



Larry D. Newell
Director

P.O. Box 955
Moundsville, WV 26041
Phone: 304-845-1920
ADM Fax: 304-843-1131

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 April 16, 2018 by 4:00 P.M. by either hand delivered or by the United Post Office. If mailed they must be post marked by April 16, 2018 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 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.

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

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

| | | | | |
|---|---|--------|------------------------|------|
| | | | | DATE |
| NAME | | | SOCIAL SECURITY NUMBER | |
| LAST | FIRST | MIDDLE | | |
| PRESENT ADDRESS | | | | |
| STREET | | CITY | STATE | ZIP |
| PERMANENT ADDRESS | | | | |
| STREET | | CITY | STATE | ZIP |
| PHONE NO. | ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes <input type="checkbox"/> _____ No <input type="checkbox"/> _____ | | | | |

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.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER



Larry D. Newell
Director

P.O. Box 955
Moundsville, WV 26041
Phone: 304-845-1920
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April 1, 2018

To Whom It May Concern:

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

Respectfully,

[PRINTED NAME]

[SIGNATURE]

[DATE SIGNED]