



Larry D. Newell
Director

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Applicant,

The employment packet you are picking up is for the position of Marshall County Communications 911 Telecommunicator. The MCC911 application and resume, including references, **MUST BE** returned to the Marshall County Communication 911 Center March 24th, 2017 by 4:00 P.M. by either hand delivered or by the United Post Office. If mailed they must be post marked by March 24th, 2017 at 4:00 P.M. The applications, resumes and other documents that are submitted must be received in a 9 ½ by 11 inch or larger envelope.

All applications should be sent to or hand delivered to:

MARSHALL COUNTY COMMUNICATIONS 911
TELECOMMUNICATOR POSITION
601 SEVENTH STREET, SUITE 2
MOUNDSVILLE, WV 26041

No address or name is to be marked on the envelope. If any applications are returned other than what is noted above [i.e.: folded, damaged, or name/and or address listed] these applications will not be considered for review.

On your application and resume where you are listing personal information, your social security number, and driver's license number [place this number at the front page top right-hand side of the application] is needed for criminal justice background checks per West Virginia Code for 911 Telecommunicator. If you do not want a criminal justice background check a letter explaining why must accompany this application. A set of fingerprint cards will be required when scheduled for the pre-hiring testing. Location of fingerprinting will be determined by the 911 Director.

An attachment has been enclosed that must be completed and returned with any application and resume. Failure to complete said documents will remove application/resume from consideration.

Additional documents [copies can be submitted] required for consideration:

Birth Certificate [hospital certificate unacceptable]

High School Diploma/GED

Military Form DD214 [if served]

Failure to submit the first two forms will remove your application/resume from consideration.

A listing of all employers by chronological order is required. If there is a break between employers then those times need to be listed and explained.

The Marshall County Communications 911 Center will be hiring Telecommunicator positions. The applications received will be maintained for six [6] months from March 24, 2017, the closing date. The listing will be terminated prior to the six [6] months based upon information from the Director of 911 and approval of the Marshall County Commission. If there are any additional hiring's during the six [6] months these will be reviewed for possible selection.

The salary for the current position is \$25,000.00 in the 2016/2017 budget. The position is a full time, minimum 40 hour work schedule with a rotating schedule. There is also the possibility of overtime and emergency call out at any time. The applicant will be expected to cover any overtime/call out situations when notified. The applicant will have the understanding that this Telecommunicator position is the **PRIMARY JOB** of any other jobs the applicant has or other commitments they have undertaken.

At this time the position does have a full county benefit package. Medical, dental, eye, and prescription plans. Extra packages are available to the employee at the employee's personal expense. Vacation package is included and the County Commission assigns the holiday package based on the Federal, State and local events.

The Telecommunicator position carries a **ONE YEAR PROBATION** status that includes adherence to policy/procedures, mandatory training and in house training with supervision. The Telecommunicator must attend all mandatory training classes and pass said training to maintain employment.

DUTIES: The following are some, but not limited to the duties of the position of Telecommunicator:

[1] Must be able to handle multi-phone calls, both those of emergency and non-emergency nature.

[2] Must be able to handle multi-radio frequency/channels at one time, both those of emergency and non-emergency nature.

[3] Must be able to file reports, events, and other paperwork in both alphabetical and numerical systems.

[4] Should have a basic understanding of total computer design and its operation.

[5] Needs a strong understanding of the English spelling and language and be able to adapt to the agencies technical and abbreviated language.

[6] Must be able to handle the general public and multi-agencies on a daily basis in a professional and courteous manner, no matter what the general public or associated agency may do, say, or personally feel about the Telecommunicator.

[7] Must be able to read, follow, and understand the guidelines for duties set up by the Marshall County Communications 911 Center.

Your application will be kept on file under the following:

[1] Six [6] months from March 24, 2017 of closing of applications.

[2] The current list of qualified applicants is exhausted

[3] The Marshall County Commission terminates the listing due to information received from the Marshall County Communications 911 Director.

Thank you for applying for the position of Telecommunicator with the Marshall County Communications 911 Center.

March 3, 2017

To Whom It May Concern:

I, _____, give permission to the Marshall County Communications 911 Center to contact my present and prior employers to conduct/complete their background investigation of me as part of my application for employment with the Marshall County Communications 911 Center.

Respectfully,

[PRINTED NAME]

[SIGNATURE]

[DATE SIGNED]

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME: LAST _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
 IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant _____

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED: Yes No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER