

**EMPLOYMENT APPLICATION**  
**MULTI AGENCY COMMUNICATIONS CENTER**  
**208 SOUTH HAMILTON ROAD**  
**MOSES LAKE, WA 98837**  
**PHONE: (509) 762-1901 FAX: (509)762-8875**  
**EMAIL MACC@MACC911.ORG**  
**PLEASE TYPE OR PRINT LEGIBLY IN INK.**

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THE MULTI AGENCY COMMUNICATIONS CENTER (MACC) IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF SEX, SEXUAL ORIENTATION, GENDER IDENTITY, COLOR, RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, VETERAN, OR MILITARY STATUS, CITIZENSHIP STATUS, OR ANY OTHER PROTECTED GROUP STATUS.

NAME _____		SOCIAL SECURITY NO. _____		
LAST	FIRST	MI		
ADDRESS: _____				
STREET NUMBER	CITY	STATE	ZIP	
PHONE: _____		CELL PHONE _____		
MESSAGE PHONE _____		EMAIL ADDRESS _____		

**EDUCATION AND TRAINING**

Have you graduated from High School or pass the GED Test? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School	Address	Major	Length of Attendance	Degree
High School				
College				
Graduate School				
Vocational				
Military Training				

LIST PREVIOUS RESIDENCES: Addresses where you have lived for the past ten years. Account for all time with most recent address first. Do not list present address.

From To Address (Including City/State)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A CRIME WITHIN THE LAST SEVEN (7) YEARS? IF YES, PLEASE STATE THE NATURE OF THE CRIME, DATE, COURT DISPOSITION AND ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER. A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List ***ALL*** previous employers for whom you have worked for the past ten (10) years starting with the present or most recent employment first. If you feel that your work experience beyond ten (10) years is important, please include it. Include any period of self-employment and U.S. Military service. Additional pages may be used.

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
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Avg. Hours Worked Each Week		Begin & End Salary:	

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Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Have you ever been discharged or asked to resign from any position? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give complete details (date, place, reason, name and address of supervisor)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES: List names and addresses of three reliable persons, other than relatives or past employers, who know you well enough to give information about you.

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

**Read the Job Description.** Can you perform the essential function of this job with or without reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe specialized equipment or software that you have used that would be useful as a 9-1-1 Telecommunicator (Dispatcher) such as Enhanced 9-1-1 telephone equipment, CAD system, please use additional pages if necessary.

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How did you hear about the job? \_\_\_\_\_

I certify that all my statements in this application are true and correct. I understand and agree that any misrepresentation or omission by me in this application will result in cancellation of my application or termination of employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

Please mail completed application and Worksource successful test results to:

MULTI AGENCY COMMUNICATIONS CENTER  
208 S. Hamilton Road  
MOSES LAKE, WA 98837

**MULTI AGENCY COMMUNICATIONS CENTER  
SUPPLEMENTAL QUESTIONNAIRE**

NAME OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

The effectiveness of the Multi Agency Communications Center hinges on the quality of the personnel it employs and the level of public trust in those personnel. The 9-1-1 Telecommunicator's work is a personal service of the highest order requiring dedication and professionalism in those individuals who are employed in this career field. Mistakes in judgment could cause irreparable harm to the citizens and the law enforcement, fire and medical response personnel they serve.

In an effort to assist you and the Multi Agency Communications Center in determining whether or not you meet the standards for the 9-1-1 Telecommunicator position, the following questions are asked.

1. Are you willing to be assigned to shift work which includes day, swing and graveyard on a rotation basis? \_\_\_\_\_
2. Are you willing to work weekend, holidays and overtime? \_\_\_\_\_
3. Are you willing to accept that you will not be permitted to leave the communications facility during your shift except in an emergency? \_\_\_\_\_
4. Are you willing to occasionally perform required work outside the job description? \_\_\_\_\_
5. Will you consent to a psychological test? \_\_\_\_\_
6. Are you willing to agree that the integrity of the information in the 911 center is vital and any breach of confidentiality will result in disciplinary action up to and including dismissal? \_\_\_\_\_
7. Would you consent to a polygraph test? \_\_\_\_\_
8. Do you consent to a drug test? \_\_\_\_\_
9. Do you consent to being fingerprinted? \_\_\_\_\_
10. Do you consent to a hearing test? \_\_\_\_\_
11. Are you willing to work in the high stress, fast paced environment of an emergency communications 911 center? \_\_\_\_\_
12. Are you able to deal with members of the public who may be confused, drunk, ill, or argumentative? \_\_\_\_\_
13. Are you willing to work in a disciplined environment and carry out orders even if you do not agree with them? \_\_\_\_\_

14. Are you willing to take instructions and abide by the policies, procedures, rules and regulations of the communications facility?\_\_\_\_\_
15. Are you willing to participate in training in order to learn and develop the techniques and skills required of a 911 Telecommunicator?\_\_\_\_\_
16. Do you have a phone at your place of residence?\_\_\_\_\_ or a cell phone?\_\_\_\_\_If no, would you be willing to get a phone or carry a pager at your expense?\_\_\_\_\_
17. Do you have experience operating a computer?\_\_\_\_\_What software programs are you skilled in using?\_\_\_\_\_
18. Are you bilingual and if so, in what language and proficiency?\_\_\_\_\_
19. If you smoke, are you willing to smoke in only those areas that are designated for that purpose outside of the communications facility?\_\_\_\_\_
20. Are you willing to accept the responsibility of making a decision that could affect the lives of others know that a mistake in judgment could cause irreparable harm?\_\_\_\_\_
21. Have you listed all previous employment in the past ten (10) years?\_\_\_\_\_
22. Do you understand that deliberate omissions or deliberate misrepresentation of information on this application are grounds for rejection of your applications?\_\_\_\_\_
23. Have you ever been fired from any position?\_\_\_\_\_

I certify that all my statements in this application are true and correct. I understand and agree that any misrepresentation or omission by me in this application will result in cancellation and rejection of my application or termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT ACKNOWLEDGMENT**

**PLEASE SIGN THIS APPLICATION AFTER CAREFULLY READING THE FOLLOWING:**

CERTIFICATION TO WORK IN THE UNITED STATES:

I understand that as a condition of my employment, I must provide documentation to prove identity and eligibility to work in the United States by presenting any of the several documents as defined in I.N.S. Regulation 8 C.F.R. §274a.2(b)(1)(v). A complete list of all possible documents for proving eligibility to work is available in the Director's office.

ACCURACY OF INFORMATION:

I represent that I have carefully reviewed this application and have taken all the time necessary to provide full, complete, and accurate responses. I acknowledge that the employer will rely on the information I provided on this application. I further represent the information I have provided contains no errors, omissions, misrepresentations or anything that could be construed as misleading. I understand that, if employed, any errors, omissions, or misleading statements that I provided on this application will be grounds for termination.

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

Print Applicant Name: \_\_\_\_\_



**MULTI AGENCY COMMUNICATIONS CENTER  
208 South Hamilton Road  
MOSES LAKE, WA 98837**

**RELEASE FORM FOR APPLICANTS**

I certify that the information given by me to the Multi Agency Communications Center is true and complete to the best of my knowledge. I understand that, if employed, false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with the Multi Agency Communications Center's interest, nor will I become engaged in such activity or business if employed.

I authorize the Multi Agency Communications Center to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references. I realize that the Multi Agency Communications Center will not release information provided to them to any person, including myself. I agree to hold the Multi Agency Communications Center harmless from and against all claims, losses and expenses, including reasonable attorney fees, arising out of the use or disclosure of any information obtained from sources as a result of this Authorization for Release of Information.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release the Multi Agency Communications Center from any liability for future references it may provide regarding my work history at the Multi Agency Communications Center.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either the Multi Agency Communications Center or myself. I understand that no representative of the Multi Agency Communications Center, other than the Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if the Multi Agency Communications Center advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any of the Multi Agency Communications Center's property, the Multi Agency Communications Center is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

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Applicant Signature

Date

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Date of Birth  
For Background Investigation Purposes

Social Security Number

Do You Have a Valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Expiration Date \_\_\_\_\_ License  
Number \_\_\_\_\_ State \_\_\_\_\_