibility to notify the department should any of the information in this application change.

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT  
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Signature

Date

**NOTICE TO ALL APPLICANTS**

Tipton County Central Dispatch operates 365 days a year, 24 hours a day, 7 days a week, including holidays and weekends.

Tipton County Emergency Communications District **WILL NOT** guarantee any shift, hours or days off.

Tipton County Emergency Communications District will not schedule work around an applicant's personal education schedule, secondary job, extracurricular activities, etc.

The schedule is determined and set by the Assistant Director and Director and is completely at their discretion.

By signing this, you acknowledge, if you are chosen for employment with Tipton County Emergency Communications District, you will be subject to work any shift, time or hours, as determined by the Director or Executive Supervisor.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

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**BASIC JOB DESCRIPTION**

Perform responsible technical work dispatching law enforcement, fire/ rescue, EMS equipment and personnel.

The position is in a "trainee" capacity, learning the duties of a dispatcher. Duties include the ability to receive and transmits a variety of radio and telephone messages and learn to dispatch equipment and personnel to specific locations. The work is fast paced work and requires decision making following department guidelines. Perform other duties as assigned.

Ability to type at least 35 wpm with no errors

Ability to understand and follow written and oral directions

Ability to wear a headset

Ability to work effectively with others in person and using communications equipment

Ability to perform tactfully, courteously and proficiently under the pressures associated with the position often dealing with hostile and/or rude persons

Ability to speak clearly on telephone and radio

Ability to use active listening skills and extract pertinent information from a caller or other information sources

Ability to talk on the radio and phone at the same time in addition to performing computer functions (multi-tasking)

Additional requirements:

Subject to a complete criminal history background search with acceptable results.

Job requires shift work, shift rotation, and overtime assignments.

By signing this, you acknowledge you have read and understand the basic job requirements.

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

\_\_\_\_\_   
Date

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**Applications/ Hiring Process**

**When an application is received into TCECC, it will be thoroughly reviewed for incompleteness. If the instructions listed on the application are not explicitly followed, the application will be immediately disqualified.**

If the application is found to be complete, the next step will be to run a full criminal history check on the applicant through the National Crime Information Center computer (NCIC). The results will be attached to the application.

Next, a thorough background check will be conducted. This includes contacting previous employers, friends, relatives, etc.

Following the background check, all local law enforcement databases will be checked for any prior history. Each applicant's name(s) and associated addresses will be checked through warrants, civil processes and jail booking databases. Any information found related to the applicant will be attached to application.

Each address listed in Tipton County will also be checked for any history and printouts will be attached to the application.

Any information found during the background check that was not disclosed on the application will be an automatic disqualifier.

Once the applicant has passed the background check, he/ she will be scheduled for testing:

1. CritiCall Test- minimum qualifying score of 90% (Dispatch Simulation Test)
2. Typing Test- minimum of 35 WPM (words per minute) required

If the applicant passes all tests, he/ she will then be scheduled for an interview.

The interview will be conducted by the Director, Assistant Director, and, at least, one Shift Employee/Shift Supervisor, schedule permitting.

If scheduling permits, the Director may choose to have all three Shift Employee/Supervisors conduct an initial interview. At the completion of the interview, the Shift Employee/ Supervisors will give recommendations to the Director and/ or Assistant Director. The applicant would then be scheduled to complete a final interview with the Director, Assistant Director, and Employee(s)/Supervisor(s).

The Director and/or Assistant Director will be responsible for contacting personal references and previous employers.

**THE DIRECTOR AND/ OR ASSISTANT DIRECTOR WILL MAKE THE FINAL DECISION ON HIRING. ALL FACTORS WILL BE CONSIDERED, BUT IT IS AT THE SOLE DISCRETION OF THE DIRECTOR AND/OR ASSISTANT DIRECTOR WHO WILL BE HIRED.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT EMPLOYMENT APPLICATION

ARE YOU A UNITED STATES CITIZEN?    YES    NO  
ARE YOU AT LEAST 18 YEARS OF AGE?    YES    NO

## 1. PERSONAL INFORMATION

<b>NAME</b>					
<b>OTHER NAMES USED (PREV. MARRIAGES, NICKNAMES, ALIASES, ETC.)</b>					
<b>SOCIAL SECURITY NUMBER</b>		<b>DATE OF BIRTH</b>		<b>CITY &amp; STATE OF BIRTH</b>	
<b>DRIVERS LICENSE NUMBER &amp; STATE</b>			<b>EMAIL ADDRESS</b>		
<b>ADDRESS</b>	P.O. BOX WILL NOT BE ACCEPTED				
<b>MAILING ADDRESS (IF DIFFERENT)</b>					
<b>HOME PHONE</b>		<b>WORK PHONE</b>		<b>CELL PHONE</b>	
<b>CURRENT MARITAL STATUS</b>	MARRIED    SINGLE    WIDOWED    DIVORCED    SEPARATED				

<b>FULL NAME OF SPOUSE</b>		<b>SPOUSE'S DATE OF BIRTH</b>
<b>CITY &amp; STATE OF MARRIAGE</b>	<b>DATE MARRIED</b>	<b>SPOUSE'S EMPLOYER</b>

FORMER SPOUSE(S) IF DIVORCED OR SEPARATED		
NAME	ADDRESS	DATE OF BIRTH

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**2. EDUCATION**

NAME OF SCHOOL	LOCATION	DATES ATTENDED		DEGREE, DIPLOMA, OR CREDITS EARNED
		FROM	TO	

LIST ANY SCHOLARSHIPS, LICENSES, CERTIFICATIONS, MEMBERSHIPS, OR OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS.

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**3. MILITARY**

3A. MALE APPLICANTS- ARE YOU REGISTERED FOR SELECTIVE SERVICE? YES NO

3B. HAVE YOU EVER SERVED OR ARE YOU NOW SERVING IN ANY MILITARY SERVICE OF THE UNITED STATES? YES NO

BRANCH	DUTY STATUS	DATES OF SERVICE		HIGHEST RANK ATTAINED
		FROM	TO	

3C. IF YOU SERVED IN THE MILITARY, DID YOU RECEIVE AN HONORABLE DISCHARGE? YES NO

IF NO, LIST THE TYPE OF DISCHARGE YOU RECEIVED AND THE CIRCUMSTANCES.

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**4. RESIDENCES**

LIST THE ADDRESS WHERE YOU NOW LIVE AND ALL ADDRESSES OF THE PLACES WHERE YOU HAVE LIVED FOR THE PAST **(10) TEN YEARS**. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR IN YOUR LIST. NO PO BOXES WILL BE ACCEPTED.

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
	PRESENT				
NAME OF PERSON WHO LIVES NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

HAVE YOU EVER BEEN EVICTED, FORECLOSED, SET OUT, OR OTHERWISE FORCED TO LEAVE YOUR RESIDENCE? IF YES, EXPLAIN.



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**5. EMPLOYMENT HISTORY**

LIST ALL PLACES OF EMPLOYMENT, BEGINNING WITH YOUR PRESENT EMPLOYMENT, AND ALL PRIOR EMPLOYMENT FOR THE PAST (10) TEN YEARS. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT. SELF-EMPLOYMENT IS CONSIDERED EMPLOYMENT AND MUST BE LISTED AND THE NAMES OF TWO PEOPLE WHO CAN VERIFY YOUR SELF-EMPLOYMENT MUST BE FURNISHED.

DATES EMPLOYED		EMPLOYER NAME	TYPE OF BUSINESS	PHONE NUMBER	
FROM	TO			STATE	ZIP
		ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING					
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:					
<b>LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU</b>					
NAME		ADDRESS		TELEPHONE	
NAME		ADDRESS		TELEPHONE	

DATES EMPLOYED		EMPLOYER NAME	TYPE OF BUSINESS	PHONE NUMBER	
FROM	TO			STATE	ZIP
		ADDRESS	CITY	STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING					
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:					
<b>LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU</b>					
NAME		ADDRESS		TELEPHONE	

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NAME	ADDRESS	TELEPHONE
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**5. EMPLOYMENT HISTORY CONTINUED**

DATES EMPLOYED		EMPLOYER NAME	TYPE OF BUSINESS	PHONE NUMBER	
FROM	TO			STATE	ZIP
		ADDRESS	CITY		
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING					

DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:


**LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU**

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

DATES EMPLOYED		EMPLOYER NAME	TYPE OF BUSINESS	PHONE NUMBER	
FROM	TO			STATE	ZIP
		ADDRESS	CITY		
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION	
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING					

DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:


**LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU**

NAME	ADDRESS	TELEPHONE
NAME	ADDRESS	TELEPHONE

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**6. HAVE YOU EVER BEEN FIRED, DISMISSED, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?**

YES                      NO

**HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT AFTER LEARNING YOU WERE ABOUT TO BE FIRED OR DISMISSED?**

YES                      NO

**IF THE ANSWER TO EITHER OR BOTH IS YES, PLEASE EXPLAIN FULLY BELOW.**


**7. HAVE YOU EVER BEEN SUED OR HAVE SUED SOMEONE IN A COURT OF LAW?      YES                      NO**

**HAVE THE POLICE EVER BEEN CALLED TO YOUR CURRENT OR FORMER RESIDENCES?      YES                      NO**

**IF YES, GIVE DATE(S), LOCATION(S), NAME OF COURT/ LAW ENFORCEMENT AGENCY AND CIRCUMSTANCES.**


**8. HAVE YOU EVER BEEN ARRESTED, CHARGED OR APPEARED IN A COURT OF ANY JURISDICTION IN WHICH YOU WERE CHARGED WITH A CRIMINAL OFFENSE? THIS INCLUDES OFFENSES SUCH AS ILLEGAL POSSESSION OF DRUGS OR ALCOHOL, CRIMINAL ASSAULT, CHILD ABUSE, SPOUSAL ABUSE, THEFT, ANY FIREARMS VIOLATIONS, OR ANY OTHER CRIMINAL OFFENSES (DO NOT INCLUDE MINOR TRAFFIC OFFENSES)?**

YES                      NO

**IF YES, GIVE DATE(S), LOCATION(S), AND CIRCUMSTANCES.**


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**9. HAVE YOU EVER BEEN SENTENCED IN ANY COURT TO A PERIOD OF CONFINEMENT AFTER ENTERING A PLEA OF GUILTY TO ANY OFFENSE OR AFTER HAVING BEEN FOUND GUILTY BY A JURY, EVEN IF THE SENTENCE WAS SUSPENDED, YOU WERE PLACED ON PROBATION, YOU WERE ASSIGNED COMMUNITY SERVICE, OR YOU WERE GIVEN ANGER MANAGEMENT?**

YES                      NO

**IF YES, GIVE DATE(S), NAME OF COURT(S), AND OFFENSE CHARGED.**


**10. HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CHARGE, AND THEN QUALIFIED FOR DIVERSION OR HAD THE CHARGES EXPUNGED?**

YES                      NO

**IF YES, GIVE DATE(S), NAME OF COURT(S), AND OFFENSE CHARGED.**


**11. HAVE YOU EVER USED, POSSESSED, OR SOLD ANY ILLEGAL OR CONTROLLED DRUGS SUCH AS MARIJUANA, COCAINE, CRACK, LSD, AMPHETAMINE, HEROIN, OR SIMILAR DRUGS?**

YES                      NO

**IF YES, GIVE DATE(S), LOCATION(S), AND CIRCUMSTANCES OF THE MATTER.**


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**12. HAVE ANY OF YOUR FAMILY MEMBERS (SPOUSE, CHILDREN, PARENTS, SIBLINGS) EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE INVOLVING CHILD ABUSE, SPOUSAL ABUSE, THEFT, ROBBERY, ASSAULT, HOMICIDE, DRUGS, ALCOHOL, OR FIREARMS?**

**YES                      NO**

**IF YES, GIVE RELATIONSHIP TO YOU, NAME OF FAMILY MEMBER(S), DATE(S), TYPE OF OFFENSE EITHER CHARGED OR CONVICTED OF AND THE FINAL RESULTS.**


**13. DO YOU HAVE ANY EXISTING MEDICAL CONDITIONS WHICH WOULD PREVENT YOU FROM CARRYING OUT THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED?**

**YES                      NO**

**IF YES, EXPLAIN.**


**14. DO YOU KNOW OF ANYTHING IN YOUR PERSONAL OR PROFESSIONAL LIFE, WHICH YOU HAVE NOT REVEALED IN THIS APPLICATION, WHICH MIGHT REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES OF THE POSITION APPLIED FOR OR ON YOUR ELIGIBILITY FOR EMPLOYMENT IN GENERAL WITH TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT?**

**YES                      NO**

**IF YES, PLEASE EXPLAIN.**


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**15. CHARACTER REFERENCES**

LIST THE NAMES, ADDRESS AND TELEPHONE NUMBERS OF FOUR (4) PEOPLE, OTHER THAN RELATIVES OR FORMER EMPLOYERS/CO-WORKERS AND THE NUMBER OF YEARS THEY HAVE KNOWN YOU.

NAME	ADDRESS & TELEPHONE NUMBER	ASSOCIATION	YEARS KNOWN

**16. FAMILY/ FRIENDS**

LIST IMMEDIATE FAMILY MEMBERS AND CLOSEST FRIEND(S) FULL NAMES AND DATES OF BIRTH, OVER THE AGE OF 18, WHOM YOU RESIDE OR ASSOCIATE WITH ON A REGULAR BASIS.

NAME	DATE OF BIRTH	RELATIONSHIP

**17. ORGANIZATION MEMBERSHIP**

LIST BELOW ANY CLUBS, SOCIETY, FRATERNITY, OR ORGANIZATION OF WHICH YOU HAVE BEEN OR ARE CURRENTLY A MEMBER.

NAME OF ORGANIZATION	CITY AND STATE	MEMBERSHIP STATUS (FORMER OR PRESENT)	LIST POSITION AND EXTENT OF ACTIVITY

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**18. HAVE YOU EVER APPLIED FOR A POSITION WITH OUR AGENCY?**

**YES      NO**

**19. DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED WITH OUR AGENCY?**

**YES      NO**

**20. ARE YOU ACQUAINTED WITH ANY EMPLOYEE OF TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT?**

**YES      NO**

**IF YES, PLEASE LIST WHO:**

**21. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY?**

**YES      NO**

ORGANIZATION	ADDRESS	POSITION APPLIED FOR	DATE

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**22. APPLICATION CHECKLIST**

**A COPY OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION, OR A FULL EXPLANATION AS TO WHY THEY ARE NOT INCLUDED. WE WILL NOT MAKE COPIES FOR THE APPLICANT.**

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT AND WILL NOT BE RETURNED.

**APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS:**

A. BIRTH CERTIFICATES (COPY OF STATE ISSUED WITH RAISED IMPRESSION, CERTIFIED OR NOTARIZED COPY)    YES    NO

B. HIGH SCHOOL DIPLOMA OR GED    YES    NO    N/A

C. COLLEGE DIPLOMA OR CERTIFIED TRANSCRIPTS    YES    NO    N/A

D. MILITARY DISCHARGE (DD214) INDICATING TYPE OF DISCHARGE    YES    NO    N/A

E. SPECIAL AWARDS (SCHOOL, MILITARY, ETC.)    YES    NO    N/A

F. COPY OF ANY OFFICIAL TRAINING CERTIFICATES RELATED TO COMMUNICATIONS    YES    NO    N/A

G. COPY OF VALID STATE ISSUED MOTOR VEHICLE OPERATOR'S LICENSE    YES    NO

H. COPY OF CPR CERTIFICATE    YES    NO

***IF DOCUMENTATION IS UNAVAILABLE AT THE TIME OF SUBMISSION, LIST THE REASON THE DOCUMENT IS NOT INCLUDED***

A.

B.

C.

D.

E.

F.

G.



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**CERTIFICATE OF APPLICANT AND  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON, OR IN  
**PRINT FULL NAME**

CONNECTION WITH THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS WILL CAUSE FORFEITURE ON MY PART OF ALL RIGHTS IN INITIAL EMPLOYMENT OF CONTINUED EMPLOYMENT BY TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT.

I ALSO DO HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, ALL MILITARY AGENCIES, THE VETERANS ADMINISTRATION, THE U.S. ARMY, U.S. NAVY, U.S. AIR FORCE, U.S. COAST GUARD, ALL FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES, STATE AND FEDERAL TAX BUREAUS, SCHOOLS AND UNIVERSITIES TO FURNISH THE ADMINISTRATION DEPARTMENT OF TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT, WITH ANY AND ALL AVAILABLE INFORMATION REGARDING MY PAST OR PRESENT PERFORMANCE, CONDUCT OR BEHAVIOR, I FURTHER AUTHORIZE THE RELEASE OF ANY PUNITIVE OR DISCIPLINARY ACTION, TO ASSIST IN THE DETERMINATION OF MY SUITABILITY FOR A POSITION WITH THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER.

I AUTHORIZE TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT TO MAKE AN INQUIRY AND GATHER ANY DOCUMENTS OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY, AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL OF THE AFORELISTED INFORMATION REGARDING MY PERSON, EMPLOYMENT, OR ANY OTHER ASPECT, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE IN THEIR RECORDS, AND DO HEREBY FURTHER RELEASE AND AGREE TO HOLD HARMLESS ANY COMPANY, CORPORATION, ORGANIZATION, ENTITY OR PERSON FROM ANY AND ALL LIABILITY OR DAMAGE WHATSOEVER THAT MAY DEVELOP FROM FURNISHING SUCH INFORMATION TO TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DIRECTOR OR ASSISTANT DIRECTOR

\_\_\_\_\_  
DATE

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**NOTICE FOR APPLICANTS**

DOCUMENTS REQUIRED BY FEDERAL GOVERNMENT FOR EMPLOYER IN THE U.S.

A NEW FEDERAL LAW, THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ENACTED NOVEMBER 6, 1986 AND ENFORCED JUNE 1, 1987, IS DESIGNED TO PREVENT EMPLOYMENT OF ALIENS WHO ARE NOT AUTHORIZED TO WORK IN THE U.S. IN ORDER TO COMPLY WITH THE LAW, THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER (AND ALL OTHER EMPLOYERS) MUST REQUIRE THE FOLLOWING:

IF YOU ARE OFFERED A POSITION WITH TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT ON OR AFTER JUNE 1, 1987, YOU MUST ATTEST BY STATING UNDER PENALTY OF PERJURY ON OR BEFORE THE FIRST DAY OF EMPLOYMENT THAT YOU ARE AUTHORIZED TO WORK IN THE U.S. AS A CITIZEN OF THE U.S.

IF YOU ARE OFFERED A POSITION ON OR AFTER JUNE 1, 1987, YOU MUST PRESENT ON OR BEFORE THE FIRST DAY OF EMPLOYMENT EITHER ONE DOCUMENT FROM GROUP A, OR ONE DOCUMENT FROM GROUP B, PLUS ONE FROM DOCUMENT FROM GROUP C. (THESE DOCUMENTS ESTABLISH IDENTITY AND AUTHORIZATION TO WORK).

**GROUP A**

U.S. PASSPORT  
CERTIFICATE OF U.S. CITIZENSHIP  
CERTIFICATE OF NATURALIZATION TO U.S. CITIZENSHIP  
ARRIVAL DEPARTURE RECORD (FORM 194) ISSUED BY THE IMMIGRATION AND NATURALIZATION  
ALIEN REGISTRATION RECEIPT CARD (GREEN CARD)

**GROUP B**

SOCIAL SECURITY CARD  
BIRTH CERTIFICATE  
CERTIFICATE ESTABLISHING UNITED STATES NATIONALITY AT BIRTH

**GROUP C**

DRIVER'S LICENSE  
A STATE ISSUED ID CARD

IF YOU DO NOT CURRENTLY HAVE THE REQUIRED DOCUMENTS, YOU SHOULD APPLY FOR THEM

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IMMEDIATELY AS IT TAKES SEVERAL WEEKS TO OBTAIN THEM. THESE DOCUMENTS MAY BE PRESENTED TO THE TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT ADMINISTRATION DIVISION AT THE TIME OF APPLICATION.

**EMPLOYMENT CHECKLIST**

Experience has shown that many applicants, for the emergency telecommunicator position, consider only certain aspects of the job while ignoring less attractive features. As a result, when new employees encounter negative job features, they sometimes react by leaving the job before training is completed or within a few months of qualification.

While there are many satisfying, rewarding aspects of the telecommunicator position, and there is no question that emergency telecommunicators make significant contributions to the welfare and safety of their fellow citizens, it is important for all applicants to carefully consider both the negative and the positive features of a new career before considering the position.

The job factors listed below are features of the emergency telecommunicator position, about which many applicants are unaware. If you are concerned about any of these items, you may discuss the concerns with the Director.

**This questionnaire should be taken home, considered carefully and, if pertinent, discussed with your family or whomever else you feel is important. Should you be successful in passing all the phases in the testing process, and are offered a position, you will be given a new form and asked to sign each line. The form will then become part of your permanent personnel folder.**

**WORKING ENVIRONMENT**

No.	Comment	Initial
1	You must have regular and predictable attendance.	
2	You must arrive for work and be ready to process calls at the time your shift starts.	
3	Required to work different shifts in a 24/7 environment.	
4	You will have no choice about what shift you are required to work.	
5	You will have no choice about which days you work.	

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6	You will be required to work all three shifts, including during the training period.	
7	Required to work weekends on a regular basis.	
8	Work any or all Federal, State and religious holidays on the recognized or actual dates.	
9	Work on personally important or special days (i.e. birthdays, anniversaries, sporting events, etc.)	
9	Work on personally important or special days (i.e. birthdays, anniversaries, sporting events, etc.)	
10	Obtain childcare between 0600-1400 (1 <sup>st</sup> Shift), 1400-2200 (2 <sup>nd</sup> Shift), 2200-0600 (3 <sup>rd</sup> Shift) on a regular basis.	
11	As necessary, obtain childcare for weekends and holidays on a regular basis.	
12	As necessary, obtain childcare on short notice events on a frequent basis.	
13	Work voluntary overtime, before or after a shift, sometimes with little or no notice.	
14	Work mandatory overtime, before or after a shift, sometimes with little or no notice.	
15	You must have reliable transportation that functions in the 24-hour environment.	
16	You must be willing to receive calls and/ or messages and contact the department when requested.	
17	You must be willing to conform to the prescribed attire.	
18	Must work through a structured chain of command.	
19	Must be willing to have all radio and phone activities monitored/ recorded.	
20	Work at a radio console and computer console for a full shift (8 hours).	
21	Work at a console with multiple computer monitors, numerous radios and ringing telephones while multi-tasking seamlessly between the computers, telephones and radios while being able to type accurately.	
22	Work in a high stress environment.	
23	You must be willing to get along with your co-workers.	

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24	Receive criticism from your co-workers, emergency personnel and/ or citizens.	
25	During training, be regularly reminded of errors and mistakes.	
26	During training, receive a daily rating of your job performance including criticism.	
27	Multi-jurisdictional training and operations is required.	
28	Working at a rapid pace over which you will have little or no control.	
29	Maintain intense concentration and attention for extended periods of time.	
30	Tobacco products are prohibited in the building.	

**Failure to comply or withstand any or all of the above defined work environment issues may result in disciplinary action being taken against you.**

**TYPES OF CALLS**

<b>No.</b>	<b>Comment</b>	<b>Initial</b>
1	Answer telephone calls where someone screams at you.	
2	Answer telephone calls where the caller directs obscene language at you.	
3	Answer and respond to telephone calls where the caller is hysterical, intoxicated, irrational or confused.	
4	Answer and respond to telephone calls in which the caller is difficult to understand.	
5	Answer telephone calls from suicidal callers.	
6	Answer and respond to calls where a violent crime is in progress.	
7	Make quick decisions on which one or more person's safety is at stake.	

**With my signature below, I state that I have read, considered and understand each item.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT  
EMPLOYMENT APPLICATION**

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**Print Name**