JOB TITLE: 911 DISPATCHER



Position Summary:

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:

- 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.

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.

CTIONS

° Please print clearly or type

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

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

Position applying for:

Email: NicholeD@co.mountrail.nd.us

How did you loom about	this masisian?				
How did you learn about	this position:				
GENERAL INFORM	MATION				
NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH (MM/DD YYYY)	
PHYSICAL ADDRESS (NUMBER	R STREET)				
CITY			STATE/ZIP		
MAILING ADDRESS (IF DIFFE	RENT)		CITY/STATE	/ZIP	
TELEPHONE NUMBER	ALTERNATE NUMBER	EMAIL AU	DDRESS		
Have you been previously o	employed by the County of Mount	rail?		Yes	No
Are you related to a member	er of the Mountrail County Board	of Commissione	ers or County E		.,
If yes. to whom?				Yes	No
Can you provide proof, if h	ired, that you are eligible to work	in the United St	ates?	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:

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.

or receive a GED Certificate?	Yes No	
Course of Study	Did you Graduate: # of Hours earned per Semester/ Quarter	List Diploma or Degree
		Did you Graduate: # of Hours

LICENSE OR CERTIFICATION

License/Certification	State		Profe	ession	Lie	cense/Certific	ation #	Expiration Date
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For the DEPUTY position ONLY, ple Do you have a current Driver's Licens		tollowin	g informa	ion:		/es	No	
Have you received any moving violation		last three	years?			res	No	
If yes, please explain:								
Please indicate valid driver's license(s	\	A	В	C	D	M		

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 sentence?	was later dismissed u Yes	nder a deferred imposition of	

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 sentence?	that was later dismi	ssed under a deferred impo	sition of

EMPLOYMENT/PROFESSIONAL REFERENCES

Name	Address (include City, State, Zip)	Phone Number (include Home, Work & Cell

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.

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Mountrail County Sheriff's Department Application for Employment EMPLOYMENT HISTORY Continued

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	ledgement
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.
	Deputy position ONLY I acknowledge that, if hired, I must pass a health assessment (physical) at a health care provider of my choice.
application release all receive fr which mi	hat all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that all misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my on or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I l persons, companies, and organizations from liability for providing or receiving such information. Any offer of employment I may om the Mountrail County Sheriff's Department is contingent upon successful completion of any pre-employment screening process, ght include background and drug screening. I further understand that this employment application and other employment related ts are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.
	Applicant Signature Date

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

EQUAL EMPLOYMENT OPPORTUNITY

Mountrail County (2-2012)

Mountrail County is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the County invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatments. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to the summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form <u>will not</u> be part of your application file or included in the documentation provided to the selecting official.

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