



*City of Scott City Communications Division
618 Main St.
Scott City, MO 63780
Office: 573-264-2121*

Important Information

Scott City E-911 is an equal opportunity employer. All applicants will be required to submit a criminal history background check and drug screen prior to employment.

Due to the sensitive nature of the information and systems used by Public Safety Telecommunicators at the City of Scott City E-911, all applicants for the position of Public Safety Telecommunicator will be requested to complete a background information packet and attend a preliminary interview(s) prior to a conditional employment offer being extended.

Once a background check and drug screening are complete and an offer of employment is extended, the new hire will be placed on probationary status for the duration of their training. Training for this position lasts approximately ninety (90) days during which the Probationary Public Safety Telecommunicator will be required to meet certain benchmarks in their training. Remediation will be offered in the case of low performance. However, continued issues with low scores following remediation are grounds for dismissal during this probationary period.

Once training is completed, the Probationary Public Safety Telecommunicator will meet with either the Dispatch Supervisor or Communications Director and any concerns will be addressed. At this point, the Public Safety Telecommunicator will be offered a full-time position and will receive their scheduled days to report to duty.

Being a Public Safety Telecommunicator is a job that operates 24 hours a day, 7 days a week. The applicant will be expected to work holidays (15 paid per year) and the applicant's schedule will include nights and weekends. Shifts are scheduled as 12 hours with rotating days off. This job serves as an answering point for all 9-1-1 and non-emergency calls made within the City of Scott City and Scott County. We dispatch for Police, Fire and EMS at this location. Public Safety Telecommunicators must be able to accurately enter calls for service using a Computer Aided Dispatch (CAD) system and must be able to control stressful situations in a calm and concise manner while multi-tasking. This is a demanding job that is not for everyone. We do hope, however, that this position is a fit for you and look forward to reviewing your application and contacting you soon.



Office Use:

Date Rec'd: _____

Complete: _____

Initials: _____

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Application For Employment

The City of Scott City Communications Division values diversity within the department. To apply, please complete and submit this official application form. The application shall be completed in full. We may wish to contact you by mail, telephone, and/or email during consideration of this application. It is your responsibility to make sure contact information is correct and current.

Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Are you a citizen of the United States? ☐ Yes ☐ No

Current Occupation: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Education

Name of Last High School Attended: _____

City: _____ State: _____

Last Grade Completed: _____ Diploma Received? _____ Date of Graduation: _____

Name of College or University: _____

City: _____ State: _____

Credit or Degree(s) Earned? _____

Foreign Languages Spoken/Read? _____

Employment

Current Employer: _____ Dates Hired: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Reason for leaving current employer: _____

May we contact your current employer? ☐ Yes ☐ No

Past Employment

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Previous Employer: _____ Dates Employed: _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____

Criminal History

1. Have you ever been convicted of a felony? ☐ Yes ☐ No
2. Have you ever been arrested, charged with, convicted, or received a summons by any law enforcement agency? ☐ Yes ☐ No
3. Have you ever had a criminal record expunged? ☐ Yes ☐ No
4. Have you ever been on probation and/or parole? ☐ Yes ☐ No
5. Do you have any current pending charges? (Felony, Misdemeanor, Traffic) ☐ Yes ☐ No
6. Have you or your spouse been a plaintiff or defendant in criminal court action? ☐ Yes ☐ No
7. Have you ever committed a crime for which you were never arrested? ☐ Yes ☐ No
8. Have you ever been considered named as a suspect in a criminal investigation or criminal offence?
☐ Yes ☐ No
9. Other than crimes that would have been sealed by juvenile records; Have you ever committed or assisted another person in the commission of a crime or crime involving moral turpitude that went undetected or unreported to law enforcement? ☐ Yes ☐ No
10. Have you ever sold or furnished controlled substances or prescription drugs to anyone? ☐ Yes ☐ No

Are there any incidents in your life or details not mentioned herein, which would influence this department's evaluation of suitability for employment?

If you answered "Yes" to any of the above questions, you must provide an explanation on a separate sheet of paper and attach it to this application. This information should include the month and year of occurrence, charge / violation, issuing agency to include city and state and disposition.

If selected for employment, are you willing to submit to a pre-employment drug screening? ☐ Yes ☐ No

References

Please list three references who you have known for at least three years. References cannot be employers and cannot be related to you. Please provide all information asked for and print clearly and neatly. **References may be contacted by the Director of the City of Scott City Communications Division and/or the City of Scott City.**

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Name: _____ Years Known: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____



Certification and Release Authorization

I hereby certify that the statements contained herein are true and correct to the best of my knowledge. I understand that should the investigation disclose material misrepresentation, omissions, and/or falsifications, my application may be rejected. My signature on this application indicates I have read the job description for the position which I am applying for and I understand the job requirements of being a Public Safety Telecommunicator.

This is to certify that I, _____ (Full name) am an applicant for the Public Safety Telecommunicator position with the City of Scott City Communications Division and I do hereby authorize the release of all information to the City of Scott City Communications Division, Scott City Police Department, and/or the City of Scott City Administration as necessary for consideration of employment.

I also hereby understand my signature on this authorization is my permission/understanding that a full background investigation will be conducted by the City of Scott City. Such information obtained may include, but will not be limited to military records, volunteer records, employment records, education records, criminal records, driving records, transcripts, etc.

Further, I authorize the investigation of all statements contained herein, and direct the custodian of any of the records relevant to the confirmation of these to release such information necessary for verification. I further understand that the information obtained by the City of Scott City Communications Division during the application process may not be revealed to me should my application be rejected.

This original document is to be retained on file with the City of Scott City and this authorization to release information shall expire from one (1) year of the date signed by me.

I have read and fully understand the statements above and my signature below agrees to these conditions above.

Driver's License#: _____ State Issued: _____ Class: _____ EXP: _____

Social Security#: _____

Print Name: _____ Phone#: _____

Signature of Applicant: _____ Date: _____



END OF APPLICATION





Application Review



(City/Communications Division use only)

Selected for Interview: ☐ Yes ☐ No

Interview Notes: _____

Communications Director Approval: ☐ Yes ☐ No

Communications Director Signature: _____ Date: _____

Pass MSHP Background Check ☐ Yes ☐ No Date: _____

City Council Appointment ☐ Yes ☐ No Date: _____

Pass Drug Screen ☐ Yes ☐ No Date: _____