

SOUTHERN IDAHO REGIONAL COMMUNICATIONS CENTER

EMPLOYMENT DISQUALIFIERS

The following list of actions or behaviors may result in an applicant being disqualified from consideration for employment. This is not intended to be an all inclusive list of employment disqualifiers. Other factors that are not listed may also result in a candidate being disqualified from consideration for employment. Please answer yes or no to the following questions.

	YES	NO
Have you ever failed to meet the minimum duty requirements of your previous jobs?		
Do you have a history of disciplinary problems on the job?		
Were you terminated from your most recent employment?		
Do you have a history of job terminations?		
Have you changed jobs more than three (3) times within the previous year?		
Do you have a history of not meeting financial obligations?		
Have you filed bankruptcy within two (2) years prior to this application?		
Have you received five (5) or more moving traffic offenses within the past three (3) years?		
Have you used marijuana or similar drugs within the past year?		
Have you received any type of discharge from the United States Armed Forces or its components other than honorable?		
Has your driver's license been suspended within the past two (2) years?		
Have you been convicted of driving under the influence within the past two (2) years?		
Have you been convicted for any other misdemeanor within the past two (2) years?		
<p>By my signature below, I acknowledge that I have read and understand the employment disqualifiers listed above and that my answers are truthful. I also understand my answers will be verified through a polygraph examination and a background investigation prior to employment.</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center; width: 45%;"> <p>_____</p> <p>Signature</p> </div> <div style="text-align: center; width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>		
The following list of actions or behaviors ELIMINATE an applicant from consideration for employment by this public safety agency.	YES	NO
Do you have any history of behavior involving dishonest, unprofessional, unethical or immoral conduct which may effect your ability to perform the duties required in the emergency services communications profession?		
Have you abused prescription drugs within the past five (5) years?		
Have you used cocaine, methamphetamine, or similar drugs within the past five (5) years?		
Have you EVER used heroine, crack cocaine, LSD, PCP, or similar drugs?		
Have you EVER been arrested and convicted of domestic violence?		
Have you EVER been convicted of any misdemeanor sex crime, crime of deceit, or drug offense within the past five (5) years?		
Have you EVER been involved in the commission of a felony, regardless of arrest or conviction? Examples include, but are not limited to, murder, attempted murder, rape, robbery, and aggravated assault.		
Have you EVER been convicted of a felony?		

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EMERGENCY SERVICES DISPATCHER APPLICATION

Please complete this application accurately, legibly, and completely leaving no question unanswered. A resume may be attached as supplemental information only but will not be accepted in lieu of completing the required employment history.

PERSONAL INFORMATION

Name (Last, First, Middle)	Home Telephone Number
Address	Cellular Telephone Number
City/State/ZIP	E-mail Address
Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you at least 19 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number and State Issued:	When are you available for employment?
Are you willing to work all hours of the day/night, all days of the week, holidays, and assigned overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a criminal offense? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain:	

EDUCATION

	Years Completed	Field of Study	Graduate or Degree
High School or GED			
College/University			
Business/Technical			
Other			

EMPLOYMENT HISTORY

Name of Organization/Company (include telephone number with area code and address):	Dates Employed (MO/YR) From:
	To:
Position(s) Held:	Rate of Pay Starting:
	Ending:
Direct Supervisor's Name/Title:	Out of Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Specific Job Duties:	
Give Specific Reason For Leaving:	

Name of Organization/Company (include telephone number with area code and address):	Dates Employed (MO/YR) From: To:
Position(s) Held:	Rate of Pay Starting: Ending:
Direct Supervisor's Name/Title:	Out of Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Specific Job Duties:	
Give Specific Reason For Leaving:	

Name of Organization/Company (include telephone number with area code and address):	Dates Employed (MO/YR) From: To:
Position(s) Held:	Rate of Pay Starting: Ending:
Direct Supervisor's Name/Title:	Out of Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Specific Job Duties:	
Give Specific Reason For Leaving:	

Name of Organization/Company (include telephone number with area code and address):	Dates Employed (MO/YR) From: To:
Position(s) Held:	Rate of Pay Starting: Ending:
Direct Supervisor's Name/Title:	Out of Business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe Specific Job Duties:	
Give Specific Reason For Leaving:	

WRITING EXERCISE

In the space provided below, respond to the following questions. You will be evaluated on your ability to communicate effectively in writing. One sentence answers are NOT considered responsive or adequate for a proper evaluation. Please attach supplementary sheets if you require more space to elaborate your response.

1. Describe your work principles.

2. Out of all of the jobs you have held, which one did you like least in terms of the nature of the work and why?

3. Describe a critical skill in public safety that you possess.

4. How would you deal with people who take their anger out on you due to their fear or frustration?

APPLICANT: Please read the following carefully. After you have read, understand its meaning and wish to continue your request for employment, sign and date in the space provided and return to SIRCOMM.

Would you take a physical examination (including but not limited to urine, blood or other examination) for evidence of drug or other illegal chemical use? YES NO

This employment application is used to notify me that the nature and scope of the background investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, criminal convictions if any, credit history, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

The Southern Idaho Regional Communications Center reserves the right to require applicants or employees to take drug tests of our choice to determine fitness for duty, including, but not limited to urine, blood or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with SIRCOMM policy. As a condition of my being employed, I agree to take such drug tests as required, including but not limited to urine, blood or other examinations for evidence of drug or other illegal substance use at a medical or testing facility selected by SIRCOMM. I am not guaranteed a position of employment, and should I begin working for SIRCOMM before the test results are returned to SIRCOMM by the medical testing laboratory, then my employment will only be temporary and is conditioned upon the test result being acceptable to SIRCOMM. I waive all provisions of law prohibiting any physician, person, hospital or other institution that has, or may hereafter, attend or furnish me with treatment from disclosing to SIRCOMM any knowledge or information thereby acquired.

I certify that the answers given by me to the foregoing questions are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application shall be grounds for dismissal. I release from all liability for damages from issuing information and authorize companies, schools or persons named herein to provide information regarding my employment, character and qualifications.

I understand and agree that, if hired, my employment is for no definite period and either SIRCOMM or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.

Applicant's signature

Date