



88 Center Street, Suite B100
Bedford, Ohio 44146

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any police officer or other authorized representative of the Chagrin Valley Dispatch Center this release, or copy thereof, within one (1) year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Chagrin Valley Dispatch Center. Consent is granted for the Chagrin Valley Dispatch Center to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, University or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Full Name:

Signature

Typed or Printed

State of Ohio:

County of _____

_____ BEING DULY SWORN ON HIS / HER OATH SAYS THAT THE STATEMENTS MADE AND SUBSCRIBED BY HIM / HER IN THE FOREGOING APPLICATION ARE TRUE.

Signature of Applicant

Scribed in my presence by the said affiant and by him / her sworn to before me this _____ day of _____, 20 ____.

NOTARY

**Chagrin Valley Dispatch
Dispatcher Application**

The Chagrin Valley Dispatch Center is an equal opportunity employer and does not discriminate on the basis of Race, Color, National Origin, Sex, Religion, Age or Disability in employment.

Personal History Questionnaire

Personal History of: _____
(Last) (First) (Mi)

Address: _____

City: _____ State: _____ Zip: _____

SSN: ____ - ____ - ____ Date of Birth _____ Place of Birth _____

Telephone Numbers:

Home: _____

Business: _____

Cell: _____

Email: _____

Date this information was completed: _____ Position Applied Full-time ____ Part-time ____

Please Read Instructions Carefully

This personal history questionnaire is intended for the use by the Chagrin Valley Dispatch Center. You must be truthful and complete on all answers requested on this form. All information contained herein will be subject to verification, i.e., source of documentation, polygraph and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s). Please be advised that the application itself may be subject to production pursuant to the Ohio Public Records Act.

The answers to questions contained in this questionnaire must be printed, in your own hand, legible in ink only. Each individual question must be answered. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. Any incomplete applications will be disqualified.

Are you a U.S. Citizen? Yes No

_____ Natural Born _____ Naturalized (attach naturalization forms)

Have you reached the age of 18? Yes No

Give any other names you have used, or have been known by: (maiden, former married name etc.)

Give the following information regarding marriage(s):

When	City and County	Spouses (Maiden Name)

List children's names:

Name	DOB	Place of Birth	With whom/Where residing

List family members, siblings, parents (natural/step), spouses' parents, brother/sister-in-laws:

Name	Relation	Living/Deceased

List all previous Addresses:

Address	From (month-year)	To (month-year)

Do you own, rent (or lease), live w/parents? Own Rent/Lease Live w/Parents

Amount Invested: _____ Bank /Mortgage Company: _____

What is your present occupation? _____ Shift/work hours? _____

Do you object to working nights? Yes No

Do you object to working Holidays? Yes No

Do you have experience with shift work? Yes No

Have your past employers always treated you fairly? Yes No

If no, explain:

Have you ever been discharged or forced to resign because of misconduct or unsatisfactory job performance? Yes No

If Yes, explain:

Have you ever filed a claim for worker's compensation? _____ Yes _____ No

If Yes, explain:

Education:

Did you graduate from High School? () Yes () No

If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School attended: _____

Location: _____

If you did not graduate from High school, do you have a GED Equivalent? () Yes () No

College, Universities, or Trade School Attended	Dates Attended	Total Credit Hours	Degree

Work Experience:

List all prior employment, including Military Service listing your most recent job first. If you need more space, you may attach additional sheets.

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

Name of Employer:			Telephone: ()
Address of Employer:			
From (Month-Year)	To (Month-Year)	Salary per Month:	Reason for Leaving:
Exact Title of Position:			
Name and Title of your Supervisor:			
Your Duties:			

If more space is needed, print additional sheets and attach to application

Any Special Qualifications?

Special training, experience or abilities that you have which would be of value in the position for which you are applying.

Were you ever discharged or forced to resign because of misconduct or unsatisfactory service:

() Yes () No If yes, state circumstances and address of employers

Employer:	Circumstances:
Employer:	Circumstances:
Employer:	Circumstances:

List any extended absences you have had from work and reason:

Extended Absence:	Reason:
Extended Absence:	Reason:
Extended Absence:	Reason:

Have you ever been arrested and/or convicted of a felony? _____ Yes _____ No

If yes, give details: _____

Have you ever committed a felony for which you were never arrested or convicted? __Yes __No

If yes, give details: _____

Have you ever had any official records sealed or expunged? _____ Yes _____ No

Have you ever been arrested and/or convicted of a misdemeanor? _____ Yes _____ No

Have you ever been placed on probation or supervision? _____ Yes _____ No

If yes, give details: _____

Were you ever charged or convicted of any violation of law? () Yes () No

Were you ever charged or convicted of any moving violations? () Yes () No

If yes, list date, violation, city, and disposition.

Date	Nature of Violation	City	Disposition

Have you ever been in a traffic accident regardless of whether or not the accident was your fault?
() Yes () No

If Yes:

Date:	Police Investigation: () Yes () No
Location (city and street):	
Cause of Accident:	
Injury or Non-Injury:	
Who was legally at fault:	

Date:	Police Investigation: () Yes () No
Location (city and street):	
Cause of Accident:	
Injury or Non-Injury:	
Who was legally at fault:	

Date:	Police Investigation: () Yes () No
Location (city and street):	
Cause of Accident:	
Injury or Non-Injury:	
Who was legally at fault:	

Please provide three references:

Reference (1)	
Name:	
Address:	
Phone Number:	
E-mail:	Relation:
Reference (2)	
Name:	
Address:	
Phone Number:	
E-mail:	Relation:
Reference (3)	
Name:	
Address:	
Phone Number:	
E-mail:	Relation:

I, _____, affirm that the information/statements made in this application are true.

Applicant Signature

Return Applications to the following:

US Mail

Nick DiCicco
Dispatch Administrator
Chagrin Valley Dispatch
88 Center Street, Suite B100
Bedford, Ohio 44146

Email

applications@cvaldispatch.com

Chagrin Valley Dispatch

Dispatcher Job Description

JOB SUMMARY

The dispatching profession performs a variety of clerical, administrative and technical work in receiving and dispatching routine and emergency information; clerical and keeping official records; and assisting in the administration of the standard operating policies and procedures of the dispatch center.

PRIMARY TASKS AND RESPONSIBILITIES

- Monitors telephones and radio in the dispatch center, answers all incoming calls and ascertains nature of call, gathers all necessary information to transmit or relay.
- Dispatches police and other response vehicles for emergency responses; broadcasts nature, location and time of incident; contacts all required personnel and other local concerns such as the fire department in the event of an emergency situation; insures the presence of reserve units by contacting personnel designated for call-back; relays information as required.
- Maintains log on radio and telephone communications, location of personnel and equipment; in the event of an emergency situation, maintains on-going contact with the responding personnel and keeps them informed of all incoming pertinent information; keeps track of various information such as traffic lights out and streets closed and keeps emergency personnel informed.
- Maintains dispatch center work area and equipment in clean and working condition.
- Operates radios as needed and assists in radio communications; operates base radio as required.
- Operates listed office machines as required.
- Composes, types, and edits correspondence, reports, memoranda, and other material requiring judgment as to content, accuracy, and completeness.
- Inputs data to standard office and department forms, both manual and automated; makes simple postings to various reports; compiles and tabulates data.
- Operates the Ohio Law Enforcement Automated Data System (LEADS). Our agency has the ability to add data & make inquiries, clear broadcast messages & message retrieval in this system and those also linked to LEADS. The LEADS mainframe is directly linked to the National Crime Information Center (NCIC). The LEADS is also directly linked to the National Law Enforcement Telecommunications System (NLETS). LEADS is presently linked to 11 Intra-State Regional Systems. Computerized criminal history retrieval functions provide the capability for our agency to access the Bureau of Criminal Identification and Investigation (BCI & I). Dispatchers will be the highest certified operators of the LEADS system (FQO's) and re-tested every 2 years. Dispatchers must continually be aware of the laws, responsibilities and liabilities associated with the data we contribute and the data we retrieve.
- Dispatchers provide Dispatcher Assisted Basic Life Support/Pre-Arrival Instructions. Tested and re-certified every two years including CPR & AED Unit (Cardiopulmonary Resuscitation) (Automated External Defibrillator).
- Maintains dispatch documents and records; prepares case reports.
- Assists and gives directions to residents arriving at police station.
- Assists in training new employees.

SUPERVISION RECEIVED

Works under the close supervision of the Dispatch Administrator and Dispatch Manager

LEVEL AND TYPE OF EDUCATION REQUIRED

Graduation from a high school or GED equivalent with specialized course work in general office practices such as typing, filing, accounting, or bookkeeping.

RELATED WORK EXPERIENCE REQUIRED

None

SPECIALIZED TRAINING, KNOWLEDGE, SKILLS, AND ABILITIES

- Ability to handle stressful situations.
- Ability to understand, carry out, and deliver verbal and written directions pertaining to a job assignment.
- Knowledge of or training in basic computer applications used within department.
- Knowledge of general office procedures.
- Knowledge of accounting principles and practices.
- Skill in operation of the listed tools and equipment.
- Ability to perform cashier duties accurately.
- Ability to establish and maintain effective working relationships with employees, supervisors, other agencies, and the public.
- Ability to communicate effectively verbally and in writing.
- Emergency medical dispatching - CPR Certified or have other medical training helpful but will train.
- Multi-tasking abilities

SPECIAL REQUIREMENTS (Certifications, licenses, etc.)

No felony or serious misdemeanor convictions prior to or during employment.

Public Safety Dispatcher Verbal, Reasoning, Memory, and Perceptual Abilities Assessment

(a) Every public safety dispatcher candidate shall demonstrate verbal, reasoning, memory, and perceptual abilities at levels necessary to perform the job. Satisfactory completion of this requirement may occur at any time prior to appointment, and shall be demonstrated by one of the following:

(1) Completion of the Entry-Level Dispatcher Selection Test Battery or alternative job-related tests of these abilities, administered by either the hiring department or another entity, with a score deemed acceptable by the hiring department. All tests must include assessments of the following:

(A) Verbal

This ability includes written and oral comprehension (the ability to read passages and listen to orally-imparted information and retrieve facts, draw conclusions, and derive meaning); and written expression (the ability to use language to convey information clearly in writing).

(B) Reasoning

This ability includes at least one of the following:

1. Deductive reasoning - the ability to apply general rules to specific problems to attain logical answers, or

2. Information ordering - the ability to correctly follow a given rule or set of rules to arrange things or actions in a certain order.

(C) Memory

This ability includes the capacity to store and retrieve facts, details, and other information.

(D) Perceptual

This ability includes speed and accuracy (the ability to quickly and accurately compare letters and numbers presented orally and in written form); and time sharing (the ability to shift back and forth between two or more sources of information, both written and orally-imparted, in performing a task or set of tasks).

TOOLS AND EQUIPMENT USED

The occupant is expected to freely operate the following tools and equipment: communications switchboard, including computer-aided systems; personal computer including word processing software; copy machine; fax machine; radio.

WORKING ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing the duties of this job, the employee typically works in a normal office environment. The noise level in the work environment is usually quiet to moderately loud.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is regularly required to use hands to finger, handle, feel, carry or operate objects, tools, or controls and reach with hands and arms. The employee frequently is required to stand; talk or hear; walk; sit. Specific vision abilities required by this job include close vision and the ability to adjust focus

Applicant Signature _____ Date _____

Please attach the following with the return of your application

- Authorization (notarized app) _____
- Drivers Licenses (copy) _____
- Birth Certificate (copy) _____
- Social Security Card (copy) _____
- H.S. Diploma (copy) _____
- H.S. Transcripts (copy) _____
- College Diploma (copy) _____
- College Transcripts (copy) _____
- O.P.O.T.A. Certificate (copy) _____
- Military Employment (copy) _____
- DD-214 (copy) _____