

## **JOB TITLE: 911 DISPATCHER**

### **Position Summary:**

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Under the general supervision of the Dispatch Supervisor, the 911 Dispatcher performs specialized work in receiving emergency calls for service and dispatching appropriate police, fire, EMS, or Emergency Management agencies to the incident. Using computer aided dispatch systems (CAD) and multi-channel radio/paging consoles, 911 Dispatcher's must act quickly, efficiently, calmly, and accurately to process incoming emergency calls and dispatch and coordinate emergency responder resources. In addition, a 911 Dispatcher is required to know how to read maps and use the CAD mapping system.

Reports to Sheriff, Chief Deputy, Dispatch Supervisor.

### **Essential Functions:**

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- Using multi-line telephones, answers emergency and non-emergency calls for service via landline telephone and wireless devices.
- Processes calls to determine the incident location, nature of the incident, and other information pertinent to the appropriate and safe response to the emergency.
- Questions callers regarding the nature and severity of incidents.
- Queries, enters, modifies, and clears information in local, state, and national computerized databases pertaining to arrest warrants, driver record/history, stolen property, other similar data and transmits relevant information to field units.
- Manages callers; calms and controls callers, communicates with special needs callers, and communications with callers from diverse demographic backgrounds.
- Uses text-telephones to communicate with communications impaired callers.
- Reads maps and uses Geographical Information Systems, printed maps, and other resources to pinpoint the exact location of the incident, the callers, and responders.
- Provides instructions to the caller to render medical aid to the sick and injured until the arrival of EMS.
- Appropriately transfers or routes calls for service in outside jurisdictions to the appropriate PSAP (Public Safety Answering Point).
- Enters information into the computer system to generate calls for service.
- Determines appropriate emergency response jurisdictions.
- Determines appropriate emergency response type.
- Monitors and tracks the status of responders.
- Dispatches the appropriate police, fire, EMS, and Emergency Management agencies using telephones, paging systems, and radio consoles.

# Mountrail County Sheriff's Department

## Application for Employment

**Note to Applicant:** Thank you for your interest in employment with the Mountrail County Sheriff's Department. Mountrail County is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, national origin, age, sex, political beliefs, disability, or status with respect to marriage or public assistance and complies with the provisions of the North Dakota Human Rights Act.

### INSTRUCTIONS

- Please print clearly or type
- Provide detail – do not use "See Resume"
- If accommodation or assistance is needed in completing this application, contact the Mountrail County Sheriff's Department at 701.628.2975
- Follow instructions carefully
- Check for accuracy/errors & signatures before submitting

Submit completed application by mail, email, in person or fax.  
**Mail:** Mountrail County Sheriff's Dept., PO Box 309, Stanley, ND 58784  
**FAX:** 701.628.3975  
**Email:** [NicholeD@co.mountrail.nd.us](mailto:NicholeD@co.mountrail.nd.us)

Position applying for:

How did you learn about this position?

### GENERAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH (MM/DD/YYYY)
PHYSICAL ADDRESS (NUMBER STREET)		
CITY		STATE/ZIP
MAILING ADDRESS (IF DIFFERENT)		CITY/STATE/ZIP
TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS
Have you been previously employed by the County of Mountrail?		Yes      No
Are you related to a member of the Mountrail County Board of Commissioners or County Employee?		Yes      No
If yes, to whom?		
Can you provide proof, <i>if hired</i> , that you are eligible to work in the United States?		Yes      No

### VETERAN'S PREFERENCE

**Veteran Eligibility:** You must be a United States resident and have served in the active military forces during a period of war or received the armed forces expeditionary or other campaign service medal during an emergency condition, and must have been released under other than dishonorable conditions.

Do you claim preference as a:

Veteran	No	Yes – Attach DD-214. Report of Separation.
Disable Veteran	No	Yes – Attach DD-214 & Letter less than 1 year old from Veteran's Admin. Indicating disability
Spouse of Disabled Veteran	No	Yes – Attach copy of marriage certificate, DD-214 & Letter less than 1 year old from Veteran's Administration Indicating disability.
Spouse of Deceased Veteran	No	Yes - Attach copy of marriage certificate, DD-214, & veteran's death certificate.

# Mountrail County Sheriff's Department Application for Employment

## EDUCATION

Did you graduate from High School or receive a GED Certificate?		Yes	No
School Name & Address	Course of Study	Did you Graduate: # of Hours earned per Semester/ Quarter	List Diploma or Degree

## TRAINING/SKILLS

Computer skills, related volunteer experience, and other education/training skills:

## LICENSE OR CERTIFICATION

License/Certification	State	Profession	License/Certification #	Expiration Date

For the DEPUTY position **ONLY**, please provide the following information:

Do you have a current Driver's License?	Yes	No
Have you received any moving violations within the last three years?	Yes	No

If yes, please explain: \_\_\_\_\_

Please indicate valid driver's license(s) held:      A      B      C      D      M

# Mountrail County Sheriff's Department Application for Employment

## DEPUTY POSITION

Are you willing to work nights?	Yes	No
Are you willing to work weekends?	Yes	No
Are you willing to work holidays?	Yes	No
Are you currently licensed as a peace officer?	Yes	No
Have you received any training or do you have any experience in the area of Law Enforcement? If YES, please provide training details and dates:	Yes	No
Have you received medical training (CPR, First Aid, First Responder, etc...)? If YES, please provide training details and dates:	Yes	No
Have you ever pled or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence?	Yes	No

## DISPATCH POSITION

Are you willing to work nights/overnights?	Yes	No
Are you willing to work weekends?	Yes	No
Are you willing to work holidays?	Yes	No
Have you received medical training (CPR, First Aid, First Responder, etc...)? If YES, please provide training details and dates:	Yes	No
Have you ever pled guilty or been found guilty of a felony, including a felony charge that was later dismissed under a deferred imposition of sentence?	Yes	No

## EMPLOYMENT/PROFESSIONAL REFERENCES

Please list as references, three people that have knowledge of you and your qualifications. People must have known you for at least five years.		
Name	Address (include City, State, Zip)	Phone Number (include Home, Work & Cell)

# Mountrail County Sheriff's Department Application for Employment

## EMPLOYMENT HISTORY

Start with your current or last job – include armed forces and self-employment

- Any change of your job title under the same employer should be considered a separate position
- Use a separate sheet of paper for any additional employment history

NAME & ADDRESS OF CURRENT EMPLOYER						
TYPE OF BUSINESS				NAME OF SUPERVISOR		
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
YOUR JOB TITLE				MONTHLY START SALARY		MONTHLY END SALARY
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE?      Yes    No    Not Applicable						
REASON FOR LEAVING OR REASON FOR CONSIDERING LEAVING CURRENT EMPLOYMENT						
NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS				NAME OF SUPERVISOR		
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
JOB TITLE				MONTHLY START SALARY		MONTHLY END SALARY
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?      Yes    No    Not Applicable						
REASON FOR LEAVING						
NAME & ADDRESS OF EMPLOYER						
TYPE OF BUSINESS				NAME OF SUPERVISOR		
TELEPHONE	FULL-TIME	PART-TIME	VOLUNTARY	FROM (MM/YYYY)	TO (MM/YYYY)	
JOB TITLE				MONTHLY START SALARY		MONTHLY END SALARY
YOUR DUTIES AND RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE?      Yes    No    Not Applicable						
REASON FOR LEAVING						



# Mountrail County Sheriff's Department Application for Employment

## Acknowledgement

Initials	Please read carefully and acknowledge with your Initials
	I acknowledge that, if requested, I will undergo drug testing.
	I acknowledge that investigations/inquiries deemed necessary to establish my character, general reputation and work performance history may be conducted.
	I acknowledge that, if hired, I may be required to attend training in other parts of North Dakota for varying lengths of time.
	I acknowledge that, if hired, I may be required to work nights/overnights, weekends and holidays.
	<b>Deputy position ONLY</b> I acknowledge that, if hired, I must pass a health assessment (physical) at a health care provider of my choice.
<p>I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. Any offer of employment I may receive from the Mountrail County Sheriff's Department is contingent upon successful completion of any pre-employment screening process, which might include background and drug screening. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.</p>	
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Date</p>

# **MOUNTRAIL COUNTY, ND**

## **EQUAL EMPLOYMENT OPPORTUNITY FORM**

We invite you to complete the enclosed Equal Employment Opportunity form and return it to our Title VI Coordinator in the enclosed envelope.

This information is kept separate from your application and is used for statistical purposes only.

Submission of this information is completely voluntary and will be kept confidential.

***Nichole Degenstein***

***Mountrail County Title VI Coordinator***

Enclosures



