

SHELBY COUNTY SHERIFF DEPARTMENT



**COMMUNICATION OFFICER
APPLICATION**

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POSITION: Communication Officer
DEPARTMENT: Shelby County Sheriff Department
DIVISION: Radio
JOB CATEGORY: Civilian

STATUS: Full-Time
DATE WRITTEN: June 1995

FLSA STATUS:
DATE REVISED:

Incumbent serves as Communication Officer for the Radio Division of the Shelby County Sheriff Department, responsible for monitoring all incoming emergency calls and dispatching information to appropriate response units.

DUTIES:

Receives all emergency related calls, gathers maximum amount of information in minimum amount of time, determines appropriate response and dispatches department officers and other emergency personnel accordingly.

Receives all incoming information related calls, determines nature of call, responds to inquiries, routes caller to appropriate person and/or takes messages.

Monitors radio frequency activities of various other law enforcement and public safety agencies within the county and surrounding counties. Notifies and/or dispatches local emergency personnel as necessary.

Regularly communicates with field units, assessing the units safety and need for backup, dispatches backup units and other emergency personnel as necessary.

Receives and transmits computer teletypes pertaining to, but not limited to, criminal histories, drivers license, vehicle registration, gun permits, runaways, missing persons, and stolen property.

Receives disburses local record checks and limited criminal histories to appropriate agencies.

Enters and maintains accurate computer records and logs all of warrants served and recalled, and appropriately files original copy of warrant. Periodically assists officers attempting to serve warrants by making telephone calls and tracking down individuals.

Verifies, enters, and maintains accurate IDACS/NCIC information for County and other law enforcement agencies.

Maintains complete and accurate log of all radio traffic calls and enters into in-house computer; maintains complete and accurate log of all complaints, assigns a case number, follows up on disposition of call and enters information into in-house computer.

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Maintains a log of all vehicles tagged with 72-hour sticker and all vehicles towed; dispatches wreckers as per officer request.

Notifies appropriate officials and new media of impending emergency situations including weather, road, bridge, and school closings and disasters. Assists in arranging for road blocks and evacuation of citizens as situations demand.

Notifies by telephone perspective jurors in Shelby County of impending jury duty, appraises jurors of date, time, and place to report.

Assists officer in making arrangements for juveniles through the Youth Shelter and maintains accurate records and documents of runaways within the County.

Regularly tests and activities all weather monitors and sirens in event of an emergency.

Operates and maintains telephone tape recording systems that automatically records all incoming calls.

Attends regular staff meetings; periodically attends prescribed training programs for certification in specialized law enforcement areas.

Assists with the training of new personnel.

Occasionally may assist at front desk with the collection of traffic fines for the courts.

Performs related duties as assigned.

I. JOB REQUIREMENTS AND DIFFICULTY OF WORK:

Through knowledge of and ability to make practical application of the customary practices, procedures, rules and regulations of the department, and ability to take authoritative action as situations demand.

Ability to be certified in the use of IDACS/NCIC computer systems, plus be re-certified on IDACS/NCIC every two years.

Ability to meet all department firing and retention requirements, including incumbent not posing a direct threat to the health and safety of other individuals in the work place.

Practical knowledge of area law enforcement, EMS, and fire demands; and ability to effectively perform the essential duties of the position.

All dispatchers must be emergency medical dispatch (EMD) certified.

An EMD operator will be CPR certified and keep the certification updated every year.

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An EMD operator must complete 24 hours of continuing dispatch education.

Approved Categories:

1. Protocol review of MPDS, especially of college or fellows updated. Max 4 credit hours.
2. Work shops and seminars related to EMS, preferably to the required skills of an EMD: I.E. airway management, review of essential telecommunication skills, telephone scenarios, medical-legal issues, computer-aided dispatch, stress reduction, refreshers courses, etc. Max 16 credit hours (8 per year)
3. Local planning/management meetings, including general organization for disaster, mass casualty, and haz-mat. Max 8 credit hours (4 per year)
4. Quality assurances case review, planning and analysis of issues or findings identified by dispatch Q. A. theoretically or in practice. Max 8 hours (4 per year)
5. Audio visuals (films, videotapes, etc.) which illustrate and review proper emergency care and EMD procedures, titles are restricted to those that are EMS, preferably EMD related, and should be written on the application. Max 4 credit hours (2 per year)
6. Teaching the general public any topic within the scope of basic EMD/EMS relations. Synopsis of subjects taught should be included with application. Max 4 credit hours (2 per year)
7. This can include on-duty work experience as an EMD, EMT Paramedic, etc. Max 4 credit hours (2 per year)

An EMD must maintain a current certification with the academy. every 2 years by successfully completing the academy "open book" 30 question correspondence re-certification exam with a score of at least 80%/

Ability to effectively listen, comprehend, communicate with the public, other officials, and agencies during varied emergency situations.

Ability to effectively receive and dispatch calls requiring emergency and informational assistance. Ability to condense large amounts of information into coherent typed remarks, and to use and understand a variety of acronyms and codes.

Knowledge of and ability to read maps, use emergency code terminology and clearly and calmly respond during stressful situations.

Ability to type with speed and accuracy and effectively use all equipment, including radio console, IDACS computer, department computer, typewriter, fax machine, Enhanced 911 system, Zetron system for hearing impaired, and in-house intercom phone.

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Pronunciation and knowledge of standard English grammar, spelling, punctuation, and to appropriately receive, maintain, and log all radio traffic information. Ability to maintain confidentiality of department information and reports.

Ability to establish priorities and accomplish multiple tasks in a limited time.

Ability to work irregular and/or extended hours as directed or required.

II. RESPONSIBILITY:

Incumbent performs a wide variety of communication duties according to established departmental policies and police procedures, making independent decisions and taking authoritative actions in response to situational demands. Errors in decision or work are detected through resulting adverse effects, and may lead to loss of life to co-workers or public, and/or have detrimental effects upon department inconvenience to members of the public.

III. PERSONAL WORK RELATIONSHIPS:

Incumbent maintains frequent contact with County police officers, representatives of other law enforcement and public safety departments and agencies, and members of the public for a variety of purposes, including coordination and direction of police communication activities, enforcement of applicable laws, and public safety. Incumbent engages in non-routine contact with callers requesting emergency assistance in situations that may jeopardize public safety.

Incumbent reports directly to the IDACS coordinator.

IV. PHYSICAL EFFORT AND WORK ENVIRONMENT:

Incumbent performs duties in Central Control, which is a secure observation area of the jail. Incumbent is required to walk, climb stairs and open and close heavy doors during the emergency evacuation of the jail. Incumbent is frequently exposed to stressful situations associated with emergency requests for assistance. Incumbent performs duties in restricted seated position, with little opportunity for breaks during shift.

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Shelby County Sheriff Department Employment Application

The Shelby County Sheriff Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, political affiliation, or on the basis of age against individuals whose age is between 40 and 70, except when age, sex or physical requirement constitute a bona fide occupational qualification necessary to proper and efficient administration, or for the health, safety and welfare of the applicant and others, or as provided by law. No question on this application is intended to secure information to be used for such discrimination.

The Shelby County Sheriff Department, pursuant to and in accordance with the Americans with Disabilities Act ("ADA"), specifically Title I of the "ADA", shall not discriminate against a qualified individual with a disability because of the disability in regard to job application procedures, the hiring, advancement or discharge of employees, employee compensation, job training and other terms, conditions and privileges of employment. Additionally, no qualified individual with a disability may, on the basis of disability, be subjected to discrimination in employment under any service, program or activity conducted by the Shelby County Sheriff Department.

This application must be completed by the applicant only; however, the applicant may request any needed accommodation to participate in the applicant process unless such accommodation causes undue hardship to the Shelby County Sheriff Department. Print legibly in blue or black ink or type neatly, accurately, and thoroughly. Attach supplements if necessary to amplify any information requested. All information will be regarded as confidential. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

The Shelby County Sheriff Department encourages and invites applicants to identify themselves as individuals with disabilities in order for the Department to collect and analyze information for satisfaction of affirmative action requirements, "ADA" requirements and determination of appropriate accommodations for the applicant. No qualified applicant shall be refused employment because of such person's need for an accommodation required under the "ADA", unless such accommodation causes undue hardship to the Shelby County Sheriff Department.

Because of the sensitive and important nature of law enforcement, the Shelby County Sheriff Department must select employees who possess the best physical, mental, moral, and emotional character for the performance of these duties. In order to best ascertain who those individuals are, it is necessary to gather as much information as possible about each applicant which may have bearing on his/her ability to perform the duties required with or without an accommodation. Several questions in this application are designed to give the department a complete background on each applicant. Those particular responses to

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questions marked with an asterisk (*) shall not act as an automatic bar to selection, but will be considered along with attendant facts. No question on this application is intended to secure information to be used for unlawful discrimination.

DO NOT MISSTATE OR OMIT MATERIAL SINCE INFORMATION MADE HEREIN IS SUBJECT TO VERIFICATION TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT

POLICY STATEMENT ON EMPLOYMENT OF EX-OFFENDERS

Consideration for employment of ex-offenders shall be given without regard to race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, political affiliation, or on the basis of age against individuals whose age is between 40 and 70, except when age, sex or physical requirements constitute a bona fide occupation qualification necessary to proper and efficient administration, or for the health, safety and welfare of the applicant and others, or as provided by law. The term "ex-offender" as used herein, refers to anyone convicted of any criminal statute or military offense while in the service.

FELONY CONVICTIONS

Any individual convicted of a felony shall be ineligible for employment by the Shelby County Sheriff Department. A felony is defined by Indiana Law (35-50-2-1) as any offense for which a person may receive more than one (1) year of confinement in a state or federal institution.

EVALUATION

With respect to all other criminal convictions which are not felonies, in each case the department will consider whether the prior criminal conviction or military offense conviction of the applicant will have a bearing on the applicant's job performance or tend to measure job capability. The date and nature of the offense, the requirements of the position which is being applied for, as well as the applicant's other qualifications will be considered.

CONFIDENTIALITY

As a matter of policy, every effort will be made to keep the applicant's criminal record confidential. During the selection and placement process, it will be necessary to inform the appropriate persons participating in the selection process of the applicant's criminal record.

POLICY STATEMENT ON BACKGROUND INVESTIGATIONS

It is the policy of the Shelby County Sheriff Department to recruit qualified individuals for positions in the department. In pursuing this goal, a background investigation of each applicant is conducted with respect to factors that may have a bearing upon the applicant's job performance or tend to measure job capability as a member of the Shelby County Sheriff Department.

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Members of the Department are public servants. Police officers are placed in situations of public trust and must be of high integrity and character. A police officer's job often involves critical and dangerous situations and he/she should not be prone to external pressures that would affect his/her ability to perform the job.

Accordingly, the following items and the circumstances surrounding such items are reviewed:

1. Contents and completeness of employment application.
2. Driver's responsibility (copy of driving summary if furnished by the Indiana Bureau of Motor Vehicles).
3. Former employment.
4. Financial condition.
5. Criminal record of applicant pursuant to "Policy Statement on Employment of Ex-Offenders".
6. Personal character references.
7. Personal history of applicant.

A negative finding on any one of these factors shall not, in and of itself, be reason for an automatic rejection of an applicant. Instead, the circumstances underlying such matters will be considered as they relate to the applicant's ability to perform the job. The date and circumstances surrounding any negative findings in the background investigation, the requirements of the position, as well as the applicant's other qualifications, will be considered.

The background investigation phase of the hiring process shall be based upon objective, factual findings and any required subjective determination shall be in accordance with the aforementioned policy and conducted in such a manner as to not discriminate on the basis of race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, political affiliation, or on the basis of age against individuals whose age is between 40 and 70, except when age, sex or physical requirement constitute a bona fide occupational qualification necessary to proper and efficient administration, or for the health, safety and welfare of the applicant and others, or as provided by law.

**Once completed return pages 5 – 14 of the application to the
Shelby County Sheriff's Department.**

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Date received in Office: _____ Received by: _____

I. PERSONAL HISTORY

A. Name in full- Last, First, Middle _____

B. Social Security Number _____

C. List all other names you have used including nicknames. If female, furnish maiden name. If you have ever used any surname other than your true name, during what period and under what circumstances were those names used? If you have ever legally changed you name, give date, place and court. (This information is being collected to assist the Department in conducting a thorough background investigation.)

D. Birthday (Month/Day/Year) _____

Birth Place (City/State) _____

Attach a copy of your birth certificate to be used to verify your age for statutory requirements and pension purposes.

E. Are you a United States Citizen? _____

F. Driver's License Number _____ State _____

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IV. JOB DATA

A. Position Desired _____

B. Date Available to Begin Work _____

C. Have you ever been employed by the Shelby County Sheriff's Department? If yes, when? _____ What capacity? _____

V. ACADEMIC EDUCATION

Please specify highest grade level attained and attach transcripts from all educational institutions attended. (Information contained in this section will be used only to the extent that it is relevant to the necessary qualifications and the position for which you apply.)

	NAME & ADDRESS OF SCHOOL	MAJOR COURSES OF STUDY	YEARS ATTENDED FROM - TO	DEGREE/DIPLOMA EARNED
HIGH SCHOOL				
VOCATIONAL SCHOOL				
CORRESPOND. SCHOOL				
UNDERGRAD. COLLEGE/UNIV				
PROFESSION/GRADUATE				

Professional/Graduate

VI. ACTIVITIES

Completion of this section is optional. Failure to complete this section will in no way jeopardize your employment opportunities.

A. Social, Fraternal, Professional Organization Memberships- Past and Present

NAME	ADDRESS	TYPE OF ORGANIZATION	DATES OF MEMBERSHIP	OFFICES HELD

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B. HOBBIES AND SPORTS

HOBBY OR SPORT	LENGTH OF PARTICIPATION	LEVEL OF PROFICIENCY

VII. SUBVERSIVE ORGANIZATIONS

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of act of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? Yes _____ No _____

Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? Yes _____ No _____

Are you now associating with, or have you associated with any individual, including relatives, who you know or have reason to believe are or have been members of any organizations of the type described above? Yes _____ No _____

If answering **YES** to any of the questions in this section, attach a fully detailed statement describing the circumstances. If associated with any of these organizations, specify the nature and extent of association with each, including offices held. Also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, list the individuals and the organizations with which they were or are affiliated.

VII. MILITARY RECORD

A. Have you ever served on active duty in the Armed Forces of the U.S.? _____

Branch of Service _____

Dates of Active Duty _____

Military Serial Number _____

Type of Discharge _____

B. Are you currently enlisted in the U.S. Reserve or National Guard? _____

If yes, what is your reserve obligation, unit, and location?

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C. * While in military service were you ever convicted of any offenses? _____

If yes, when? _____

Explanation of Conviction _____

D. * Attach a copy of your DD214

No applicant will be automatically rejected because of a less than honorable discharge (except a dishonorable discharge), but such a discharge will be considered in conjunction with other information. If discharge is less than honorable, explain on a supplement page.

IX. EMPLOYMENT

Beginning with present or most recent employer, list employment history. Include part-time, temporary or seasonal and all periods of unemployment.

NAME & ADDRESS	TYPE OF BUSINESS	DATES OF EMPLOYMENT	JOB TITLE/ DUTIES	FINAL SALARY	REASON FOR LEAVING
	PHONE: _____				
	PHONE: _____				
	PHONE: _____				
	PHONE: _____				

May we contact your present employer? Yes _____ No _____

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X. PERSONAL REFERENCES

List four personal character references.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

XI. SPECIAL SKILLS AND QUALIFICATIONS

List any experiences, skills, or special qualifications which you feel make you especially well suited for work with the Shelby County Sheriff Department. Also list any mechanical skills you possess which are relevant to the job for which you are applying. Attach copies of any pertinent certificates, awards, citations, commendations, etc. which may apply to this sections.

XII. HEALTH RELATED QUESTIONS PERTAINING TO JOB PERFORMANCE

To assist your answering the questions contained in this section, the job description for the position which you are applying for is attached and included here by reference.

A. Base on the attached job description for the position you are applying for, please describe how you will perform such job functions, with or without an accommodation.

B. If your performance of the job you are applying for requires an accommodation, please fully describe what accommodations are needed.

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XIII. MISCELLANEOUS

A. How did you become aware of this position? _____

B. * Have you ever been convicted of a felony? Yes _____ No _____

C. * Have you ever been arrested or detained by a law enforcement agency, including juvenile delinquency and traffic offenses? Yes _____ No _____

D. * Have you ever been fingerprinted for any reason? (Arrest, job application, etc.)
Yes _____ No _____

If **YES** to any of the questions in this section, please attach a supplement listing date, place, and full details including the disposition of each incident.

(Employment of persons with criminal records will be in accordance with the attached Policy Statement of Employment of Ex-Offenders.)

E. Have you ever been involved in an automobile or off road accident?
If **YES** please explain. Yes _____ No _____

DATE	STATE / COUNTY	LOCATION	CIRCUMSTANCES

XIV. VEHICLE OPERATOR'S LICENSE HISTORY

Give the following information concerning any vehicle operator's license you have held or now hold.

TYPE OF LICENSE	STATE OF ISSUE	EXPIRATION DATE	RESTRICTIONS

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APPLICANT: Please read the following statement carefully before signing. If you have any questions regarding the following statement or any questions contained in this application, please ask them of a qualified representative of the Shelby County Sheriff Department before signing.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE DEPARTMENT OF ANY ADDITIONAL INFORMATION RELATING TO QUESTIONS RAISED ON THE APPLICATION WHICH OCCUR SUBSEQUENT TO MY COMPLETION OF THE APPLICATION. I REALIZE THAT MISREPRESENTATION OF FACTS OR THE FAILURE TO DATE ANY INFORMATION RELATING TO QUESTIONS ON THE APPLICATION MAY BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT. FINAL EMPLOYMENT IS CONTINGENT UPON SATISFACTORY COMPLETION OF ALL PRE-EMPLOYMENT PROCEDURES INCLUDING INTERVIEW, EXAMINATIONS, VERIFICATION OF ALL RELEVANT INFORMATION, PHYSICAL EXAMINATION AND ANY APPLICABLE STATUTORY PROVISION, AND THE SHELBY COUNTY SHERIFF DEPARTMENT SHALL PROVIDE THE APPLICANT WITH ALL REASONABLE ACCOMMODATIONS IN THE APPLICATION PROCESS UPON NOTIFICATION AND REQUEST OF SUCH ACCOMMODATIONS REQUIRED BY THE APPLICANT. I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS STATEMENT.

Signature _____ Date _____

STATE OF INDIANA)
) SS:
COUNTY OF SHELBY)

Subscribed and sworn to before me, a Notary Public, in and for said County and State this _____ day of _____, 20 _____.

Notary Public

Printed Name

County of Residence

My Commission expires:
