

Application

Emergency Communications Specialist

Guilford Metro 9-1-1



Serving Guilford County
&
City of Greensboro

Greensboro, North Carolina

IMPORTANT

PLEASE ENSURE THIS GUILFORD METRO 9-1-1
APPLICATION PACKET CONTAINS THE FOLLOWING
DOCUMENTS:

- Application and Hiring Process and Instructions
- Qualification Sheet
- Application for Emergency Communications Specialist
- Authorization and Release to Obtain Information Sheet
- Application Check-Off Sheet
- City of Greensboro Equal Opportunity Questionnaire

**Guilford Metro 9-1-1 applications
accepted year-round.**

Thank you for your interest in this career opportunity with
the City of Greensboro!

APPLICATION AND HIRING PROCESS

INSTRUCTIONS

Carefully read and follow all requirements for the 6-step process

STEP 1 APPLICATION

GENERAL APPLICATION INFORMATION

- If you successfully complete Steps 1-6 of the hiring process (each step explained below), you will be notified and placed in the prospective hiring pool.
- At that point you will not receive further notifications unless you are selected for a Recruit Academy.
- You will be advised of the expiration date of your application and it is your responsibility to reapply after the expiration if you desire to do so.
- You must assure all the sections of the application are complete, accurate and legible. The Application should represent your best effort. During the process you may be subject to disqualification for making misstatements, omitting information, failing to complete task, not meeting appointments, or failing to follow procedures.

EXPIRATION SCHEDULE

Applications expire one year from the date you take the Pre-Employment Screening Test.

COMPLETE AND SUBMIT APPLICATION PACKET

- Complete the Emergency Communications Specialist Application packet
- Provide ALL information and required documentation
- Use the Application Check-Off List to assure all requirements are met
- Make a complete copy of the application for your records

SUBMIT IN PERSON	SUBMIT BY MAIL
Human Resources Department Plaza Level- Melvin Municipal Office Building 300 W. Washington St Greensboro , NC (336) 373-2020	Human Resources Department City Of Greensboro P.O. Box 3136 Greensboro, NC 27402

Step 2 PRE-EMPLOYMENT TESTING

You will be scheduled for testing after the application packet has been reviewed and it is determined that you meet the minimum criteria and should move forward in the application process.

The pre-employment screening test evaluates your ability to listen to and understand information, to remember oral information, and to concentrate on written and verbal information at the same time.

You will be notified of the test results. If you pass successfully, you will be scheduled to move to the next step.

Step 3 MANDATORY OBSERVATION

You must voluntarily observe in the Emergency Communications Center for four hours.

Step 4 BACKGROUND INVESTIGATION

The background investigation is ongoing throughout the employment process. This process is explained in detail when you come for the Pre-Employment Testing.

Step 5 ORAL BOARD (Panel Interview)

The oral board is a panel comprised of members of the Guilford Metro 9-1-1 Emergency Communications Division.

Step 6 SUITABILITY TESTING (Psychological Testing)

The last step of the pre-employment process is suitability testing. This is a battery of psychological tests that are specifically designed to determine your probability of success as Emergency Communications Specialist.

HIRING POOL

Guilford Metro 9-1-1 establishes a Rookie School dependent on vacancies in the department.

Once you successfully complete all the conditions of the Guilford Metro 9-1-1 Hiring Process, you will be placed in a pool with other candidates until a Rookie School is scheduled. Once a Rookie School is scheduled you will receive a job offer letter. The job offer letter will include important information for completing the hiring process and the date to report to the Guilford Metro 9-1-1 Rookie School.

QUALIFICATIONS INFORMATION

The person in this position must respond decisively and quickly to 9-1-1 and non-emergency calls received continuously in the Emergency Communications Division. This individual will be responsible for responding to public inquiries, requests for emergency services, and creating and maintaining records. Work is performed in a confined space; sitting at a computer terminal using state-of-the-art telecommunications equipment. Emphasis is placed on customer service. Emergency Communications Specialists must have excellent hearing in both ears, clear speech, effective verbal skills, and be able to type quickly and accurately on the computer keyboard.

MINIMUM QUALIFICATIONS:

- Must be a US Citizen
- No felony convictions
- Must be 18+ years of age on the date of the Pre-Employment Screening Test
- EXPERIENCE WORKING WITH VARIOUS MICROSOFT SOFTWARE: **(Must indicate ALL Microsoft experience on application)**
- HIGH SCHOOL DIPLOMA/GED CERTIFICATE
If offered a position with Guilford Metro 9-1-1, you must provide documentation at the time of job offer.
- TYPING TEST SUCCESSFULLY PASSED at 35+ WPM-this is required.
Typing test must be taken at any North Carolina Division of Employment Security Office that offers typing tests at no cost. Typing test results will be valid for 180 days; after that the test must be retaken. Applications without a typing test will NOT be processed.
- VISION & HEARING TESTING- After job offer is extended.

VISION:

Should be at least 20/30 (Snellen) for both eyes together with or without correction.

Visual acuity must be at least 20/30 for both distance and near vision to manage computer use.

Color vision should be without deficiencies. However, red or green deficiencies might be allowed and should be noted for further examination. NOTE: total color blindness may be grounds for withdrawal of a conditional offer of employment.

HEARING:

Hearing in both ears sufficient to perform essential tasks without posing a direct threat to self or others is required. Test results should have no average loss of 25 or more decibels at the 500, 1000, 2000, and 3000 Hertz (Hz) levels in either ear with no single frequency loss in excess of 40 decibels. Hearing amplification devices may be utilized to meet the standard.

APPLICATION FORM

Emergency Communications Specialist

It is the policy of the City of Greensboro to hire and promote the best-qualified individual(s) available. To this end, no person shall be refused employment, denied promotion or assignment, discharged or otherwise discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age, political affiliation, national origin, sexual orientation, physical or mental disability, genetic information, or any other non-job related factor, except when certain physical and mental requirements are a bona-fide occupational qualifications (City Personnel Policy I-1)

The City of Greensboro is an E-verify employer. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

In an effort to maintain a safe and healthy work place in the City of Greensboro, applicants for employment with Guilford Metro 9-1-1 must pass a pre-employment Drug Test and if hired will be subject to random drug testing thereafter.

Name: _____
 First Middle Last
Month Day Year

Previous names: _____

Nicknames or Aliases: _____

Present Mailing Address: _____
 Street & Number City County State Zip Code

Permanent Mailing Address: _____
*If different from above Street & Number City County State Zip Code

E-mail address: _____
*If you enter an e-mail we will attempt to contact you first by e-mail.

Telephone Number: Home: _____ Work: _____

Cell Phone: _____

GENERAL INFORMATION

Response is required for all questions, use N/A if not applicable

Are you at least eighteen (18) years of age? A. Yes B. No

Have you previously submitted an application for employment with Guilford Metro 9-1-1?

A. Yes B. No Approximate dates: _____

Are you now or have you ever been employed by the City of Greensboro? A. Yes B. No

If Yes,
most recent employment dates: _____

Job Title: _____

Department: _____

Reason for Leaving (If applicable)

Do you have any relatives currently employed by the City of Greensboro? A. Yes B. No

If Yes, give below information.

Name	Title	Department	Relationship to you

NOTE: If selected and considered for hire, the City will conduct a personal background check including criminal convictions and if applicable for the position, a driving history. The results will be reviewed to determine if the information is relevant to performing the duties of the job. Any applicant who has been convicted of a felony or who has engaged in criminal conduct may not be able to meet all of the requirements necessary for employment with Guilford Metro 9-1-1.

Briefly explain why you are interested in becoming an Emergency Communications Specialist?

EXPERIENCE

Have you ever been employed by an Emergency Call Center? If so describe the agencies served and the duties you performed.

Describe any special skills, accomplishments, training or experience which you feel are relevant to the position of Emergency Communications Specialist.

List all certifications (including dates received) obtained from other agencies.

If you need additional space please add additional sheets.

EMPLOYMENT HISTORY

On the following pages you are asked to list jobs you have held in the last ten years. If you cannot remember the address or phone number of the business you can look it up. If you are unable to provide the information asked for, please explain why you are unable to do so.

Important: Please be as specific as possible when giving your reason for leaving a job. Termination from a job will not necessarily disqualify you from consideration for a position at Guilford Metro 9-1-1.

Put your present or most recent job first. Include military service in proper time sequence, including temporary and part-time jobs.

If you need additional space please add additional sheets.

Title of current or most recent position: _____ Full Time: Part Time:

Employer: _____

Employer's Address: _____

Name and title of your Immediate Supervisor:: _____

Were you a supervisor or team leader? Yes: No: Number of employees you supervised:

Date Employed: _____ Date Separated: _____ Length of time employed: _____

Explain duties of job:

Reason for Leaving:

Title of last position: _____ Full Time: Part Time:

Employer: _____

Employer's Address: _____

Name and title of your Immediate Supervisor: _____

Were you a supervisor or team leader? Yes: No: Number of employees you supervised:

Date Employed _____ Date Separated _____ Length of time employed _____

Explain duties of job.

Reason for Leaving:

Title of last position: _____ Full Time: Part Time:

Employer: _____

Employer's Address: _____

Name and title of your Immediate Supervisor: _____

Were you a supervisor or team leader? Yes: No: Number of employees you supervised:

Date Employed _____ Date Separated _____ Length of time employed: _____

Explain duties of job.

Reason for Leaving:

Title of last position: _____ Full Time: Part Time:

Employer: _____

Employer's Address: _____

Name and title of your Immediate Supervisor: _____

Were you a supervisor or team leader? Yes: No: Number of employees you supervised:

Date Employed _____ Date Separated _____ Length of time employed _____

Explain duties of job.

Reason for Leaving

Title of last position: _____ Full Time: Part Time:

Employer: _____

Employer's Address: _____

Name and title of your Immediate Supervisor: _____

Were you a supervisor or team leader? Yes: No: Number of employees you supervised:

Date Employed _____ Date Separated _____ Length of time employed _____

Explain duties of job.

Reason for Leaving:

EDUCATION

Name of School	School Address (City and State)	Dates Attended		Type of Degree or Diploma received (N/A if not complete)	
		From	to		
High School		Mo/Yr	Mo/Yr		
Colleges or Universities		Mo/Yr	Mo/Yr	Type of Degree or Diploma received (N/A if not complete)	Major Field
Technical, Vocational, or Military Training		Mo/Yr	Mo/Yr	Type of Degree or Diploma received (N/A if not complete)	

If you did not graduate from high school, have you passed the General Educational Development (GED) Test? A. Yes B. No

If yes, when and where did you complete the GED?

Location: _____

Date: _____

MILITARY INFORMATION

MALES AGE 18 Through 25 Only

State law prohibits local government from employing anyone who has not complied with Selective Service Registrations. Currently Males from the age of 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Military Act
By checking below, indicate if you have or have not complied with this requirement.

YES, I have met Selective Service Registration requirement.

NO, I have not met Selective Service Registration requirement

Were you ever in the U.S. Military Service or any other military organization? A.Yes B.No

If yes and you are offered a position with Guilford Metro 9-1-1, a copy of your DD214, must be supplied with your Application.

REFERENCES

On the following pages, list eight personal references. If possible please give an e-mail address; if they do not wish to be contacted by e-mail, we need a complete mailing address. Also provide a daytime phone number.

Consider carefully the people you use as references. Each one will be asked to fill out a form and will be contacted by the Background Investigator. Be sure to give individuals who can provide information about your character, ability, experience, personality and other qualities.

List references that have known you for 2 years or longer.

Do not use previous employers or family members as a reference.

Please Print

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number::

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

Reference Name:

e-mail address:

or

Complete Mailing Address:

Daytime phone number:

DECLARATION OF THE APPLICANT

I have read all the material in the application packet. I certify that all statements in this application and any other materials completed or furnished as part of this application process are true, complete, and accurate to the best of my knowledge and belief. I further understand that any false statements or omitted information shall be considered sufficient cause for employment disqualification or dismissal.

SIGNATURE OF APPLICANT:

DATE:



Guilford Metro 9-1-1

Consolidated Communications



Authorization and Release to Obtain Information

I, _____, **authorize Guilford Metro 9-1-1**
Print Full Name

to conduct a personal background check in connection with my application for employment.

This investigation may include information from listed personal references and previous employers and /or present employer and other appropriate sources. Additionally, this information may include results of other background investigations, polygraph examinations, and psychological evaluations, as well as information related to substance abuse.

I authorize the release of any information that Guilford Metro 9-1-1 may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information that may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already employed, my employment terminated.

I hereby release Guilford Metro 9-1-1, Greensboro, North Carolina or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation by Guilford Metro 9-1-1.

Signature: _____ Date: _____

City of Greensboro

Equal Opportunity Employer Questionnaire

PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process.

The City of Greensboro is an equal opportunity employer. In accordance with applicable laws and regulations, the City does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, or disability, please contact the Human Resources department at (336) 373-2020.

DISABLED APPLICANTS: The Human Resources Office may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call (336) 373-2020.

Applying for Position Code: **Effective Date** (mm/dd/yy)

Job Title

Applicant Name

Are you age 40 or over? **Yes** **No** **Are you** **Female** **Male**

Are you a veteran of the United States Armed Forces? **Yes** **No**

If "Yes" - Branch of Service

Type of Discharge

Ethnic Origin Check one)

- White (not of Hispanic origin):** All persons with origins in any of the peoples of Europe, North Africa or the Middle East
- Black (not of Hispanic origin):** All persons with origins in any of the black racial groups of Africa.
- Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander:** All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa
- American Indian or Alaskan Native:** All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

To help us ensure our recruitment efforts are targeted to and reaching all segments of our Recruitment area and community, please identify how you first learned of this job opening. (check only one box)

<input type="checkbox"/> A Friend or Relative	<input type="checkbox"/> TDD Line for hearing impaired
<input type="checkbox"/> A City Employee	<input type="checkbox"/> Newspaper (name):
<input type="checkbox"/> TV Monitor in Melvin Municipal Office	<input type="checkbox"/> Cable or other TV/Radio (which channel):
<input type="checkbox"/> Internet (identify web site):	<input type="checkbox"/> Other means (identify):
If you are disabled and would like to request testing accommodations, please describe:	

Thank you for making an application for this position and in your decision to select the City of Greensboro as a possible employer. If you need clarification of information on this form, please contact one of our Employment Specialists at 336-373-2020.

APPLICATION CHECKOFF SHEET

The Application Check-Off List is a guide to verify the completeness of all required information and documentation.

Unless otherwise directed or not applicable, all information and documentation is required.

Make sure you have read and followed ALL of the hiring process information: the Application and Hiring Process Instructions and the Qualification Information.

Check off each item as it is completed:

1. Verify that the Application packet contains ALL forms and sheets
2. Complete the Emergency Communications Specialist Application
3. Complete and sign the Authorization and Release to Obtain Information sheet (In Ink)
4. Include a copy of typing test with the North Carolina Division of Employment Security stamp
5. DD 214 if applicable
6. VOLUNTARY: Complete the City of Greensboro Equal Opportunity Questionnaire