

APPLICATION SUPPLEMENT: Dispatcher/Jailer

INSTRUCTIONS: Your training and experience will be evaluated and scored to determine how well you qualify for this position. Please provide the additional information requested below in a clear and concise manner. Include in your answers the name and phone number of someone who can and will verify your experience or training (employer/supervisor/instructor). Use additional pages as necessary.

1. List your work experience dealing with the public.

Employer & address: \_\_\_\_\_

Your title: \_\_\_\_\_

Contact person & phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ (month & year) to \_\_\_\_\_ (month & year)

Average number of hours/week: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer & address: \_\_\_\_\_

Your title: \_\_\_\_\_

Contact person & phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ (month & year) to \_\_\_\_\_ (month & year)

Average number of hours/week: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any previously acquired law enforcement education/experience.

Employer & address: \_\_\_\_\_

Your title: \_\_\_\_\_

Contact person & phone number: \_\_\_\_\_

Employed from \_\_\_\_\_ (month & year) to \_\_\_\_\_ (month & year)

Average number of hours/week: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational institution: \_\_\_\_\_

Course of study: \_\_\_\_\_

Contact person & phone number: \_\_\_\_\_

Degree/certification awarded: \_\_\_\_\_

Date of last attendance: \_\_\_\_\_

3. Describe any experience/training you have had with answering telephones or radios. Include length of experience. Provide name of contact person and phone number to verify the information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe any experience/training you have had with computers, the types of projects completed. Include length of experience. Provide name of contact person and phone number to verify the information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe any previous experience in which you have had to deal with an emergency situation or with hostile persons on a professional or responsible level. Describe your role in the situation. Provide name of contact person and phone number to verify the information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have a H.S. diploma or GED? Yes \_\_\_ No \_\_\_

7. Do you have a valid driver's license?  
Please attach a photocopy. Yes \_\_\_ No \_\_\_

8. Are you currently certified in CPR? Yes \_\_\_ No \_\_\_  
First Aid? Yes \_\_\_ No \_\_\_  
EMT? Yes \_\_\_ No \_\_\_

Please attach a photocopy of certification.

**IMPORTANT:** Please include the following information with the application form. The failure to do so may delay or prevent the timely processing of the application. You will not receive credit for the relevant education, certification, etc. if documentation is not included with the application.

1. Photocopy of valid driver's license
2. Photocopy of DD214, if requesting veteran's preference points. If you are claiming a disability for preference points, you must provide documentation of the disability with this completed application. Supply a photocopy of the original award letter of the disability from the Veterans Administration, or call the VA at 1-800-827-1000 to request the documentation. Be prepared to supply your VA claim number and social security number.
3. Photocopy of documentation of relevant courses taken (grade transcripts, certificates of completion, CPR, First Aid, EMT, etc.) or other information you deem relevant/beneficial to your application.