

# JEFFCOM EMPLOYMENT APPLICATION

## Communications Officer

81 Elkins Road, Port Hadlock, Washington 98339

(360) 344-9779 x0

PLEASE TYPE OR PRINT IN INK

**Jeffcom 911 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Number City State ZIP

Phone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Electronic Mail \_\_\_\_\_

## EDUCATION AND TRAINING

Have you graduated from High School or passed the GED test? Yes: \_\_\_\_\_ No: \_\_\_\_\_

	Name of School(s)	Major	Number of years attended	Degree
High School or GED				
Undergraduate Studies				
Graduate Studies				
Business or Technical				
Other Job Related Training and/or Professional Licenses				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Karl Hatton, Director  
(360) 344-9779  
Fax (360) 385-9357

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## NOTICE TO APPLICANTS

When submitting your application for a position with Jefferson County Public Safety 911 Communications (JeffCom) the following is required:

1. Complete the Background Questionnaire, which includes a “Criminal offense record and disciplinary actions” section and “Authorization to Release Information” form. Return these forms along with your application to JeffCom.
2. Application with JeffCom is a lengthy process. Because of the involvement in security interests and intense background investigations, processing applications take time. You can expedite your process by having the forms completed and all necessary items included.



## JeffCom 911 Special Employment Requirements

Employees hired by JeffCom 9-1-1 are subject to a high standard of legal, moral and ethical behavior in the performance of work in law enforcement. In order to be employed by the Department, each applicant must pass a background investigation and psychological examination to verify his or her ability to meet and uphold department standards. The following requirements serve as a guideline for applicants, but are not all-inclusive. Applicants who are eliminated from the hiring process for any of the following reasons must wait 36 months to re-apply for employment.

Basic Requirements	Required at the time of hire
Minimum Age	18
US Citizen	US Citizen or legally eligible to work in the United States
High School Grad/GED	Yes
Driver's License	Yes
Felony Convictions as an Adult	Outlined below
Felony Convictions as a Juvenile	Outlined below
Other	Applicant must live within 45 minutes of the dispatch center Minimum typing speed of 45WPM

***AUTOMATIC DISQUALIFIERS:*** Applicants will ***automatically be disqualified*** for the following violations:

- Been convicted of a felony (or pled nolo contendere to a felony charge), or any offense that would be a felony if committed in Washington State.
- Been convicted of a felony (or pled nolo contendere to a felony charge), or any offense that would be a felony if committed in Washington State as a juvenile will be considered on a case by case basis.
- Convicted of Reckless Driving, Driving Under the Influence, Driving After Suspended or Revoked within preceding 5 years.
- Been convicted of any crime under a domestic violence statute, been convicted of stalking or unlawful sexual misconduct.
- Been previously employed as a law enforcement employee and since has committed or violated federal, state or city laws pertaining to criminal activity.
- Committed any serious violation of Federal, State, City or County laws.
- Has received a dishonorable discharge from the United States armed forces.
- Lied during any stage of the hiring process. Falsified his or her personal history questionnaire or application.
- Drug involvement or use of illegal drugs:
  - Has or had a pattern of abusing prescription medication.
  - Sold marijuana, narcotics or dangerous drugs.
  - Used any narcotic or dangerous drug by injection.
  - Used any dangerous drug or narcotic (excluding marijuana) within the past 5 years, for *any purpose*.
  - Used any dangerous drug or narcotic (excluding marijuana) more than 3 times in totality.
  - Used any dangerous drug or narcotic (including marijuana) other than for experimentation within the past 7 years. (The use of an illegal drug is presumed not to be for experimentation by JeffCom 911 if the use of exceeds a total of 5 times in the past 7 years.)

**DISCRETIONARY DISQUALIFIERS:** Applicants *may, upon review, be disqualified* for employment for the following violations:

- Commission of a felony.
- Incarceration after conviction for any crime.
- Used marijuana within the past 2 years, *for any purpose*.
- Alcohol or substance misuse and/or abuse, other than above.
- Debts—A demonstrated unwillingness to honor fiscal contracts or just debts.
- Has received other than an honorable discharge from the United States armed forces.
- Received more than three moving traffic violations within the preceding 3 years; or received a reckless driving or driving after suspended/revoked violation within the preceding 5 years.
- Suspension or revocation of driving license within the preceding 5 years.
- Excessive traffic violations.
- Involvement in more than one motor vehicle accident within the preceding 3 years for which the applicant received a traffic or criminal citation and was convicted, forfeited bail, or entered a plea of “guilty” or “nolo contendere”.
- Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.

JEFFERSON COUNTY PUBLIC SAFETY COMMUNICATIONS

BACKGROUND QUESTIONNAIRE

The Jefferson County Public Safety Communications Center views the questions in this form as necessary to adequately and fairly evaluate applicants for positions within the Center.

These questions are intended to develop information to conduct a thorough background investigation. We do not expect each and every applicant to have a perfect past. However, it is important for you to answer all questions thoroughly and completely. This form is provided in order to gain the initial background information from the applicant and not other possible unreliable sources. The information obtained will be verified through the complete background investigation.

**INSTRUCTIONS:** You must use a typewriter or print legibly in ink. You are required to fill out the form in its entirety. If you need more room to completely answer a question, add additional pages. When adding additional pages make sure that the addition clearly defines what question is being completed. If any question does not pertain to you place N/A in the space provided.

**NOTE:** All statements and answers will be verified through a background investigation; any incorrect responses or omissions may prevent or remove you from further consideration as an employee of the Jefferson County Public Safety Communications Center.

Position applied for \_\_\_\_\_

**PERSONAL**

Name (Last)	(First)	(Middle)

Do you have a valid driver's license: **Y** or **N**. License No. and State \_\_\_\_\_/\_\_\_\_\_

Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S.? (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted): **Y** or **N**

List legal name changes, maiden name or any previous married names.

Name (Last)	(First)	(Middle)

Present Mailing Address: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Have you submitted an application for employment to this agency before?

No \_\_\_\_\_ Yes \_\_\_\_\_ Approximate date: \_\_\_\_\_

**EDUCATION**

In the space provided list the schools you have attended. Include those schools you attended but did not complete any courses.

**HIGH SCHOOL**

Name and Address _____ Years completed: _____
Name and Address _____ Years completed: _____

**COLLEGE OR UNIVERSITY**

Name and Address _____ Years attended _____ Year Graduated _____ Major field of study _____ Degree Received _____
Name and Address _____ Year attended _____ Year Graduated _____ Major field of study _____ Degree Received _____

**EXTENSION OR CORRESPONDENCE COURSES**

Name of School/Course \_\_\_\_\_

Degree or Certificate received \_\_\_\_\_

Date Completed \_\_\_\_\_

Name of School/Course \_\_\_\_\_

Degree or Certificate received \_\_\_\_\_

Date Completed \_\_\_\_\_

If you did not graduate from high school, did you complete the General Educational Development (GED) Test?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

*Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for as disqualifying factors for employment.*

Are you related by blood or marriage to any person now employed by JeffCom? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, give name and details:

\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCES**

List addresses for the past 5 years, starting with the present address at the top:

Dates	Address	City/State	Landlord

**WORK HISTORY**

Have you ever applied for employment with any 911 Communications agencies before?

Yes \_\_\_\_ No \_\_\_\_ If yes, list agency and give details:

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If you have ever been discharged or requested to resign from any position due to criminal misconduct, personal misconduct, or rules violations, give details:

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Do you object to wearing a uniform? Yes \_\_\_\_ No \_\_\_\_

Do you object to working nights? Yes \_\_\_\_ No \_\_\_\_

Do you object to working rotating shifts? Yes \_\_\_\_ No \_\_\_\_

Do you object to occasionally being away from home overnight and for other periods of time while attending meetings, training or otherwise performing official duties? Yes \_\_\_\_ No \_\_\_\_

List all jobs you have held in the past ten years. Start with your present job first. If you need more space you may attach additional sheets. Include military service in proper sequence and temporary part-time jobs. In addition, be sure to list any time when you were unemployed.

Name of Business _____	Date Employed _____
Address _____	Date Left _____
Salary _____	No. of employees supervised by you _____
Duties _____	
_____	
Name of Supervisor _____	phone # _____
Reason for Leaving _____	
May we contact for a reference? Yes ____ No ____	



Name of Business \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_ Date Left \_\_\_\_\_

Salary \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference? Yes \_\_\_\_ No \_\_\_\_

Name of Business \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_ Date Left \_\_\_\_\_

Salary \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference? Yes \_\_\_\_ No \_\_\_\_

Name of Business \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_ Date Left \_\_\_\_\_

Salary \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference? Yes \_\_\_\_ No \_\_\_\_

Name of Business \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_ Date Left \_\_\_\_\_

Salary \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ phone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for a reference? Yes \_\_\_\_ No \_\_\_\_

### **MILITARY SERVICE**

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

Was your last discharge honorable? Yes \_\_\_\_ No \_\_\_\_ If no, was it characterized as:

bad conduct \_\_\_\_ or dishonorable \_\_\_\_\_

### **USE OF ALCOHOL OR DRUGS**

Note: In questions the words “drink” and “used” mean “one, or more, times”, including experimentation. If any response is yes, give full and complete description of the usage.

Do you drink alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_

If yes, to what degree \_\_\_\_\_  
\_\_\_\_\_

Have you ever used marijuana? Yes \_\_\_\_ No \_\_\_\_

If yes, what were the circumstances \_\_\_\_\_  
\_\_\_\_\_

When was the last time? \_\_\_\_\_

Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, meth, LSD, etc.? Yes \_\_\_\_ No \_\_\_\_

If yes, under what circumstances \_\_\_\_\_

When was the last time? \_\_\_\_\_

Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician? Yes \_\_\_\_ No \_\_\_\_ If yes, explain the circumstances \_\_\_\_\_

**CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**NOTE:** include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), hit and run, and driving while license revoked or suspended.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you.

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

Yes \_\_\_\_ No \_\_\_\_ If yes, give details:

Offense Charged \_\_\_\_\_

Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

Have you been charged with or convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, give details: \_\_\_\_\_

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Have you ever been placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Have you ever been required to pay a fine in excess of \$150.00 (this does not include court costs)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Can you operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid driver's license from the State of Washington? Yes \_\_\_\_\_ No \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Do you possess a driver's license issued by any state other than Washington? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state and number \_\_\_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

Was your license restored? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Have your driving privileges ever been restricted? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

**CAREER OBJECTIVES**

Briefly describe why you applied for this position and why you should be considered for employment.

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List any specialized skill, training or work that you think you may be able to apply to this position.

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**REFERENCES**

List the names and addresses of five people who will be able to provide information regarding your character, ability, veracity, experience, and personality.

NAME	ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the undersigned, certify that the statements supplied in this questionnaire are true and complete. I understand that any misstatements or deliberate omission of information may subject me to disqualification or dismissal.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

## Authorization to Release Information

Name (Last)	(First)	(Middle)
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I authorize any person, corporation, company, agency, or other entity, whose name and address I provide in my application, or other materials I have provided to JeffCom, to release information.

### AUTHORIZATION

I, the above named applicant, the below signed, do hereby authorize the receiving person, corporation, company or other entity to FULLY AND COMPLETELY DISCLOSE any and all facts regarding my employment, character, work habits, skills, or other employment related information requested by JeffCom, or their agents, who bear this authorization and to whom I have provided your name and address as a reference.

### RELEASE

In consideration for assisting me in my application for employment, I the above applicant, the below signed, hereby RELEASE AND HOLD HARMLESS the reference recipient person, corporation, company, or other entity receiving this release from any and all possible damages, direct or consequential, immediate or remote, of all forms or types, that I may sustain or allege to sustain by virtue of the recipient person, corporation, company, or other entity from complying with my request to fully and completely comply with the investigation, inquiry or interests of this employer to whom I have made an application of employment and the bearer of this Authorization. I have given my consent to reproduce this release and such copy shall be considered to be the original for all purposes whether such copy be by photo reproduction or an electronically transmitted facsimile. By my signature, I release any and all parties from any and all liability for any and all statements, writings, conversations or communications of any form, with this Employer regarding any entry on this application and other material I have provided.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

THIS IS A LEGAL DOCUMENT, READ IT CAREFULLY BEFORE SIGNING

Applicant Signature	Date
Witness Signature	Witness Address



**JeffCom 911  
Communications Officer (911 Dispatcher)  
Supplemental Questionnaire**

Name \_\_\_\_\_ Date \_\_\_\_\_

**(Please Circle)**

1. Do you have two (2) years of experience working with the public in a high-volume, customer service environment where you provided detailed information and assisted with solving problems such as working in the public sector, social services or military experience? **Yes No**

*If Yes*, describe the details of your work experience that meet this requirement:

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2. The work schedule for this position requires ongoing shift work. A dispatcher may work a variety of shift assignments on a 24-hour, 7 day/week basis, including work on weekends and holidays. Shift rotation occurs every three months. Are you willing to work this type of schedule on a continuous basis?

**Yes No**

*If No*, your application will not be considered further.

3. This position requires the ability to work in a secure communications environment, sometimes under stressful and noisy conditions; and requires a normal range of vision including the ability to distinguish between colors; hearing and speaking; work involves sitting and using a dispatch console and keyboard for extended periods of time and the ability to lift up to 25 pounds on occasion. As far as you know, are you able to meet these requirements? **Yes No**

4. This position requires proficient and accurate keyboard skills of at least 35 wpm, **and your keyboard speed will be tested as part of this selection process.**

What is your current keyboard speed? \_\_\_\_\_ WPM

*If you do not have keyboard skills of 35 wpm, you will not be invited to test and your application will not be considered further.*

*If you do not know your speed*, you can verify your skills at an intermediate level through a testing facility such as community college or skills center, or an on-line testing source.

In Washington, applicants may request testing through any Work Source center of Employment Security Department.

5. This position also requires basic proficiency with personal computer and Windows based applications. Please outline your experience with these applications and your skill level below:

Type of Software	Documents produced/maintained	Level of proficiency
Database software such as ACCESS or customized system:		
Spreadsheet programs such as Excel or other:		
Word processing such as MS Word or WordPerfect:		

6. If you become a finalist for this position, you must pass a background investigation including psychological and pre-employment drug screen prior to hire. Are you willing to submit to these screenings?

**Yes No**

*Failure to pass the background check due to past drug use, petty theft, sexual misconduct or lying in the selection process (as examples), is the top reason that individuals are not hired in this position. Please carefully review the disqualifiers for working in at JeffCom 911 on the website before you answer the following question. Please initial here that you have read the disqualifiers: \_\_\_\_\_*

As far as you know, would you be able to pass these screenings? **Yes No**

7. Included with this application packet is an information sheet on the “training and working conditions” for this position. Please initial here that you have read this information: \_\_\_\_\_

***I certify that the information provided in this supplemental questionnaire accurately represents my work experience, knowledge and skills.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_