

INSTRUCTIONS – TELECOMMUNICATIONS OFFICER APPLICATIONS

*****In order for your application to be accepted, the following (4) Attachments must be included with your Florence County employment application *****

1. A signed and completed Telecommunications Questionnaire Form (Attachment 1)
2. A signed and completed Personal Inquiry Waiver Form (Attachment 2)
**This form must be Notarized!
3. A Telecommunications Officer Written Statement (Attachment 3)
4. A Photocopy of your current state driver's license. (Attachment 4)

Telecommunications Questionnaire

The emergency dispatch position includes duties and responsibilities which often involve high pressure situations that can create emotional distress. Some duties may be disagreeable or unpleasant to perform. Carefully read each numbered item listed below and decide whether this is work that you are willing to do.

For each numbered Item indicate **Yes** if you are willing or **No** if you are unwilling to do it.

- 1. _____ Are you willing to talk to callers who are emotionally upset, (persons who are angry, frightened, depressed, or excited)?
- 2. _____ Are you able to tolerate abusive or threatening language from callers who, because of their problems, take their frustrations out on you?
- 3. _____ Are you willing to remain emotionally detached in order to respond to situations in a positive, mature and helpful manner?
- 4. _____ Are you willing to work in close proximity with your co-workers?
- 5. _____ Are you willing to work holidays and weekends?
- 6. _____ Are you willing to work overtime and rotating 12 hour shifts?
- 7. _____ Are you willing to be on call for emergencies in the event you are needed?
- 8. _____ Are you willing to handle a heavy volume of calls all day, sometimes with as little as one minute between calls?
- 9. _____ Are you willing to work all day in a designated work area with no windows?
- 10. _____ Are you willing to have all of your calls monitored and recorded for evaluation?
- 11. _____ Are you willing to wear a headset all day?
- 12. _____ Are you willing to work in a noisy environment all day?
- 13. _____ Are you willing to make immediate decisions that may affect a life?
- 14. _____ Are you willing to be locked in the communications center during a natural or manmade disaster, while family members are elsewhere, for the duration of the emergency?

Signature _____

Date _____

Florence County Emergency Management Communications Division

Personal Inquiry Waiver / Authorization for Release of Information

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose and will be retained until such time routine records destruction is performed.

Applicant Name _____

Applicant Address _____

City	State	Zip
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Applicant Date of Birth: ____/____/____ Social Security ____-____-____
(This will not affect hiring decision)

Drivers License # _____ State _____ Expiration _____

To whom it may concern;

I am an applicant for the position of telecommunications officer with Florence County Central Dispatch (911). In order to evaluate my qualifications for the position for which I applied, I hereby give Florence County Emergency Management express consent to investigate my background to include Criminal, Driver, Employment and Personal History.

I hereby authorize any duly authorized agent of Florence County Emergency Management bearing this release or copy hereof to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request to the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof, concerning myself, by and to any duly authorized agent of Florence County Emergency Management, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for Florence County Emergency Management to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, criminal history records, including any arrest records, any court records, driving records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

It is in the public's interest that that all relevant information concerning my past personal and employment history be disclosed to the above department, therefore I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damages pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it, I direct you to release such information upon request to the representative of Florence County Emergency Management regardless of any agreement I may have had with you previously to the contrary.

For and in consideration of Florence County Emergency Management Communications Division's acceptance of my application for employment, I agree to hold Florence County Emergency Management, the County of Florence, South Carolina, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Florence County Emergency Management.

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

Applicant Signature _____ Date _____

(This form must be signed in the presence of a notary public)

Notary Public

State of South Carolina, County of Florence

Personally appeared before me the said _____, who being duly sworn, states that he/she executed this instrument of his own free will and accord with full knowledge of the purpose therefore.

SWORN to before me this _____ day of _____, 20____

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires: _____

Copy of Driver's License Needed!