



Blaine County Emergency Communications Telecommunications Operator Application for Employment

Instructions:

- **Please follow all directions carefully.**
- **Complete all pages thoroughly, legibly and accurately.**
- **You may PRINT OR TYPE.**
- **Incomplete applications will not be processed.**

Hiring Process

1. Individuals interested in employment shall submit a fully completed Application for Employment and copies of all required documents listed on page 5.
2. Applications submitted will be processed and reviewed for completeness. Applications not containing all required information will not be processed. A driver's license, wanted, and criminal history check shall be conducted.
3. A Public Safety Telecommunicator skills test will be scheduled for all Telecommunications Operator applicants. Applicants passing the testing shall be scheduled for a "sit-along in the Center and an interview with the Director of Emergency Communications.
4. Applicants who have passed the above phases will be scheduled for an Oral Interview Board.
5. Applicants who succeed during testing and interviewing will continue in the application process, and may be given a Conditional Offer of Employment, contingent upon results of the criminal and employment background investigation, polygraph examination, oral interview board and hearing and vision testing.
6. The background investigation will contain at minimum:
 - a. verification of education
 - b. a review of any non-disqualifying criminal record
 - c. verification of all employment records for, at minimum, the past ten years
 - d. verification of personal references

7. A formal job offer will be made to those individuals selected for employment.

COMPLETED APPLICATIONS SHOULD BE SENT TO:

**Mandy Pomeroy
Blaine County Administrative Services Department
219 1st Ave. South, Suite 104
Hailey, ID 83333
Phone: 208-788-5547
Fax: 208-788-5546
mpomeroy@co.blaine.id.us**

Applicant Minimum Standards

Applicants must:

1. Meet the minimum standards for employment as provided in Sections 11.11.050 through 11.11.058 of the Rules of Idaho Peace Officer Standards and Training Council.
2. Be a citizen of the United States.
3. Be a high school graduate or have earned a GED certificate.
4. Have a minimum of two (2) years of any combination of responsible work experience, military service, education, or any other productive activity.
5. Not have been convicted of any misdemeanor sex crime, crime of deceit, or drug offense unless the conviction occurred more than five (5) years prior to application and the applicant's agency head files a written request for review with the Director of Emergency Communications.
6. Not have been convicted of a DUI during the two (2) years immediately preceding application.
7. Not have been convicted of any felony crime, the punishment for which could have been imprisonment in a federal or state penal institution. For the purpose of this rule, a felony conviction shall continue to be considered a felony conviction regardless of whether the conviction is later reduced to a misdemeanor conviction under Section 19-2604, Idaho Code, or any other comparable statute or procedure, where the reduction is based upon lenity or the furtherance of rehabilitation rather than upon any defect in the legality or factual basis of the felony conviction.
8. Not have received a "dismissal," "bad conduct discharge" (BCD), "dishonorable discharge" (DD), or administrative discharge of other than honorable (OTH) from the military service. The administrative discharge of "general under honorable conditions" (GEN), a "general" discharge, or an "uncharacterized" discharge may be grounds for rejection.
9. Possess a valid driving license from his state of residence and qualify for an Idaho driver's license.
10. Have undergone a comprehensive background investigation, the results of which attest to the fact that the person meets the minimum standards for employment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, and is of good moral character.

PERSONAL INFORMATION

| | | | |
|--|-------------|--|----------------|
| NAME (LAST, FIRST, MIDDLE) | | POSITION APPLIED FOR: <input type="checkbox"/> TELECOMMUNICATIONS OFFICER <input type="checkbox"/> OTHER: _____ | |
| MAILING ADDRESS – BOX #, CITY, STATE, ZIP | | SOCIAL SECURITY NO. STATE ISSUED | |
| PHYSICAL ADDRESS - STREET, CITY, STATE, ZIP | | DATE OF BIRTH | |
| PLACE OF BIRTH | | LIST ANY OTHER STATES YOU HAVE LIVED | |
| LIST ANY OTHER NAMES EVER USED (INCLUDING MAIDEN NAME): _____ | | | |
| WORK PHONE# | HOME PHONE# | CELL PHONE# | E-MAIL ADDRESS |
| HEIGHT: | WEIGHT: | HAIR COLOR: | EYE COLOR: |
| ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| IF NOT, DO YOU HAVE CURRENT AND VALID DOCUMENTATION WHICH AUTHORIZES YOU TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)</i> | | | |
| HAVE YOU EVER PREVIOUSLY BEEN EMPLOYED BY BLAINE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | IF YES, WHEN? WHAT POSITION? | |
| ANY RELATIVES EMPLOYED IN LAW ENFORCEMENT IN BLAINE COUNTY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | WHAT POSITION? WHERE? | |
| TYPE OF WORK YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | | DATE YOU ARE AVAILABLE TO START WORK? | |
| ARE YOU WILLING TO WORK? <input type="checkbox"/> DAY SHIFTS <input type="checkbox"/> NIGHT SHIFTS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> WEEKENDS | | | |
| HOW DID YOU LEARN ABOUT THE JOB OPENING? <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> WEBSITE: _____ <input type="checkbox"/> JOB FAIR <input type="checkbox"/> OTHER _____ | | | |
| CAN YOU OPERATE A COMPUTER? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPING WORDS PER MINUTE _____ | | | |

DESCRIBE THE TYPES OF COMPUTER EQUIPMENT & SOFTWARE PROGRAMS YOU HAVE USED AND YOUR LEVEL OF EXPERIENCE WITH EACH:

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO DRIVERS LICENSE# _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

LIST ANY OTHER STATES IN WHICH YOU HAVE BEEN PREVIOUSLY ISSUED A DRIVERS LICENSE.

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

STATE ISSUED _____ EXPIRATION DATE _____ NAMED USED _____

DOCUMENTATION

Copies of the following documents are required to begin the application process and should be submitted with the application. If you require additional time to request any of these documents from its original source, please reference the specific document missing, the reason and your estimate of the time required to obtain it in a cover letter. Do not send original documents as they will not be returned to you. Failure to provide these required items may be grounds for rejection of your application.

RESUME

VALID DRIVERS LICENSE

SOCIAL SECURITY CARD

BIRTH CERTIFICATE

HIGH SCHOOL DIPLOMA, G.E.D. OR TRANSCRIPTS SHOWING GRADUATION

CITIZENSHIP RECORDS (IF APPLICABLE)

NAME CHANGE RECORDS (IF APPLICABLE)

MILITARY DD214

P.O.S.T. CERTIFICATES, LAW ENFORCEMENT TRAINING RECORDS (IF APPLICABLE)

EDUCATION HISTORY

List your education history below. Use additional pages if necessary.

| | NAME, ADDRESS, CITY AND STATE OF SCHOOLS ATTENDED | CIRCLE LAST GRADE ATTENDED | DATE | GRADUATED | DEGREE / MAJOR |
|--------------------|---|---|--------------------------|--|----------------|
| HIGH SCHOOL | | 9 10 11 12 | FROM TO | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> G.E.D. | |
| COLLEGE | | 1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS | FROM TO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | 1 2 3 4 <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS | FROM TO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER | | SPECIFY | FROM TO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| OTHER | | SPECIFY | FROM TO | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

List any specialized training, additional schooling or educational awards you may have.

List any foreign languages you speak and the extent of your proficiency.

Summarize any other experience, volunteer work or any related general information you feel pertains to you as an applicant for this job. Include any licenses, or technical skills.

EMPLOYMENT HISTORY

List your work history below going back at least ten (10) years, beginning with your present or most recent job. You must provide current contact information for all employers or supervisors.

| | | | |
|-----------------------------|------------------------|------------|------------|
| EMPLOYER'S NAME | | FROM | TO |
| | | MO/YR | MO/YR |
| FULL MAILING ADDRESS | | TOTAL TIME | HOURS/WEEK |
| | | MO/YR | |
| DUTIES (BE SPECIFIC) | YOUR TITLE OR POSITION | SALARY | SALARY |
| | | STARTING | ENDING |
| SPECIFIC REASON FOR LEAVING | SUPERVISOR'S NAME | PHONE NO. | |
| | | | |

| | | | |
|-----------------------------|------------------------|------------|------------|
| EMPLOYER'S NAME | | FROM | TO |
| | | MO/YR | MO/YR |
| FULL MAILING ADDRESS | | TOTAL TIME | HOURS/WEEK |
| | | MO/YR | |
| DUTIES (BE SPECIFIC) | YOUR TITLE OR POSITION | SALARY | SALARY |
| | | STARTING | ENDING |
| SPECIFIC REASON FOR LEAVING | SUPERVISOR'S NAME | PHONE NO. | |
| | | | |

| | | | |
|-----------------------------|------------------------|------------|------------|
| EMPLOYER'S NAME | | FROM | TO |
| | | MO/YR | MO/YR |
| FULL MAILING ADDRESS | | TOTAL TIME | HOURS/WEEK |
| | | MO/YR | |
| DUTIES (BE SPECIFIC) | YOUR TITLE OR POSITION | SALARY | SALARY |
| | | STARTING | ENDING |
| SPECIFIC REASON FOR LEAVING | SUPERVISOR'S NAME | PHONE NO. | |
| | | | |

PERSONAL REFERENCES

Provide full and correct mailing addresses and contact information for at least three (3) personal references that you have known for three (3) years. List only persons we may contact. Do not include anyone related to you or previous employers.

Please verify all addresses prior to submission of application.

| |
|---|
| Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____ |
| Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____ |
| Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____ |
| Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____ |
| Mr. ___ Ms. ___ Name _____ Years Known _____ Occupation _____ Place of Employment _____ Work Ph. _____ Full Mailing Address _____ Relationship _____ City _____ State _____ Zip Code _____ Home Phone _____ |

PERSONAL HISTORY QUESTIONNAIRE

To be eligible for employment you must successfully pass a background investigation and meet established standards set by Blaine County Emergency Communications and the Idaho Peace Officers Training Academy (POST). The Personal History Questionnaire is required to begin this process. Please complete and return this form promptly.

Your answers will be verified through a detailed background investigation and interview assessment. It is to your advantage to BE ABSOLUTELY TRUTHFUL in answering all questions. Any falsification or omission of information will result in disqualification of your application.

Instructions: Answer the following questions regardless of whether the incident may have been sealed, expunged, or dismissed. **If the answer to any of the questions below is yes, explain in detail on the Comment Page provided on page 12.**

DO NOT WRITE EXPLANATION ON THIS PAGE.

| | | |
|--|------------------------------|-----------------------------|
| 1. As a juvenile or as an adult have you ever committed an offense where you could have been/or were arrested? If yes, give date the offense was committed, what the offense was and disposition of charge. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever petitioned any court to seal or expunge a criminal or juvenile record? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been involved in or arrested for any crime of unlawful sexual conduct, stalking or employing physical or domestic violence of any kind? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever been the subject of an investigation dealing with the theft of something? If yes, what was taken, what was the value and when did this occur? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever purchased any item(s) that you knew or suspected was stolen? If yes, list item, quantity, value and date of purchase. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you ever had a criminal warrant or a traffic warrant issued for your arrest? If yes, give the date the warrant was issued and date cleared. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you reside or associate with anyone (family or friends) who is or has been involved in, charged with or convicted of a misdemeanor or felony? If yes, please list details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have you ever been placed on probation or parole? If yes, when, and where. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you ever failed a polygraph examination? If yes, when, where, why, and dates. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Have you ever falsified an insurance claim, income tax return or collected unemployment / welfare benefits that you were not entitled to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever fraudulently misused a credit card or forged a check? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Have you ever, or are you currently involved in a civil lawsuit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Has there ever been any situation in which you have been involved which may be incompatible with the duties of a Telecommunications Operator? This would include any activity which may impair your independence of judgment or action in the performance of the duties of a Telecommunications Operator. If yes, explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|--|------------------------------|-----------------------------|
| 14. Has your driver's license ever been suspended, revoked, placed on probation or have you ever received a warning notice from the state who issued your license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Have you ever been refused a driver's license by any state? If yes, give the state, date and the circumstances. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Have you ever illegally purchased, sold or otherwise distributed any drugs, narcotics or other controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics or other controlled substances? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Have you ever knowingly stored or transported illegal drugs, narcotics or other controlled substances for yourself or another person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Have you ever tried, ingested, experimented or used illegal drugs? This includes as a juvenile or even one (1) experimental use. (Please note answering affirmative to this question does not automatically exclude you from employment. See minimum standards on pg. 3) If yes, explain, what types, how often and date of last occurrence. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Do you drink alcohol? If yes, how much and how frequent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 22. Have you ever had a drug or alcohol related accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Have you ever been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U. I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Have you or your spouse: Ever defaulted on any loan, debt or obligation in the past five years? Ever had your wages attached or garnished? Ever been refused credit? Ever had any collection or repossession action taken against you? Ever filed a petition for bankruptcy? When? Ever had a check bounce or returned for insufficient funds? If yes to any, please explain circumstances on the comment page. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Have you ever been involved in any domestic violence? If yes, explain on pg.13. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Do you have any issues or problems losing your temper or with anger management? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. Do you have any issues or problems with honesty, reliability, integrity or moral character? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. Have you ever perjured yourself in a court of law? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. Would you object to taking a polygraph screening? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. Have you purposely omitted any information from your employment application? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|---|---|
| <p>HAVE YOU EVER BEEN CHARGED WITH A CRIME?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY</p> <p>CHARGE(S) _____</p> <p>_____</p> <p>DATE _____ LOCATION _____</p> <p>If more space is needed use comment page</p> | <p>HAVE YOU EVER BEEN CONVICTED OF A CRIME?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;"><input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY</p> <p>CHARGE(S) _____</p> <p>_____</p> <p>DATE _____ LOCATION _____</p> <p>If more space is needed use comment page</p> |
| <p>NOTE: A CONVICTION MAY NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. THE CIRCUMSTANCES AND FACTS SURROUNDING THE OCCURRENCE(S) AND THE DEGREE OF RELEVANCE TO THE JOB YOU ARE APPLYING FOR WILL BE TAKEN INTO CONSIDERATION.</p> | |

EMPLOYMENT HISTORY

If the answer to any of the questions below is yes, please explain in detail on the Comment Page provided on page 12.

DO NOT WRITE EXPLANATION ON THIS PAGE.

| | | |
|---|---------|--------|
| 33. Have you ever worked for any law enforcement agency in any capacity? If yes, list agency name, dates, job title and status. | [] Yes | [] No |
| 34. Are you currently or have you in the past been POST certified? If yes, list the type of certificate, agency name, state, highest level attained and date awarded. | [] Yes | [] No |
| 35. Have you ever served in the U.S. Military? If yes, list dates, branch of service, type of discharge and highest rank held. | [] Yes | [] No |
| 36. Has any supervisor ever reprimanded you for being late or absent? | [] Yes | [] No |
| 37. Has any supervisor ever reprimanded you for misconduct or not doing your job properly? | [] Yes | [] No |
| 38. Have you ever been terminated during the probationary period from any employment? | [] Yes | [] No |
| 39. Have you ever been suspended, fired, or asked to resign from any employment? | [] Yes | [] No |
| 40. Have you ever quit a job without giving proper notice? | [] Yes | [] No |
| 41. Have you ever been rejected for employment for any reason by any law enforcement agency? If yes, list which agency and why on the comment page. | [] Yes | [] No |
| 42. Would contacting your current employer during the background investigation present a problem for you? | [] Yes | [] No |

APPLICANT ACKNOWLEDGEMENT

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE MINIMUM HIRING STANDARDS, AND THAT A TYPING TEST, SKILLS TEST, BACKGROUND INVESTIGATION, AND ORAL INTERVIEW BOARD WILL BE CONDUCTED PRIOR TO EMPLOYMENT TO VERIFY MY COMPLIANCE WITH EACH STANDARD.

SIGNATURE OF APPLICANT _____ DATE _____
(Signature Required)

AUTHORIZATION TO RELEASE INFORMATION

NOTE: THIS FORM MUST BE SIGNED AND NOTARIZED

To whom it may concern:

I respectfully request and authorize you to furnish the Blaine County Sheriff’s Office with any and all information that you may have concerning me, my employment, education records and my character. Please include any and all records, including all information of a confidential or privileged nature, and photocopies of same, if possible. Your cooperation in this reply will be used to assist the Sheriff’s Office in determining my qualification and fitness for the position I am seeking with Blaine County Emergency Communications.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

SIGNATURE OF APPLICANT _____ **DATE** _____
(Signature Required)

SUBSCRIBED AND SWORN BEFORE ME ON THE _____ DAY OF _____, 20____

Notary Public for the State of Idaho
Resides in _____
Notary Expires _____
(NOTARIZATION REQUIRED)

(Seal)

A photocopy of this request shall be for all intent and purposes, as valid as the original. The original is on file at Blaine County Administrative Services Department.