

CITY OF TEMPLE TERRACE

Police Communications Officer

Police/Fire Communications (Emergency 911 Dispatch)

The City of Temple Terrace Police Department's Communications Unit is a vital link between citizens requiring police/fire and medical emergency services and the police and fire officers responding to service calls.

It is the City's mission to ensure the public's safety as well as the officers who serve the public by promptly and courteously receiving and recording service requests; dispatching police/fire vehicles as required; monitoring communications; and facilitating field operations through the rapid dissemination of critical information.

When considering a career as a Police Communications Officer, the following standard requirements apply but are not limited to:

- Rotating shift work (including weekends and holidays); the employee must adjust his/her work hours to meet the needs of the Unit.
- Excellent hearing and ability to communicate clearly and effectively.
- Sitting for extended periods and being alert at all times.
- Functioning efficiently during emergencies and under stressful conditions, including managing calls from citizens in crisis and/or life-threatening situations.

Please refer to the City's Police Communications Officer Employment posting and position description for details regarding essential duties, minimum qualifications (knowledge, skills, and abilities), training, certification, experience, and special requirements.

**The City of Temple Terrace is a drug-free workplace.
A pre-employment drug screen, criminal history background investigation, and
a driver's license verification will be conducted.**

**EQUAL OPPORTUNITY EMPLOYER
VETERAN'S PREFERENCE EMPLOYER**

Police Communications Officer • Application Process

- 1) Application is completed by applicant and submitted to Human Resources.
- 2) Application is forwarded to Police Communications Supervisor.
- 3) Applicant is scheduled for testing. The applicant is tested for ability to cross-reference and summarize information, and compare characters such as letters and numbers, short-term memory recall, prioritizing, spelling, map-reading, decision-making, and data entry skills). Applicant must pass with an overall score of 80% and attain a KPH (Keystroke per Hour) score of 3500 or higher.
- 4) Applicant who passes the testing will receive a secondary in-house application. The applicant will have two weeks from the time the secondary application is received to complete and obtain all required documents.
- 5) A successful applicant will be scheduled to meet with an Oral Review Board comprised of Police, Fire, and Communications personnel.
- 6) Upon completion, the applicant is placed on the hiring list until a vacancy occurs, at which time a thorough background check, including a polygraph examination and drug/vision/hearing tests will be conducted.
- 7) During the final application review process, consideration for previous experience is given to veterans; former police/fire, communications (current or former) and medical personnel such as Paramedics, EMTs, RNs, LPNs, etc.; and City of Temple Terrace employees.

Point Scale (for previous experience):

Communications personnel	15%
Police/Fire personnel	10%
Veterans	10%
Medical background	10%
City of Temple Terrace employees	5%

PLEASE RETAIN FOR YOUR RECORDS.



**APPLICATION FOR EMPLOYMENT
POLICE DEPARTMENT
COMMUNICATIONS OFFICER
CITY OF TEMPLE TERRACE**
11250 North 56th Street
Temple Terrace, FL 33617
Phone (813) 506-6430 www.templeterrace.com

FOR OFFICE USE ONLY

Date Received _____

Date Returned _____

Position _____	Position # _____	Date _____
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PERSONAL INFORMATION

NAME _____ DRIVER LICENSE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # (____) _____

DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____ EYES _____ HAIR _____

*PASSPORT TYPE
PHOTO

*TAKEN WITHIN LAST
SIX MONTHS

MINIMUM SIZE 1.5" X 1.5"

REQUIRED ATTACHMENTS (Photo Copies, if Applicable)

- Birth Certificate
- High School Diploma/G.E.D.
- College Diploma
- Military Discharge Papers
- Copy of Driver's License

Other _____

THIS SECTION FOR DEPARTMENT USE ONLY

Oral Interview Date _____ Application Received _____

Physical Date _____ Acknowledged _____

Reviewed _____

Other _____

_____ Applicant Interviewed _____

Date

REMARKS: _____

1. List all jobs you have held in the last 10 years. Put your present or most recent job first. Include Military Service, Temporary, or part-time jobs in the proper time sequence. Use an additional sheet if necessary.

DATES		COMPANY & ADDRESS	WORK PERFORMED	SALARY	REASON FOR LEAVING
From				Begin	
To				End	
	Phone #				
	Supervisor				
From				Begin	
To				End	
	Phone #				
	Supervisor				
From				Begin	
To				End	
	Phone #				
	Supervisor				
From				Begin	
To				End	
	Phone #				
	Supervisor				

2. Are you willing to have your present employer contacted in reference to your qualifications? Yes No

3. Were you ever discharged or forced to resign because of misconduct or unsatisfactory service? Yes No
If Yes, Explain: _____

4. Number of days missed from work in last year? _____

5. Do you have any relative(s) or members of your household now working for the City of Temple Terrace? Yes No
If Yes, Explain: _____

6. Do you know of anything that would disqualify you for employment, or prevent your full discharge of official duties? Yes No
If Yes, Explain: _____

7. List any other name, nickname or alias you have used or been known by:

8. List addresses for the last five years, current address line 1 (include City, State, Zip)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

9. List below five persons who are not related to you, and who would have knowledge of your qualifications for the position for which you are applying. (Former co-workers, teachers, etc. Do not repeat names of supervisors listed on page 2)

<u>NAME & OCCUPATION</u>	<u>ADDRESS (CITY, STATE, ZIP)</u>	<u>PHONE NUMBER</u>
------------------------------	-----------------------------------	---------------------

- | | | |
|----------|-------|-------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |
| 4) _____ | _____ | _____ |
| 5) _____ | _____ | _____ |

FAMILY HISTORY

10. Place of Birth _____

11. Are you a citizen of the United States? Yes No

12. Dependents:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH PLACE</u>	<u>BIRTH DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Give following information concerning family, (parents, brothers, sisters)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>LIVING ?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION HISTORY

14. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

Date of high school graduation, or equivalent _____

Circle number of College years completed 1 2 3 4

Name of College _____

Graduated ? _____ Date _____ Degree _____ Course _____

Other schools (business, technical, correspondence, etc.) Give names, addresses, course, date completed, degree if applicable).

15. Languages. Specify any language other than English that you read, write, or speak.

MILITARY HISTORY

16. Are you registered for selective service? Yes No

If Yes, give number _____

17. Have you ever served in a military organization ? Yes No

18. Are you now, or were you ever, an active or inactive member of any branch of the United States Reserve Forces? Yes No

19. Are you now, or were you ever, a member of the National Guard? Yes No

If Yes, to questions 17, 18, 19, give details. (Branch, unit, address, highest rank, and dates of service) _____

Method of separation (retirement, type of discharge) and rank at time of separation. _____

GENERAL

20. Have you ever been convicted of an offense against the law, or are you now under charges for any offense against the Law ? Yes No
If Yes, give dates, charges, places, courts and disposition. _____

(NOTE: A conviction does not automatically mean you cannot be appointed. Consideration will be given as to the offense, how long ago and relationship to position for which you are applying.)

21. Have you ever been fingerprinted other than for arrest? Yes No
If Yes, give agency, date and purpose (answers will be verified) _____

22. Do you possess a Driver's or Chauffeur's license ? Yes No
If Yes, give number, state issued, type and expiration date. _____

23. Has your license ever been revoked or suspended? Yes No
If Yes, give details (when, where, why) _____

24. Have you ever been refused an operator's license by any state? Yes No
If Yes, give details _____

25. Have you ever been involved in a motor vehicle accident? Yes No
If Yes, give details (date, location, collision or non-collision, cause, injury or non-injury, and who was legally at fault). _____

26. List any other occupational licenses or certificates you may possess. _____

27. Have you ever used illegal drugs? Yes No
If Yes, give details _____

28. Describe your interest in this department, and state why you are filing this application _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS IN, OR FALSIFICATIONS OF STATEMENTS AND ANSWERS TO QUESTIONS CONTAINED HEREIN. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS AND FALSIFICATIONS, MY APPLICATION WILL BE REJECTED AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITION IN THE SERVICE OF THE CITY OF TEMPLE TERRACE.

I DO HEREBY AGREE TO PERSONALLY ASSUME RESPONSIBILITY FOR ANY DAMAGE, OR INJURY TO MY PERSON OR PROPERTY, WHICH MAY OCCUR DURING, OR AS A RESULT OF MY APPLICATION, IN TESTS CONDUCTED BY THE CITY OF TEMPLE TERRACE, PURSUANT TO THIS APPLICATION.

_____ Date _____ Signature of Applicant

NOTE: IF THIS APPLICATION IS NOT SIGNED IN INK, OR IS INCOMPLETE, IT MAY BE REJECTED WITHOUT FURTHER NOTICE.

*** THE PRE-EMPLOYMENT PHYSICAL WILL INCLUDE DRUG SCREENING.**

I HEREBY AUTHORIZE THE CITY OF TEMPLE TERRACE, FLORIDA, TO MAKE ANY INVESTIGATION THEY DEEM NECESSARY INTO MY PERSONAL BACKGROUND AND EMPLOYMENT RECORD. I AUTHORIZE MY FORMER EMPLOYERS TO RELEASE INFORMATION CONTAINED IN MY PERSONNEL FILE.

_____ Date _____ Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 __, by _____

(name of person acknowledging)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

It is the City's policy to provide equal employment opportunity for all applicants and employees. There shall be no discrimination against any person in recruitment, examination, appointment, training, promotion, retention, or any other personnel action because of political or religious opinions or affiliations or because of race, color, creed, sex, age, or national origin.

Handicapped applicants will be given equal employment consideration for all classifications. Every effort shall be made to employ and retain handicapped persons. No qualified individual with a disability shall, on the basis of the disability, be excluded from participation in or be denied the benefits or the services, programs, activities, or be subjected to discrimination. Any complaints should be submitted in writing to the Human Resources Director.

PLEASE READ THE FOLLOWING STATEMENTS PRIOR TO SIGNING THIS APPLICATION.

If this application is incomplete or is not signed in ink, it will be rejected without further notice.

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CERTIFICATION, AUTHORIZATION, AND SIGNATURE

I certify that answers given herein are true and complete and I authorize investigation of all statements contained herein. If I am employed, I will abide by all City rules and regulations and understand that FALSE OR MISLEADING information given herein or during my interview(s) will result in immediate discharge.

I have read and understand the conditions of employment stated above.

SIGNATURE

DATE