

**EMPLOYMENT APPLICATION**  
**MULTI AGENCY COMMUNICATIONS CENTER**  
**6400 32<sup>ND</sup> AVENUE NE, SUITE 911**  
**MOSES LAKE, WA 98837**  
**PHONE: (509) 762-1901 FAX: (509)762-8875**  
**PLEASE TYPE OR PRINT LEGIBLY IN INK.**

**POSITION APPLIED FOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

THE MULTI AGENCY COMMUNICATIONS CENTER (MACC) IS AN EQUAL OPPORTUNITY EMPLOYER. WE DO NOT DISCRIMINATE, IN VIOLATION OF LAW, ON THE BASIS OF RACE, COLOR, NATURAL ORIGIN, RELGION, CREED, SEX, MARITAL STATUS, AGE OR DISABILITY.

NAME _____		SOCIAL SECURITY NO. _____		
LAST	FIRST	MI		
ADDRESS: _____				
STREET NUMBER	CITY	STATE	ZIP	
PHONE: _____		CELL PHONE _____		
MESSAGE PHONE _____		EMAIL ADDRESS _____		

**EDUCATION AND TRAINING**

Have you graduated from High School or passed the GED Test? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of School	Address	Major	Length of Attendance	Degree
High School				
College				
Graduate School				
Vocational				
Military Training				

**We are an Equal Opportunity Employer**

LIST PREVIOUS RESIDENCES: Addresses where you have lived for the past ten years. Account for all time with most recent address first. Do not list present address.

From	To	Address (Including City/State)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY TO A CRIME WITHIN THE LAST SEVEN (7) YEARS? IF YES, PLEASE STATE THE NATURE OF THE CRIME, DATE, COURT DISPOSITION AND ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER. A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List ***ALL*** previous employers for whom you have worked for the past ten (10) years starting with the present or most recent employment first. If you feel that your work experience beyond ten (10) years is important, please include it. Include any period of self-employment and U.S. Military service. Additional pages may be used.

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Employer Name:			
From/To (Mo/Yr)	Job Title	Supervisor Name	Phone
Street Address:			
Primary Duties:			
Reason for leaving:			
Avg. Hours Worked Each Week		Begin & End Salary:	

Have you ever been discharged or asked to resign from any position? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give complete details (date, place, reason, name and address of supervisor)

---

---

---

PERSONAL REFERENCES: List names and addresses of three reliable persons, other than relatives or past employers, who know you well enough to give information about you.

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

Name\_\_\_\_\_Occupation\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone Number\_\_\_\_\_How long known:\_\_\_\_\_

**Read the Job Description.** Can you perform the essential function of this job with or without reasonable accommodation? Yes\_\_\_\_\_ No\_\_\_\_\_

Describe specialized equipment or software that you have used that would be useful as a 9-1-1 Telecommunicator (Dispatcher) such as Enhanced 9-1-1 telephone equipment, CAD system, please use additional pages if necessary.

---

---

---

---

How did you hear about the job?\_\_\_\_\_

I certify that all my statements in this application are true and correct. I understand and agree that any misrepresentation or omission by me in this application will result in cancellation of my application or termination of employment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Applicant Signature

Please return completed application to:

MULTI AGENCY COMMUNICATIONS CENTER  
6500 32<sup>ND</sup> AVENUE NE, SUITE 911  
MOSES LAKE, WA 98837

**MULTI AGENCY COMMUNICATIONS CENTER  
SUPPLEMENTAL QUESTIONNAIRE**

NAME OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

The effectiveness of the Multi Agency Communications Center hinges on the quality of the personnel it employs and the level of public trust in those personnel. The 9-1-1 Telecommunicator's work is a personal service of the highest order requiring dedication and professionalism in those individuals who are employed in this career field. Mistakes in judgment could cause irreparable harm to the citizens and the law enforcement, fire and medical response personnel they serve.

In an effort to assist you and the Multi Agency Communications Center in determining whether or not you meet the standards for the 9-1-1 Telecommunicator position, the following questions are asked.

1. Are you willing to be assigned to shift work which includes day, swing and graveyard on a rotation basis? \_\_\_\_\_
2. Are you willing to work weekend, holidays and overtime? \_\_\_\_\_
3. Are you willing to accept that you will not be permitted to leave the communications facility during your shift except in an emergency? \_\_\_\_\_
4. Are you willing to occasionally perform required work outside the job description? \_\_\_\_\_
5. Will you consent to a psychological test? \_\_\_\_\_
6. Are you willing to agree that the integrity of the information in the 911 center is vital and any breach of confidentiality will result in disciplinary action up to and including dismissal? \_\_\_\_\_
7. Would you consent to a polygraph test? \_\_\_\_\_
8. Do you consent to a drug test? \_\_\_\_\_
9. Do you consent to being fingerprinted? \_\_\_\_\_
10. Do you consent to a hearing test? \_\_\_\_\_
11. Are you willing to work in the high stress, fast paced environment of an emergency communications 911 center? \_\_\_\_\_
12. Are you able to deal with members of the public who may be confused, drunk, ill, or argumentative? \_\_\_\_\_

13. Are you willing to work in a disciplined environment and carry out orders even if you do not agree with them?\_\_\_\_\_
14. Are you willing to take instructions and abide by the policies, procedures, rules and regulations of the communications facility?\_\_\_\_\_
15. Are you willing to participate in training in order to learn and develop the techniques and skills required of a 911 Telecommunicator?\_\_\_\_\_
16. Do you have a phone at your place of residence?\_\_\_\_\_ If no, would you be willing to get a phone or carry a pager at your expense?\_\_\_\_\_
17. Do you have experience operating a computer?\_\_\_\_\_What software programs are you skilled in using?\_\_\_\_\_
18. Are you bilingual and if so, in what language and proficiency?\_\_\_\_\_
19. If you smoke, are you willing to smoke in only those areas that are designated for that purpose outside of the communications facility?\_\_\_\_\_
20. Are you willing to accept the responsibility of making a decision that could affect the lives of others know that a mistake in judgment could cause irreparable harm?\_\_\_\_\_
21. Have you listed all previous employment in the past ten (10) years?\_\_\_\_\_
22. Do you understand that deliberate omissions or deliberate misrepresentation of information on this application are grounds for rejection of your applications?\_\_\_\_\_
23. Have you ever been fired from any position?\_\_\_\_\_

I certify that all my statements in this application are true and correct. I understand and agree that any misrepresentation or omission by me in this application will result in cancellation and rejection of my application or termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPLICANT ACKNOWLEDGMENT**

**PLEASE SIGN THIS APPLICATION AFTER CAREFULLY READING THE FOLLOWING:**

**AUTHORIZATION TO DEDUCT FOR PAY ADVANCES OR LOST/DAMAGED EQUIPMENT:**

If employed, I agree that if the Multi Agency Communications Center advances pay in the form of a payroll draw check, or if I lose, damage, or fail to return any property of the Multi Agency Communications center, the Multi Agency Communications Center is authorized to deduct for my wages sufficient funds to repay such advances or to replace property.

**CERTIFICATION TO WORK IN THE UNITED STATES:**

I understand that as a condition of my employment, I must provide documentation to prove identity and eligibility to work in the United States by presenting any of the several documents as defined in I.N.S. Regulation 8 C.F.R.§274a.2(b)(1)(v). A complete list of all possible documents for proving eligibility to work is available in the Director's office.

**ACCURACY OF INFORMATION:**

I represent that I have carefully reviewed this application and have taken all the time necessary to provide full, complete, and accurate responses. I acknowledge that the employer will rely on the information I provided on this application. I further represent the information I have provided contains no errors, omissions, misrepresentations or anything that could be construed as misleading. I understand that, if employed, any errors, omissions, or misleading statements that I provided on this application will be grounds for termination.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

MULTI AGENCY COMMUNICATIONS CENTER  
6500 32<sup>ND</sup> AVENUE NE, SUITE 911  
MOSES LAKE, WA 98837

RELEASE FORM FOR APPLICANTS

I authorize the Multi Agency Communications Center to solicit information regarding my character, general reputation, credit history, previous employment and similar background information and to contact any and all references required. I release all parties and persons connected with any such request for information from all claims, liabilities and damages that may arise out of the furnishing of such information.

If employed, I release the Multi Agency Communications Center from any liability for future references it may provide regarding my work history at the center.

I understand that an investigative consumer report may be obtained through personal interviews with my neighbors, friends or associates. If I am refused employment on the basis of such a report, upon written request, I have the right to a complete and accurate disclosure of the nature and scope of the investigation conducted by the Multi Agency Communications Center.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Date of Birth Social Security Number  
For Background investigation purposes

DO YOU HAVE A VALID DRIVERS LICENSE? Yes\_\_\_\_\_ No\_\_\_\_\_

EXPIRATION DATE\_\_\_\_\_LICENSE NUMBER\_\_\_\_\_STATE\_\_\_\_\_

**DO NOT SIGN THIS PAGE UNLESS YOU ARE BEFORE A NOTARY PUBLIC! ANY APPLICATION NOT NOTARIZED, WILL BE REJECTED.**

Subscribed and sworn before me on this the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

Notary Public in and for the State of Washington, residing in \_\_\_\_\_.

My commission expires\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature