

Whitfield County E-911 Emergency Communications Center



Applicant's Background Investigation Booklet (Post-Test)

****Note**** The following information should be completed and returned to the Whitfield County E-911 Emergency Communications Center after applicant testing.

**THE FOLLOWING MUST BE TURNED IN BEFORE A
BACKGROUND INVESTIGATION WILL BE INITIATED.**

1. The applicant's Background Investigation Booklet: Fill it out completely. Please include zip codes, addresses, and telephone numbers for past employers and references. Include current telephone number with area codes.
2. Do not sign the personal waiver forms unless in the presence of a notary. (We can provide notary service when you return the booklet if needed.)
3. One copy of your high school diploma or GED certificate.
5. One copy of your DD214 Form (active military service).
6. One copy of any certificates of training you have received.
7. If not natural born USA citizen, proof of legal citizenship.

****We will not make copies for you.**

If any questions arise, call Ann Walters or Jeff Ownby
Phone number (706) 370-4911

PERSONAL DATA INSTRUCTION SHEET

1. PLEASE PRINT OR TYPE
2. ON COVER SHEET (PAGE 1), GIVE FULL NAME AND FULL ADDRESS.
3. COMPLETE ALL QUESTIONS IN DETAIL WHERE EXPLANATIONS ARE NECESSARY.
4. ANY QUESTIONS NOT PERTAINING TO YOU INDIVIDUALLY, LIST AS "N/A".
5. IF MORE WRITING SPACE IS NEEDED THROUGHOUT THIS APPLICATION FORM, USE REVERSE SIDE OF PAGE, LISTING THE NUMBER OF THE QUESTIONS TO BE FURTHER EXPLAINED.

IMPORTANT

TRUTHFUL AND COMPLETE RESPONSES TO THIS APPLICATION ARE A NECESSITY. DISCOVERY OF INTENTIONAL OMISSIONS OR INCORRECT ANSWERS WILL BE A BASIS FOR THE TERMINATION OF THE APPLICATION PROCESS OR EMPLOYMENT, AND COULD RESULT IN CRIMINAL PROSECUTION UNDER GEORGIA LAW SECTION 16-10-20.

THIS INFORMATION WILL BE SUBJECT TO ADMINISTRATIVE INVESTIGATION.

I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.

SIGNATURE

DATE

WHITFIELD COUNTY 911 COMMUNICATIONS CENTER

DATE FILED

MONTH, DAY, YEAR

**TO BE TYPEWRITTEN, OR PRINTED
LEGIBLY WITH BLACK INK**

INSTRUCTIONS

Fill out this questionnaire completely and accurately. All statements in your questionnaire are subject to verification. Incorrect statements may bar or remove you from employment. If more space is needed, add another page and identify additional information by number.

PERSONAL

1. Your Name (**Print**)

First

Middle

Last

Give any other names you have used or been known by and attach a statement giving reasons. (If none, so state) _____

2. Your Social Security Number: _____

3. Your Address and Telephone Number: _____

4. With whom do you reside? _____

5. Are you a citizen of the United States? YES NO

Natural Born: _____ Naturalized: _____

6. Are you a veteran? _____ Yes _____ No
If so, what branch? _____

7. List all organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated: _____

8. What are your hobbies and special skills and abilities, including the speaking of foreign languages ? _____

EDUCATION

Circle the highest year completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

If you attended high school, list the name of the school, location (by city, state and mailing address) and the year you graduated:

SCHOOL	LOCATION	YEAR GRADUATED
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ADDRESS	CITY	STATE	ZIP CODE
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If you attended college, list the name of the college, location, the year you graduated and your major course of study.

COLLEGE	LOCATION	YEAR GRADUATED	MAJOR
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ADDRESS	CITY	STATE	ZIP CODE
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If you attended graduate school or have a graduate degree, list the name of the college or university you attended, its location and if graduated and your major area of study.

COLLEGE/UNIVERSITY	LOCATION	YEARS ATTENDED
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GRADUATE YES/NO	MAJOR
-----------------	-------

If you have any technical skills not necessarily acquired through formal education, list them here: _____

REFERENCES

Fill in below the names of five persons not related to you, and not former employers, who have known you closely for at least five (5) years. All persons you name may be asked to appraise your character, ability, experience, personality, and other qualities. Please give complete and current names, addresses, telephone numbers, and business, occupation, or profession. Any areas left blank will be considered invalid.

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS: _____
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION _____

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION _____

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

NAME: _____

RES. PHONE _____ BUS. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

ACQUAINTANCES

Fill in the names of **four (3) persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers.** Names listed should be those of persons who have seen you frequently during the past year. You must give complete addresses including zip code, any areas left blank will disqualify the application.

NAME _____

BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION _____

NAME _____

BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION _____

NAME _____

BUS. PHONE _____ RES. PHONE _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

BUSINESS, OCCUPATION OR PROFESSION _____

WORK HISTORY

1. What is your occupation or calling? _____
2. How did you find out about this job? _____
3. Are you seeking permanent employment with this department? Yes _____ No _____
4. Have you ever worked for Whitfield County before? Yes _____ No _____
5. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member? _____ If yes, give details below:

6. Why did you leave your last job? _____

7. Did a supervisor ever reprimand you for misconduct or not doing your job right? _____
8. Did you have any arguments concerning job duties/working conditions? _____
9. Were you ever fired or penalized because of an accident? _____
10. What were your reasons for leaving other jobs? _____

If you have been asked to resign or have been fired from a job in the last ten years, Circle the number of times this has occurred:

10 9 8 7 6 5 4 3 2 1 0

11. Have your employers always treated you fairly? _____

If not explain?

12. Do you object to wearing a uniform? _____
13. Do you object to working nights? _____

14. Have you had experience with shift work? _____
15. Have you previously submitted an application for employment with Whitfield County E – 911 Communications Center? _____
If yes, approximate date: _____
16. On the following page list all jobs you have held in the last ten (10) years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs, no matter how little time was involved. Give accurate mailing address and phone numbers. Any information left out will be considered invalid and will remove you from the list of eligible applicants.

From _____ **To** _____ **Title** _____

Name & Address of Employer _____

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties _____

Name & Title of Supervisor _____

Salary Per Month _____ **Reason for Leaving** _____

From _____ **To** _____ **Title** _____

Name & Address of Employer _____

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties _____

Name & Title of Supervisor _____

Salary Per Month _____ **Reason for Leaving** _____

From _____ **To** _____ **Title** _____

Name & Address of Employer _____

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties _____

Name & Title of Supervisor _____

Salary Per Month _____ **Reason for Leaving** _____

From _____ **To** _____ **Title** _____

Name & Address of Employer _____

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties _____

Name & Title of Supervisor _____

Salary Per Month _____ **Reason for Leaving** _____

From _____ **To** _____ **Title** _____

Name & Address of Employer _____

Street Address & No.

City & State

Zip Code

Telephone#

Your Duties _____

Name & Title of Supervisor _____

Salary Per Month _____ **Reason for Leaving** _____

MILITARY

1. Have you ever served in a military or naval organization of the United States? _____
 2. Give Branch of Service _____ Company _____
 3. What is your service number? _____
 4. Highest rank held? _____
 5. List all medals and decorations awarded you as a member of the armed forces:
-

6. What is the type of your discharge? (Honorable, Dishonorable, General, Honorable Conditions, etc.) Be exact: _____
 7. Give date and location of entrance of active duty: _____
 8. Give date and location of discharge: _____
-

9. Give period or periods of active military service:
From _____ To _____ Rank held _____
From _____ To _____ Rank held _____
From _____ To _____ Rank held _____

10. Are you now, or were you ever an active or inactive member of any branch of the U.S. Reserve Forces? _____ Branch _____ Unit _____
Rank _____ Address _____ From _____ To _____

11. Are you now or were you ever a member of the National Guard? _____
State _____ Regiment _____ Unit _____ Rank _____
From _____ To _____ Type Discharge _____
-

12. Are you registered for the draft? _____

WHITFIELD COUNTY E – 911 COMMUNICATIONS

APPLICANT SELF-SCREENING

The following requirements need to be understood by all candidates for this position. Please answer the following questions.

1. Are you willing to work an irregular shift schedule during your probationary period, where one week you might be on days with Wednesday & Thursday off one week and Monday, Tuesday, Friday & Saturday off the next week, you could then be on the night shift the next rotation?

YES_____ NO_____

2. Are you willing to work a high percentage of weekends, and holidays?

YES_____ NO_____

3. Are you willing to rotate to any of two shifts; days or nights?

YES_____ NO_____

4. Are you willing to accept last minute changes in your work schedule, that might require you to cancel personal plans?

YES_____ NO_____

5. Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally?

YES_____ NO_____

6. Are you willing to take directions from a supervisor in front of your peers?

YES_____ NO_____

7. Because you are working on a 12 hour shift with paid breaks and lunch/dinner periods, there may be times when you are required to forego lunch/dinner and breaks due to understaffing or shift activity. Are you willing to give up breaks, when necessary?

YES _____ NO _____

8. Are you willing to work in an environment with small windows, little ventilation, and temperatures that might be too cool or too hot for your personal comfort?

YES _____ NO _____

9. Are you willing to be at a workstation that restricts your movements to a 6-foot radius, except for your break and/or lunch/dinner periods during a 12 hour shift?

YES _____ NO _____

10. Are you willing to learn all functions of the job-complaint taking (answering questions, processing calls from citizens), law enforcement, ambulance, and fire dispatching(which requires receiving and transmitting messages over a radio frequency)?

YES _____ NO _____

11. Are you willing to read and study several hundred pages of manuals, complete compensated homework assignments, fill in study guides, take written tests, attend mandatory training classes out of town or in town during your training period?

YES _____ NO _____

12. Are you able to comprehend that when you process a call incorrectly, that it could contribute to someone's property being lost or damaged; or someone being seriously injured or dying?

YES _____ NO _____

13. Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally?

YES _____ NO _____

14. This job requires you to copy information as it is being received, enter the information into the Computer Aided Dispatch System, simultaneously digest what you heard and respond immediately. Is this something you would be able to do?

YES _____ NO _____

15. Are you willing and able to deal calmly with angry people when the problem is not your fault?

YES _____ NO _____

16. Are you willing to deal with a crisis call, where a child might have died, an officer injured, a woman assaulted, and set it aside and continue to calmly deal with an irate citizen complaining of a barking dog?

YES _____ NO _____

17. If you smoke or use other tobacco products, are you willing to go without these products for an entire shift if necessary, or use them only during scheduled breaks or lunch/dinner periods?

YES _____ NO _____

18. Are you willing to work under constant electronic surveillance that records all telephone and radio messages?

YES _____ NO _____

19. Do you realize that 911 is a customer service orientated profession and that rudeness, cruelty, or an "I don't care; you're bothering me" attitude will not be tolerated and would most likely result in termination?

YES _____ NO _____

20. Are you willing to be loyal and put the department's best interest first at all times, even when you might not agree with what is being done?

YES _____ NO _____

21. Are you willing to work overtime (at times with very little notice)?

YES _____ NO _____

IF YOU ANSWERED NO TO ANY OF THE ABOVE QUESTIONS, PLEASE RE-CONSIDER APPLYING FOR THIS POSITION.

APPLICANT SIGNATURE

DATE