

Sherman County 911  
204 W. 11<sup>th</sup> St  
Goodland, KS 67735  
785-890-4575



To the Applicant:

Thank you for your interest in the position of Communication Officer I. Fill out the application honestly, accurately and completely. **Please be sure and have your application notarized prior to submission.**

You may return the information in person or by USPS mail to 204 W 11th St. Please bring it to the basement if you drop it off in person. The building is locked after 4pm, but you can be buzzed in by the on-duty communication officer by calling 785-890-4575 when you arrive.

After the receipt of your application, I will contact you to set up a time to complete the required skills testing. Please provide a phone number and email address that I can reach you at during regular business hours.

If you have any questions or require assistance with the application, please contact me at the number listed above.

Sincerely,

A handwritten signature in black ink that reads 'Crissy Livengood-Ridnour'.

Crissy Livengood-Ridnour  
*Sherman County Communications Director*  
*Emergency Management Assistant Coordinator*

# Employment Application- 911 Communications

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_ / hour

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If so explain. \_\_\_\_\_

Do you have a valid Driver's License? YES  NO  DL # and State Issued \_\_\_\_\_

Can you travel if the job requires? YES  NO  If no, explain \_\_\_\_\_

Have you ever worked in law enforcement or a related field? Y or N  
If yes, provide dates and agency name and contact info \_\_\_\_\_

Alias names (maiden, formerly married, etc) \_\_\_\_\_

States you have resided in with the past 20 years: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Relevant Job Skills

Please list relevant job skills and experiences

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## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES NO

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than honorable, explain: \_\_\_\_\_

## Additional Information

Please summarize any special job-related skills and qualifications acquired from employment or other experiences you have had.

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Please provide any other pertinent information you would like to share.

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## COMMUNICATIONS OFFICER I

**DEPARTMENT:** Sherman County Communications

**REPORTS TO:** 9-1-1 Director

### **POSITION SUMMARY:**

Under the supervision of the shift supervisor, the Communications Officer I performs specialized work in receiving and dispatching messages in the 911 center. The employee in this position is responsible for the operation of dispatch radios, computers, 911 and administrative phone lines and will receive and dispatch messages, a portion of which may be of an emergency nature.

### **EXAMPLES OF WORK: (Essential Functions)**

- . Develops competency in the procedures and operation of a base station two-way radio in order to maintain continuous contact between officers and other public safety agencies; learns appropriate radio codes and phraseology.
- . Learns techniques for the proper methods of receiving and transmitting messages using 911 equipment, two-way radio receivers and to understand the content of simultaneous multiple voice transmissions.
- . Monitors the status and location of on-duty personnel
- . Learns to properly operate a data entry terminal (CRT) to send, relay and receive inter and intra-state information: learns NCIC, NLETS and ASTRA codes and formats. Becomes certified in NCIC.
- . Checks radio and telephone equipment for operating defects and reports malfunctions.
- . Maintains logs, records and required reports in conformity with FCC regulations and agency policy
- . Operates a variety of office equipment including, but not limited to computers used for computer aided dispatch and teletype equipment.
- . Monitors alarms and warning systems such as National Weather Service teletypes and security alarms.

### **ADDITIONAL EXAMPLES OF WORK: (Marginal functions)**

- . Provides information to the general public regarding traffic laws, weather conditions and motor vehicle regulations through use of telephone and personal contact.
- . Other related duties as deemed necessary or as required.

## **Communications Officer I**

**Working Conditions:** Infrequent hazardous and dangerous situations may arise in working this position.

**Physical Conditions:** Light work in that the worker sits most of the time. The ability to express or exchange ideas by communicating. Conveying and receiving detailed or important instructions and information to and from the general public. Sustained movements of the wrists, hands and/or fingers in typing or otherwise working, primarily with the fingers rather than the whole hand or arm. Ability to hear 25 decibels or less at 500hz; 4,000 Hz; and points in between, as well as to accurately interpret what is heard. Visual acuity that is correctable to 20/20.

**Acknowledgements**

*I certify that my answers are true and complete to the best of my knowledge. I also certify that a thorough investigation will be conducted to determine my qualifications for the position of Communication Officer I. Further, to a great extent, my employment will depend on the information obtained in a confidential manner with persons whom I have associated. Therefore, I understand that such information is confidential and the County cannot reveal the reasons why an applicant is removed from the selection process and/or not offered employment. I further understand that if the reason(s) for my nonacceptance are of a temporary nature whereby I should be accepted at a later date, that I will be notified.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*Additionally, I understand that Sherman County 911 Communications operates 24 hours a day, 7 days a week, 365 days per year. As such, I realize that I may be required to work any and all shifts during this 24 hour day. By signing below, I acknowledge that I may be required to work any of these shifts, sometimes with little to no notice.*

*Applicant Printed Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Applicant Date of Birth* \_\_\_\_\_

*Subscribed and sworn before me this* \_\_\_\_\_ *day of* \_\_\_\_\_, \_\_\_\_\_

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

\_\_\_\_\_  
*My commission expires*





# Sherman County 911 Communications

## AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish Sherman County 911 Communications or its designee bearing this release with any and all information they may request concerning my work record, education, military record, financial status, criminal activity, arrest information, personal information, traffic history, civil litigation history, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with Sherman County 911 Communications.

I hereby release you and your organization from any liability or damage, which would result from furnishing the information requested above.

I understand that in the event the investigating agency finds conduct that is illegal, the investigating agency has my permission to disclose the information to my current employer and/or to local law enforcement.

Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying Sherman County 911 Communications in writing. I understand that the revocation is only effective after it is received and logged by Sherman County 911 Communications. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.

This authorization will expire one year from date of execution.

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

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Applicant's Full Legal Name (First, Middle, Last) Printed

\_\_\_\_\_  
Date

State of \_\_\_\_\_

Subscribed and sworn to before me by \_\_\_\_\_

County of \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_