



Seminole County 911 Center

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States?	YES	NO		If no, are you authorized to work in the U.S.?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for Seminole County?	YES	NO		If so, when?	_____	
	<input type="checkbox"/>	<input type="checkbox"/>				
Have you ever been convicted of a felony?	YES	NO				
	<input type="checkbox"/>	<input type="checkbox"/>				

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Dispatcher Experience Questionnaire

1. Do you have any computer experience? _____ yes _____ no
If yes, how many _____ years _____ months.
Describe your computer experience.

Describe any college or high school computer coursework completed. List date taken along with credit or semester hours earned,

2. Do you have any telephone work experience? _____ yes _____ no
If yes, how many _____ years _____ months.
If yes, does this experience involve multi-line phone systems?
_____ yes _____ no

Describe your experience including the type of equipment and number of lines associated with the equipment.

3. Describe any high pressure, fast paced, multi-tasking work experience you have.

Signature

Date



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Dispatcher Experience Questionnaire

4. Do you have any dispatching experience? yes no

If yes, how many _____ years _____ months.

Equipment type: _____

Describe your computer experience.

5. Do you have any experience dispatching using a Computer Aided Dispatch system? yes no

If yes, how many _____ years _____ months.

Equipment type: _____

Describe your computer experience.

6. Do you have any experience with public contact? yes no

If yes, how many _____ years _____ months.

If yes, describe this experience.

7. Do you have any knowledge of highways, main roads, county roads, and/or geographical areas of Seminole county? yes no

If yes, please explain.

Signature _____

Date _____



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Dispatcher Experience Questionnaire

8. Describe any experience or training you have in the following areas.

a) Law Enforcement

b) Fire

c) Emergency Medical Services

Signature

Date

Dispatcher Questionnaire

The job position for which you are applying may include duties and responsibilities which often involve high pressure situations that can create emotional distress. Some duties may be disagreeable or unpleasant to perform. Please read each numbered item listed below and indicate whether or not this is the type of work you are willing to do.

For each numbered item below indicate with a YES or NO as to whether you are willing or not willing to do it.

1. _____ Are you willing to talk to callers who are emotionally upset? For example, persons who are angry, frightened, depressed or excited.
2. _____ Are you willing to tolerate abusive and/or threatening language from callers who, because of their problems, take their feeling out on you?
3. _____ Are you willing to remain emotionally detached in order to respond to situations in a positive, mature, calm manner?
4. _____ Are you willing to work in close proximity to other workers?
5. _____ Are you willing to work weekends and holidays?
6. _____ Are you willing to work overtime and rotating shifts?
7. _____ In case of emergency, are you willing to respond to being called back to service and report within 30 minutes of being called back to work?
8. _____ Are you willing to handle a heavy volume of calls for the duration of your shift?
9. _____ Are you willing to work in a noisy environment for the duration of your shift?
10. _____ Are you willing to have your calls monitored and recorded for evaluation?
11. _____ Are you willing to work in a designated work area with no windows for the duration of your shift?
12. _____ Are you willing to remain in the Communications Center on duty during a disaster while family members are elsewhere?

Signature

Date