

## **COMMUNICATIONS OFFICER**

05/11/2021

### **CENTRAL MONTANA 911 CENTER**

### **CITY OF LEWISTOWN**

3/4 time permanent position, 30 - 40 hr/wk. Must be available for variable shifts as scheduled, including nights, weekends, holidays.

Entry level wage starts at \$17.80/hr plus Shift differential pay of (+\$2.00/hr) for duty hours between 6pm and 6am.

**Benefits:** Prorated City benefits package. Vacation, sick leave, holidays, and retirement is all pro-rated depending on the number of hours worked. Work comp insurance is provided. Health insurance is provided for the employee.

#### **WORK ACTIVITIES:**

- Receive emergency calls, relay information to and dispatch appropriate response resources; operate 2-way radio, alpha-numeric paging system, computer, multi-line phone system, and perform clerical administrative tasks.
- Receive emergency 9-1-1 calls; operates Computer Aided Dispatch system; operates 2- way radio voice and text paging systems; operates multi-line telephone system equipment and performs related clerical and administrative tasks.
- Responsible for the safe, efficient, and accurate dispatching and/or paging of Law Enforcement Personnel, Fire Department Personnel, and Emergency Medical Services.
- Responsible for performing all functions in the operation of the Criminal Justice Information Network / National Crime Information Center(CJIN/NCIC) system.
- Work is performed in accordance with department rules and regulations, but requires judgment in controlling and completing dispatching under stressful conditions.

## QUALIFICATIONS:

Good communication skills, be able to remain calm under stressful conditions, and maintain absolute confidentiality. Must be very good at multitasking.

## MINIMUM QUALIFICATIONS:

High School graduate or equivalent. Must meet minimum age requirements. Strong computer skills using modern Windows operating systems preferred. Must be able to legally work in the United States. Must not have been convicted of a felony; be of good moral character; \* as determined by a thorough background investigation. Must have valid drivers license.

Qualified applicants will go through a hiring procedure that includes testing and interviews. The Lewistown Police Department realizes that very few people already possess the specialized skills to do this job. If selected you will be put into comprehensive, on the job-training program to provide the skills necessary to be an Emergency Service Dispatcher.

## SPECIAL REQUIREMENTS:

Must be fingerprinted and a search made of local, state, and national fingerprint files to disclose any criminal record. Position requires contact with confidential information. It is imperative that the individual in this position keep knowledge of departmental operations confidential at all times.

Applicants will be administered to a written test and after successful completion will be interviewed.

## SUPERVISION:

Works under general supervision of the dispatch supervisor & senior officer on duty. Must have the ability to work under minimal supervision with the ability to prioritize and maintain workload. A complete job description is available at the police department.

## REQUIREMENTS:

Typing proficiency and Typing - Form Fill Contact Data Entry tests are required and can be taken at any Montana Job Service Office.

Must possess a current valid driver's license.

Must have a high school diploma or equivalent education.

Incomplete applications will not be considered.

Background checks will be done as part of consideration process.

# APPLICATION FOR POSITION OF EMERGENCY SERVICES DISPATCHER FOR THE CITY OF LEWISTOWN, MONTANA

*The information requested on this form is sought in good faith. It will not be used to discriminate in any way against any applicant in violation of state or federal law.*

## INSTRUCTIONS:

Please complete this application by typing or printing in ink. An application tailored to the position is to your advantage.

Section 11 may be used to continue or explain answers or to provide other information relative to your qualifications or availability.

*LATE, INCOMPLETE, or UNSIGNED applications will NOT be considered.*

This agency is committed to make reasonable accommodation for any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the duties of the job. If you would like us to consider an accommodation, please notify us at the time of need.

THE VETERANS EMPLOYMENT PREFERENCE ACT AND THE HANDICAPPED PERSONS EMPLOYMENT PREFERENCE ACT provide for preference in public employment for certain military veterans and handicapped persons or their eligible relatives. Contact your local Vocational Rehabilitation Services Office (Department of Social and Rehabilitation Services) for details on obtaining handicapped person's certification. Contact your local Veteran's Affairs Office (Department of Military Affairs) for details on obtaining veteran's preference certification. For more information, contact your local Job Service. If you are claiming either of these employment preferences, you must complete the Employment Preference sheet provided with this application.

1.	Name _____ <div style="display: flex; justify-content: space-around; font-size: small;"><span><i>Last</i></span><span><i>First</i></span><span><i>MI</i></span><span><i>Maiden</i></span></div>
2.	Social Security Number _____ - _____ - _____ DOB ____/____/____
3.	Address _____ <div style="display: flex; justify-content: space-around; font-size: small;"><span><i>Street</i></span></div> <div style="display: flex; justify-content: space-around; font-size: small;"><span><i>City</i></span><span><i>State</i></span><span><i>Zip Code</i></span></div>
4.	Phone No. (____) _____ (____) _____ <div style="display: flex; justify-content: space-around; font-size: small;"><span><i>Work</i></span><span><i>Home</i></span></div>
5.	E-mail address _____
6.	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No STATE _____

*By signature below, I certify that all information on this application and any attached pages or forms is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. Any falsification or misrepresentation may disqualify me from consideration for employment, or if hired, be grounds for termination at a later date. **EMPLOYERS MAY BE CONTACTED AS REFERENCES.***

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## 6. EDUCATION

A. High School Name: \_\_\_\_\_

B. Received:

☐ Diploma or Equivalency Certificate

☐ None - If "NONE", Highest Grade Completed \_\_\_\_\_

C. Address of High School Awarding  
Diploma or Equivalency Certificate: \_\_\_\_\_

D.	College or University Location of School	Dates Attended	Credit Hours Earned Sem. / Qtr.	Degrees Received (BA,MA,etc)	Date of Degree	Major Field	Minor Field

E. Other Schools or Training  
Which Helps You Qualify  
Name, Location

Dates  
Attended

Did You  
Complete?

Title/Description of Course

Total  
Hours

## 7. PROFESSIONAL LICENSES, REGISTRATION, OR CERTIFICATES (EMT, GVW, Diver, POST, et c.)

Name and Complete Address  
of Licensing Agency

Type of License

Endorsement/Restriction  
(if Applicable)

Date  
Licensed

## 8. SPECIAL SKILLS – Check the skills you possess. Specify speed/errors where requested.

☐ Typing \_\_\_\_/\_\_\_\_

☐ 10 Code

☐ Medical Terminology

☐ Accident Investigation

☐ Legal Terminology

☐ Photo Skills

☐ Computer Software \_\_\_\_\_

☐ Other (List in Section #11 of this form)

☐ Computer Languages (specify) \_\_\_\_\_

## 9. EQUIPMENT - List types of equipment you can operate and specify name or model you have used (Radio Equipment, Computer Equipment, Video Equipment, Alcohol Consumption Testing Equipment, etc.) Continue in Section #11 if more space is needed.

10. **EXPERIENCE:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work experience that would help you qualify. List each promotion as a separate position. You may respond to this section on a separate sheet of paper if all questions in the blocks are answered and the same format is followed. On each sheet write your name and job title for which you are applying. This information must be completed even if a resume' is submitted.

Notice to applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references. Do you want to be informed before we contact your present employer? ☐ YES ☐ NO

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

NAME & ADDRESS of Employer	_____	Type of Business _____
	_____	Dates Employed ____/____/____ to ____/____/____
	_____	Average Hrs. Per Week _____

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

ADDITIONAL EMPLOYMENT EXPERIENCE

NAME & ADDRESS  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving: \_\_\_\_\_

NAME & ADDRESS  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

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Reason for Leaving: \_\_\_\_\_

NAME & ADDRESS  
of Employer

Type of Business \_\_\_\_\_

Dates Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hrs. Per Week \_\_\_\_\_

Your Job Title \_\_\_\_\_ ☐ Full-time ☐ Part-time ☐ Volunteer

Immediate Supervisor(s) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Describe your duties in detail (knowledge, skills, abilities required, employees supervised, accomplishments)

\_\_\_\_\_  
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Reason for Leaving: \_\_\_\_\_

- [illegible]

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## **PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

Lewistown Police Department

As an applicant to the Lewistown Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as moral obligation, to take every reasonable effort to ensure that persons employed by them as Peace Officers conform to the very highest standards.

Therefore, I release and hold harmless the Lewistown Police Department, the City of Lewistown and their officers, agents or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any person(s) and/or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

**I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and ALL related documents thereto. I do so with full knowledge of the Constitution of the State of Montana, Article II – Section #9 stating:**

**“Right to Know: No person shall be deprived of the right to examine documents or to observe the deliberations of all public bodies or agencies of the state government and its subdivisions, except in cases in which the demand of individual privacy clearly exceeds the merits of public disclosure.”**

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

# *Police Department*

*City of Lewistown*

*Chief of Police  
Justin Jenness*

*305 W. Watson, Lewistown, MT 59457  
Tele: (406) 535-1800 Fax: (406) 535-7407*

*Assistant Chief  
Jon Polich*

## **AUTHORIZATION TO RELEASE INFORMATION**

Name of Applicant \_\_\_\_\_  
Date of Birth \_\_\_\_\_

As an applicant for a position with the Lewistown Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will **NOT** release the information provided to them to any person, **including myself**. The information submitted to this agency is confidential and will be used only for investigation of my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others to furnish the Lewistown Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage, which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

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

## EMPLOYMENT PREFERENCE FORM

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Position Applied For \_\_\_\_\_  

Job Title	Position No.	Department Name
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To claim preference under the **Montana Veterans' Employment Preference Act** or the **Montana Handicapped Persons' Employment Preference Act**, complete the following. Providing the following information is voluntary but must be included with the application in order to claim employment preference. This information will be kept confidential and will only be used during the hiring process to provide the applicant employment preference. Applicants hired by the state will have this information placed in a separate confidential file.

1. Veterans' Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection procedure is used. To claim **Veterans' Employment Preference** you must be a U. S. Citizen and (check one of the boxes below):

☐ **A Veteran, if**

1. You have been separated under honorable conditions, AND
2. you have served more than 180 consecutive days of active duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard (not including National Guard or Reserves) or a member of the reserves who served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.

☐ **A Disabled Veteran, if**

1. you have been separated under honorable conditions from active duty, AND
2. you have an established Armed Forces, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, OR you have received a Purple Heart.

☐ **The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

☐ **The unremarried surviving spouse of a veteran or disabled veteran.**

☐ **The mother of a veteran, if**

1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, AND
2. YOUR SPOUSE is totally and permanently disabled, OR YOU are the unremarried widow of the father of the veteran.

2. To claim **Montana Handicapped Persons' Employment Preference** you must be (check one of the boxes below):

☐ **A person with a disability** certified by SRS, OR

☐ **The spouse** of a totally (100%) disabled person certified by SRS, AND Resided continuously in Montana for at least 1 year immediately before applying for employment.

3. **In the box below, check the attachment you have included to document the preference request.**

☐ DD-214      ☐ SRS Certification      ☐ Other \_\_\_\_\_  
 (Specify)

SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_