

Employment Application

Multi Agency Communications Center
208 South Hamilton Road
Moses Lake, WA 98837
Phone: (509) 762-1901
Email: macc@macc911.org

Position Applied For: _____ Date: _____

The Multi Agency Communications Center provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, marital status, pregnancy and/or maternity, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Name _____			
Last	First	MI	
Address: _____			
	City	State	Zip
Phone: _____		Cell Phone _____	
Email Address _____			

Education and Training

Have you graduated from High School or passed 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? 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.

Previous Employers List all 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			

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Have you ever been discharged or asked to resign from any position? Yes_____ No_____

If yes, give complete details (date, place, reason, name and contact info 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_____

Email Address_____

Telephone Number_____How long known:_____

Name_____Occupation_____

Email Address_____

Telephone Number_____How long known:_____

Name_____Occupation_____

Email 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 911 Dispatcher such as Enhanced 911 telephone equipment, CAD system, please use additional pages if necessary.

How did you hear about the job?_____

Supplemental Questionnaire

MACC Mission Statement:

We have been given a sacred trust to provide the very best level of service to the citizens of Grant County and our Public Safety Partners.

By answering 9-1-1 and non-emergency calls in a prompt, efficient, and professional manner and dispatching the appropriate response, we help save lives, protect property, and assist citizens in their time of need.

Safety is our first priority, integrity is our commitment.

These Values We Believe.

In an effort to assist you and the Multi Agency Communications Center in determining whether or not you meet the standards for the 911 Dispatcher position, please answer the following questions;

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 dispatch center during your shift except in an emergency?_____
4. Are you willing to occasionally perform required work outside the job description?_____
5. Are you willing to consent to a psychological, polygraph, drug and hearing test?_____
6. Are you willing to maintain strict of confidentiality with sensitive information?_____
7. Are you willing to be fingerprinted?_____
8. Are you willing to work in the high stress, fast paced environment of an emergency communications 911 center?_____
9. Are willing able to assist members of the public who may be confused or argumentative?_____
10. Are you willing to take instructions and abide by the policies, procedures, rules and regulations of the communications facility?_____
11. Are you willing to participate in training in order to learn and develop the techniques and skills required of a 911 Dispatcher?
12. 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?_____

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 Financial Managers office.

Accuracy of information:

I represent that I have carefully reviewed this application packet 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: _____

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.

Applicant Signature _____ Date _____

Date of Birth _____ Social Security Number _____
Required for Background Investigation Purposes

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

Expiration Date _____ License Number _____
State _____