



DISPATCHER POLICE DEPARTMENT Labor Grade 4

SUMMARY: Under general supervision, performs skilled work in receiving emergency calls and dispatching personnel and equipment to handle the emergency; performs other duties as assigned.

ESSENTIAL FUNCTIONS: (Essential functions, as defined under the Americans with Disabilities Act, may include the following duties, knowledge, skills and other characteristics. This list is ILLUSTRATIVE ONLY and is not a comprehensive listing of all functions and tasks performed by incumbents of this class.)

DUTIES AND RESPONSIBILITIES: (which are **not** in any hierarchical order)

1. Receives information via telephone, radio, other emergency communications equipment, fire or intrusion alarms systems, or other electronic means.
2. Dispatches emergency personnel and equipment in accordance with established standard operating procedures; monitor the response to such emergencies; dispatch additional support personnel as required; and maintain through CAD (Computer Aided Dispatching) accurate records of all such activity.
3. Establishes priorities in accordance with the seriousness of events in the case of multiple and simultaneous emergency events.
4. Enters information into LEADS and NCIC, i.e. stolen vehicles, missing juveniles, missing adults, stolen articles, boats, towed vehicles, gang members, parolees.
5. Coordinates interdepartmental and inter-jurisdictional responses to emergencies involving police, fire and ambulance personnel and coordinate procurement of wreckers and notification of other appropriate agencies and personnel.
6. Maintains contact with and understand the capabilities of area communities and their services.
7. Assists in training of new employees.
8. Monitors several radio channels including QC Net, Ispem, Dispatch 1, Dispatch 2, Fire, EMS.
9. Performs routine clerical, including filling out appropriate forms and maintaining files; typing work in coding and entering information regarding ambulance runs, fire runs, complaints, and other calls for service into the computer terminal.
10. Provides information to citizens or transfer calls to appropriate city personnel in accordance with established procedures.
11. Operates personal computer or terminal in locating and receiving information; and documenting situations.
12. Provides good public relations, addresses concerns and offers the best possible customer services to residents and continue to improve the image of the city.

KNOWLEDGE, SKILLS AND OTHER CHARACTERISTICS:

Knowledge of principles, practices, and procedures of modern police and fire administration, organization and operation.

Revised 10/18/02

Knowledge of city ordinances, State and Federal Laws, city manuals.
Knowledge of standards by which the quality of police service is evaluated and use of police records.
Knowledge of the operation of telephone, radio, computer terminal and other communications equipment.
Knowledge of the geographical layout of the cities and location of important buildings.
Knowledge of telecommunications networks and records management system.
Knowledge of safety practices.
Knowledge of modern office practices and procedures.
Ability to maintain confidence for sensitive situations.
Ability to ensure safe work environment.
Ability to read and understand city maps.
Ability to act quickly and calmly in emergency and stressful situations.
Ability to speak clearly in a well-modulated voice; and to use good diction.
Ability to understand and follow oral and written instructions.
Ability to work with personal computer and telephone system in performing duties, i.e. multi-tasking.
Ability to effectively communicate with those contacted throughout the course of the workday.
Ability to maintain effective working relationships with other departments, agencies, employees, supervisors and the public.
Skill in operation of modern office equipment to include computers
Skill in typing with reasonable accuracy and speed to satisfy department needs and deadlines.

PHYSICAL REQUIREMENTS AND WORK ENVIRONMENT: There is frequent need to sit, talk and hear; there is need to stand, walk, bend, climb, twist, stoop, use hands to finger, lift up to ten (10) pounds, and perform other similar actions during the course of the workday. Position is subject to overtime and call back work. Position subject to stressful situations pertaining to residents. The City of East Moline promotes a drug/alcohol free work environment through the use of mandatory pre-employment and random drug testing.

MINIMUM QUALIFICATIONS: High school graduate or GED equivalent; supplemented by courses in typing and data processing; possession of Illinois LEADS certification and State Approved Emergency Medical Dispatch certification, or the ability to obtain one within a 6 month period; experience in handling emergency situations preferred; or any equivalent combination of training and experience which provides the required knowledge, skills and abilities.

Employee Signature

Date

H.R. Signature

Date



EAST MOLINE 911 CENTRE DISPATCHER

Fact Sheet

Below is an outline of the various points that you should know about the position of Dispatcher with the City of East Moline. Please read them over carefully so that there will be no misunderstanding of what you can expect and what will be expected of you. Being a dispatcher requires calm and quick reaction during stressful situations in helping citizens in need. It is tough and demanding and patience is imperative. You must make quick and instinctive decisions and treat everyone fairly and impartially, regardless of race, color, religion, sex, or national origin.

If you are in agreement with all of this and meet the requirements, we wish you good luck.

You can expect:

1. A starting salary of \$20.99 hour.
2. Paid vacations, paid court time, hospital insurance, and other benefits.
3. Limited opportunities for advancement.
4. A 40-hour work week.
5. Certification Training mandatory after hire – including out of town travel.
6. To be required, once certified, to live within a 15 mile radius of the Centre, 1200 River Drive, Moline, within the State of Illinois.
7. To be automatically disqualified if any reports are falsified. If forms, reports or documents are found to be falsified after you are hired, you will be automatically discharged.
8. A (6) six-month probation period.

Hiring Procedure:

1. You must be at least 18 years of age at the time you file an application.
2. You must pass the applicant testing software.
3. **BACKGROUND INVESTIGATION** will be performed on all applicants who successfully pass the Centre testing.
4. **INTERVIEWS** will be conducted after successful completion of testing to applicants who have passed all tests and have ranked the top 10 scores.

5. All applicants listed on the Eligibility List will be subject to final physical examination, and possibly a polygraph examination before being hired.
6. Before being hired, an applicant must undergo and pass a complete physical exam by a physician designated by the City at the City's expense.
7. Before being hired, an applicant must undergo and pass a complete psychological examination by a psychologist designated by the City at the City's expense.
8. The applicant must have a high school diploma or GED certificate.
9. The applicant must be a U.S. Citizen.
10. **When returning your application, please bring the following:**
 - A. Copy of birth certificate
 - B. Copy of high school diploma or GED certificate, and proof of any college degrees/courses taken.
 - C. Proof of previous dispatching.
 - D. The signed waivers and release forms enclosed in the application.

The hiring procedure will take several weeks. Although the hiring procedure is long and difficult, it will be a rewarding position for those who qualify.

The City of East Moline is an Equal Opportunity/Affirmative Action Employer.

Good Luck!

APPLICATION FOR EMPLOYMENT



**1200 River Drive
MOLINE, IL 61244
(309) 752-1584**

INSTRUCTIONS: Complete all applicable information. Applicants may provide additional information on another form. This application will be kept on file for twelve months and considered for all open positions during that period. Be sure to sign and date the application. PLEASE PRINT USING BLUE OR BLACK INK

The City of East Moline is an equal opportunity employer. All decisions concerning job application procedures, employment, advancement, discharge, compensation, training, and other terms, conditions, and privileges of employment are made without regard to race, color, sex, religion, ancestry, age, national origin, protected disability, or veteran status.

Date _____ Email _____

Name (Last, First Middle) _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Number _____ May We Call? _____

Social Security Number _____ Drivers License Number _____ State _____

What Position are you applying for? _____

Please list any skills you possess related to the position. _____

Please list any licenses, certificates or awards you possess related to the position. _____

If selected for employment, on what date would you be available for work? _____

Circle Proper Answer

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever pleaded guilty or been convicted of a traffic, ordinance or criminal offense? Yes No

If yes, please describe. _____

Can you, with or without reasonable accommodations, perform the essential functions for the position(s) for which you are applying? Yes No

If not, please list the reasons _____

EDUCATION

Level	Name and location of school	Number of years attended	Did you graduate?	Major/Degree
High School				
College				
Trade, Business, or Correspondence School				
Other Formal Training or Certification				

EMPLOYMENT HISTORY

List last employer first. Include US military service. Do not leave any information blank.

Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final/Current Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		
Start Date Month Year	Employer Name	Position Held	Reason for Leaving
End Date Month Year	Address		
Final Salary	City/State	Supervisor's Name	
	Phone Number		

REFERENCES

List three persons not related to you, whom you have known for at least one year.

Name	Business	City & Phone Number	Years Acquainted

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

Signature _____ Date _____



AUTHORIZATION

I, _____, hereby consent and authorize _____ or it's agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). **In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under the FCRA, as prescribed by the Federal Trade Commission, section 609(c)(3).**

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes No
If yes, list names and corresponding years. _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 1999 – 2006)

- County _____ Years: From _____ through _____
- County _____ Years: From _____ through _____
- County _____ Years: From _____ through _____
- County _____ Years: From _____ through _____
- County _____ Years: From _____ through _____
- County _____ Years: From _____ through _____

Current Address, City, State, & Zip

Signature

Date

Print Name (please print legibly)

revised 06/2006

PERMISSION TO CONTACT REFERENCES

PLEASE NOTE: By signing this form you grant the City of East Moline permission to contact the references and former employers provided in the Application for Employment about dates of employment, salary, as well as, information about job performance. You agree to hold all references harmless for any information they may provide. By consenting to hold references and former employers harmless, you agree not to hold liable any persons or organizations listed in the Application for Employment for the information they provide to the City of East Moline. You also agree to hold the City of East Moline harmless for any actions that may result from the information obtained from references. By consenting to hold the City of East Moline harmless, you agree not to hold liable, any persons or The City of East Moline for any actions regarding your potential employment resulting from the information obtained (or not obtained) from references. Furthermore, understand that any information received from references and/or former employers shall become the exclusive property of the City and thereby considered confidential and not for dissemination to any unauthorized party, including the applicant. This agreement is not designed to supercede any existing laws or legally binding agreements already in existence at the time of this agreement.

By signing below you hereby certify that you have read and understood all of the information written above and grant The City of East Moline permission to contact the references listed in the Application for Employment. By signing you also certify that you understand the ramifications of agreeing to this agreement and consent to all of the stipulations set forth in this agreement.

Print Name _____

Sign Name _____ Date _ _____

By NOT signing above, you hereby certify that you have read and understood all of the information written above and all of the stipulations set forth in this agreement and DO NOT grant The City of East Moline permission to contact the references listed in the Application for Employment. You also understand that by agreeing not to grant the City of East Moline permission to contact references you have limited the amount of information the City of East Moline will be able to obtain about you, therefore placing you at a competitive disadvantage for employment.

VOLUNTARY AFFIRMATIVE ACTION DATA

CITY OF EAST MOLINE
HUMAN RESOURCES
915 16TH AVENUE
EAST MOLINE, IL 61244
(309) 752-1584

PLEASE NOTE: Completion of this form is voluntary.

The City of East Moline considers all applicants for positions without regard to race, national origin, citizenship, age, mental or physical disability, or any other similarly protected status. The City of East Moline complies with all applicable laws governing employment policies and does not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED ON A VOLUNTARY BASIS. NOT USED FOR INTERVIEW PURPOSES.

Failure to provide information has absolutely no influence on The City of East Moline's decision to interview or employ an applicant. This survey is not a part of The City of East Moline's Application for Employment and will be filed separately. All information on this survey will be used to satisfy government record keeping, reporting and other regulations relating to Affirmative Action. The City of East Moline appreciates your cooperation in our efforts to document the demographic data provided by the completing of this form.

Date _____

Name _____
Last First Middle Initial

Social Security Number _____

Date Of Birth _____
Month Day Year

Position(s) Applied For _____

Please select one of the following Equal Opportunity Identification Groups:

- American Indian or Alaskan Indian Black (not of Hispanic origin)
 Asian or Pacific Islander Hispanic White

Please select one of the following Equal Opportunity Identification Groups:

- Male Female

Where did you learn about the opening?

- Government Employment Agency Private Employment Agency Current Employer
 Walk-in School Other _____
 Relative Advertisement - located in: _____