



Self-Screening Questionnaire Emergency Communications Dispatcher Position

The following requirements need to be understood by all candidates applying for this position. Please carefully consider your answer to each question. The Self-Screening Questionnaire is for your use in determining whether you are making the correct decision in applying for the position of Emergency Communications Dispatcher at Autauga County 911.

1. Are you the age of 19 or older?
☐ Yes ☐ No
2. Are you willing and able to work a large percentage of weekends and holidays?
☐ Yes ☐ No
3. Are you willing and able to work any shift assigned? (day or night)
☐ Yes ☐ No
4. Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans?
☐ Yes ☐ No
5. Are you willing and able to work emergency call-in overtime?
☐ Yes ☐ No
6. Are you willing to be subjected to occasional abusive and profane language over the telephone?
☐ Yes ☐ No
7. Are you willing to take directions and corrections from a supervisor in front of your peers?
☐ Yes ☐ No
8. There may be times when you are required to forego breaks due to understaffing or shift activity. Are you willing to give up breaks, when necessary?
☐ Yes ☐ No
9. Are you willing and able to remain at the same workstation (seated or standing) for extended periods of time?
☐ Yes ☐ No
10. Are you willing to read and study several hundred pages of manuals, complete assignments and taken written tests during your training period?
☐ Yes ☐ No
11. This job requires you to type information as it is being received, simultaneously digest what you heard and respond immediately. Is this something you would be able to do?
☐ Yes ☐ No
12. Are you able to understand and accept that when you process a call incorrectly it could contribute to someone's property being lost or damaged or someone being seriously injured or dying?
☐ Yes ☐ No
13. Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action without taking it personally?
☐ Yes ☐ No

14. Are you willing and able to deal calmly and respectfully with angry people when the problem is not your fault?
☐ Yes ☐ No
15. Are you willing and able to handle workloads that may change dramatically during the course of the shift (e.g. periods of high activity, followed by periods of low activity)?
☐ Yes ☐ No
16. If you use tobacco type products, are you willing to go without for an entire shift if necessary or only use those products during scheduled breaks or lunch periods?
☐ Yes ☐ No
17. Are you willing to work under constant electronic video and audio surveillance of all your telephone calls, radio transmissions and computer activities?
☐ Yes ☐ No
18. Are you willing to accept that you typically will not know the final outcome of a call for service?
☐ Yes ☐ No

IF YOU ANSWERED **NO** TO ANY OF THE ABOVE QUESTIONS PLEASE RECONSIDER APPLYING FOR THIS POSITION.

IF YOU HAVE READ, UNDERSTAND AND WILL COMPLY (ANSWERED **YES**) WITH **ALL** OF THE ABOVE QUESTIONS, PLEASE SIGN AND DATE BELOW. THIS WILL BECOME PART OF YOUR APPLICATION PACKET.

Signature

Date



Autauga County Emergency Communication District
815 GILLESPIE ST • PRATTVILLE, AL 36067 • PHONE 334-365-8911 • FAX 334-361-3681

Employment Application

Autauga 911 is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities for all individuals without regard to race, sex, age, religion, color, national origin, disability, or veteran status.

Print in ink or type. Complete carefully and in full.

Position Desired	Date of Application
How did you learn about us?	
<input type="checkbox"/> Social Media	<input type="checkbox"/> Friend/Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address (Number and Street)		
City	State	Zip Code
Telephone Number(s)	Social Security Number	
	— —	

Are you 19 years of age or older? Yes ☐ No ☐

Do you have a high school diploma or G.E.D? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you seeking employment: ☐ Full-Time ☐ Part-Time

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel overnight if job requires it? ☐ Yes ☐ No

Education

	Name and Location of School	Major	Years Completed	Did you graduate?
High School		High School		
Technical School/ Junior College				
College/University				
Graduate/Professional				

Describe any job related training.

Note: Do not answer this question until you have reviewed the job description.

Are you capable of performing, with or without reasonable accommodation, the essential functions of the job?

☐ Yes

☐ No

Have you ever been convicted of a crime (felony or misdemeanor including DUI) other than minor traffic citations?

☐ Yes

☐ No

If yes, give details (note: A criminal record is not necessarily a bar to employment. Each applicant is considered on an individual basis.)

Work Experience

THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.

Start with your current or most recent job. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Wage		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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		From	To	
Address				
Telephone Number		Hourly Wage		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

Name	Telephone Number
Address	Employer
Name	Telephone Number
Address	Employer
Name	Telephone Number
Address	Employer

Applicant's Statement

Applicant's Agreement:

I hereby state that the information given by me on this form and in any interview is certified to be true and complete. I understand that this information is subject to verification, and that if this information is later found to be untrue, incomplete, or misrepresented in any way, this will be cause for rejection of my application or, if already employed, for immediate dismissal. I also understand Autauga 911 may investigate my driving record and my criminal record, and that a background investigation, including a credit check, may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I understand that Autauga 911 reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during employment to the extent permitted by law. I understand that the employer's acceptance of this application does not indicate there are any positions open and does not in any way obligate Autauga 911. Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result. I understand that anything brought to or removed from the premises of Autauga 911 is subject to search at the employer's election and I consent to such search. Specifically, I authorize the employer, in its discretion, to search my desk, locker, or other areas for contraband in such circumstances when the employer deems such search necessary or appropriate. I understand that this application will be given every consideration, but it is not a promise of employment. I further understand that if I am hired my employment will be for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time, with or without notice, and Autauga 911 has the same right. No one other than the Director of Autauga 911 has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

Applicant's Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize all educational institutions attended to release an official copy of my transcript if requested. In addition, I authorize any law enforcement jurisdiction to release any information requested regarding my background to Autauga 911.

Signature of Applicant

Date