



Sumner County Emergency Communications Center Job Description/Task Analysis Telecommunicator I

Position Concept:

The Telecommunicator I performs public safety communication tasks involving the reception of emergency and non-emergency telephone calls in the Sumner County Emergency Communications Center. Members in this assignment may be required to act as a trainer.

The most important and essential job function of the position is an attitude which includes the following: interacting positively and cooperating with co-workers, responding politely to customers, working as a team member, functioning under intense time pressure and responding in a positive manner to supervision.

The Telecommunicator I may perform other related duties and tasks, as required and shall have the physical, mental and emotional abilities to perform the essential job duties of the position.

Essential Functions:

- Operate computer (2)
- Operate telephone system and TDD (2)
- Initiate a public safety field response, provide information, make referrals or take messages (2)
- Provide emergency medical/fire/law enforcement pre-arrival and post-dispatch instructions to callers reporting emergencies (2)
- Maintain professional training (2)
- Process the call for service or assistance in accordance with established procedures (2)
- Complete required forms, logs, documents, computer fields, etc. accurately and quickly (2)

Experience, Education, Professional Certifications, or License

- High School or GED
- *TCIC/NCIC certification within six (6) months of employment
- Successfully complete *APCO Basic Telecommunicator Certification within six months of employment
- Successfully complete Emergency Medical Dispatch (EMD) and Emergency Fire Dispatch (EFD) Certification within six months of employment (as required for position assignment)
- Successfully complete CPR, and *TDD training within six months of employment
- Complete FEMA Incident Command System courses (ICS 100, 200, 700 and 800) within six (6) months of employment.)
- Demonstrated keyboarding proficiency of 40 wpm

Status: Civilian Certified

Environmental Conditions:

- Works under very stressful conditions
- Works rotating shifts
- Work nights, weekends, and holidays as required

- All telephone and radio conversation are recorded

Required Skills and Knowledge

Knowledge of:

- *TDD telephone system (2)
- Resources (2)
- Other Agencies (2)
- Radio codes, signals, identifications (2)
- Civil Process (1)
- Criminal Justice system (1)
- SCECC policy and procedures (2)
- Geographical area (2)
- Telephone system (2)
- Radio codes, signals, and identifiers (2)

Ability to:

- Speak clearly and comprehend (2)
- Concentrate under stress (2)
- Coordinate a number of activities at the same time under intense stress (2)
- Respond quickly with little notice in the event of an emergency, disaster or unexpected staffing shortage (2)
- Maintain confidentiality (2)
- Testify in court and represent SCECC with a positive, professional image (1)
- Read and write English (1)
- Communicate effectively orally and in writing with a wide variety of people under stressful conditions (2)
- React quickly, calmly and with good judgment during emergency and non-emergency situations (2)
- Operate specialized equipment (1)

Skills:

- Analytical (1)
- Computer (2)
- Keyboarding (2)
- Basic English Grammar (1)
- Ability to speak in an unencumbered manner (2)
- Telephone (2)
- Interpersonal (2)
- Organizational (1)
- Record keeping (1)
- Multitask (2)

Physical Requirements:

- Sit for extended periods
- See at normal range or with accommodations
- Hear at normal level or with accommodations
- Speak English understandably
- Manual dexterity
- Ambulate independently
- Recognize colors
- Reach/Bend/Squat
- Lift/carry 20 lbs
- Mental alertness
- Look at computer monitor for extended periods
- Type on computer keyboard for extended periods
- Answer emergency and non-emergency phone lines (2)

Frequency of Task Performance

Ability to perform tasks daily as required or on an as needed basis.

Criticality of Task Performance

0 = Not relevant to successful job performance; 1= Important to successful job performance; 2= Critical to overall successful performance.

*TCIC/NCIC: Tennessee Crime Information Center/National Crime Information Center

*APCO: Association of Public Safety Communication Officials, Intl

*TDD: Telecommunication Device for the Deaf

Classification Grade

Grade 1

FSLA Status

Non-Exempt



Application for Employment Sumner County Government

Type of Position Applying for: _____ Date: _____

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
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CURRENT ADDRESS	CITY	STATE	ZIP	COUNTY
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HOME PHONE	WORK PHONE	CELL (OPTIONAL)
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E-MAIL ADDRESS	SOCIAL SECURITY NUMBER (OPTIONAL - REQUIRED UPON EMPLOYMENT)
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ARE YOU UNDER THE AGE OF 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	ARE YOU A U.S. CITIZEN? Yes <input type="checkbox"/> No <input type="checkbox"/> IF NOT A U.S. CITIZEN, ARE YOU ELIGIBLE FOR LAWFUL EMPLOYMENT IN THE U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
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DATE AVAILABLE	NAME USED ON TRANSCRIPTS	PROOF OF IDENTITY, CITIZENSHIP OR LEGAL RIGHT TO WORK IN THE U.S. WILL BE REQUIRED UPON HIRING.
SALARY RANGE DESIRED		

HAVE YOU EVER BEEN EMPLOYED BY ANY DEPARTMENT OF SUMNER COUNTY GOVERNMENT? Yes No IF YES, EXPLAIN
IF YES, WHEN? DEPT./POSITION

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY LAW VIOLATION OTHER THAN TRAFFIC VIOLATIONS? Yes No IF YES, EXPLAIN

DATE	PLACE	CHARGE	DISPOSITION

EDUCATION - SKILLS - ABILITIES

Type of School	Name, City & State	Years Attended From/To	Circle Highest Year Completed	Diploma, GED or Degree	List Degree and/or AREA OF CONCENTRATION
High School			9 10	Yes No	
			11 12		
College (Undergraduate)		To	1 2	Yes No	
			3 4		
College (Graduate)		To	1 2	Yes No	
			3 3		
Trade School		To	1 2	Yes No	
			3 4		

PROFESSIONAL LICENSURE OR CERTIFICATION

ARE YOU LICENSED TO PRACTICE IN ANY PROFESSION? Yes No

IF YES, LIST BELOW:

PROFESSION	LICENSE NUMBER	ISSUING AGENCY	EXPIRATION DATE

HAS YOUR PROFESSIONAL LICENSE EVER BEEN REVOKED OR SUSPENDED? Yes No

IF YES, EXPLAIN:

MILITARY SERVICE RECORD

BRANCH SERVICE	FROM DATE	TO DATE	KIND OF DISCHARGE RECEIVED

EXPLAIN ANY SPECIAL MILITARY SCHOOLING RECEIVED THAT WOULD ASSIST YOU TO FULFILL THIS POSITION?

PREVIOUS WORK EXPERIENCE - PAST FIVE YEARS (BEGIN WITH MOST RECENT EMPLOYMENT - ADD PAGES IF NECESSARY)

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

ADDRESS _____ PHONE NUMBER _____
STREET CITY STATE

STARTING POSITION TITLE _____ LAST POSITION TITLE _____ LAST SALARY \$ _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

ADDRESS _____ PHONE NUMBER _____
STREET CITY STATE

STARTING POSITION TITLE _____ LAST POSITION TITLE _____ LAST SALARY \$ _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

ADDRESS _____ PHONE NUMBER _____
STREET CITY STATE

STARTING POSITION TITLE _____ LAST POSITION TITLE _____ LAST SALARY \$ _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____ FROM _____ TO _____
MONTH/YEAR MONTH/YEAR

ADDRESS _____ PHONE NUMBER _____
STREET CITY STATE

STARTING POSITION TITLE _____ LAST POSITION TITLE _____ LAST SALARY \$ _____

DESCRIPTION OF DUTIES _____

REASON FOR LEAVING _____

SKILLS AND ABILITIES PLEASE LIST ANY ADDITIONAL RELATED SKILLS FOR WHICH YOU HAVE TRAINING OR EXPERIENCE.

OFFICE AND COMPUTER SKILLS:

LIST SYSTEMS, SOFTWARE AND KNOWLEDGE LEVEL

TYPING/KEYBOARDING SPEED _____ WPM _____ 10-KEY BY TOUCH _____ TRANSCRIPTION OTHER _____

BILINGUAL SKILLS: VERBAL _____ WRITTEN _____

OTHER KNOWLEDGE, SKILLS AND ABILITIES RELEVANT TO POSITION TO WHICH YOU ARE APPLYING: _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION - EXAMPLES INCLUDE CLASSES (INCLUDE DATES), CERTIFICATES, CURRENT LICENSES, SPECIFIC EQUIPMENT AND OTHER SKILLS.

REFERENCES

NAME ADDRESS, CITY, STATE PHONE NUMBER

I understand that any false answer or statement made by me on this application or any supplement that I have attached, or in connection with my application for employment with any department of Sumner County Government will be sufficient grounds for rejection of my application or immediate dismissal if I am employed.

I certify that all information listed on my application is complete and accurate to the best of my knowledge. I further understand that I will not be given any opportunity to update my previous experience declarations after I have been employed.

I hereby authorize Sumner County Government and its agents to conduct a thorough investigation of my background, including past employment, and agree to cooperate. I hereby release from liability all persons, companies, institutions or corporations supplying information requested pursuant to this application.

My signature below indicates that I understand these stipulations.

Applicant Signature _____

Date _____

NOTE: If you are applying for a position for the Sumner County EMS Department, Sumner County Emergency Communications Center or the Sumner County Sheriff's Office, you **MUST** complete the section on the Back or Next page. **ONLY** applicants for those three departments are to complete that information.

SUMNER COUNTY EMS DEPARTMENT APPLICANTS ONLY

SUMMARY

Demonstrate your suitability for position sought by outlining your career objectives and elaborating on the factual material already presented. Show how your experience (educational, extracurricular and work) is relevant to the position, organization, and/or/ field of work for which you are applying.

Please give a brief explanation of your work ethics and habits.

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THIS SECTION TO BE COMPLETED BY EMS, ECC AND SHERIFF'S OFFICE APPLICANTS ONLY

SUMNER COUNTY EMS DEPARTMENT or
EMERGENCY COMMUNICATIONS CENTER
APPLICANTS AND
SUMNER COUNTY SHERIFF'S OFFICE APPLICANTS

TO DETERMINE MY SUITABILITY FOR EMPLOYMENT, I AUTHORIZE THE SUMNER COUNTY EMS DEPARTMENT, SUMNER COUNTY EMERGENCY COMMUNICATIONS CENTER AND THE SUMNER COUNTY SHERIFF'S OFFICE TO PERFORM BACKGROUND INVESTIGATIONS AS DEEMED APPROPRIATE. I UNDERSTAND THAT THIS MAY INCLUDE CONTACTING ANY INDIVIDUAL OR ORGANIZATION WITH WHOM I HAVE HAD CONTACT AND I AUTHORIZE ALL PARTIES TO FURNISH ANY INFORMATION THEY MAY HAVE.

I RELEASE ALL PARTIES, INCLUDING THE SUMNER COUNTY GOVERNMENT AND ANY EMPLOYEES OR AGENTS FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGES WHATSOEVER INCURRED IN FURNISHING THIS INFORMATION.

I FURTHER AGREE THAT ALL REPRODUCED COPIES OF THIS STATEMENT AND MY SIGNATURE ARE VALID AS THE ORIGINAL.

APPLICANTS SIGNATURE _____
DATE _____

NOTE:

THE SUMNER COUNTY EMS DEPARTMENT, SUMNER COUNTY EMERGENCY COMMUNICATIONS CENTER AND THE SUMNER COUNTY SHERIFF'S OFFICE ARE DRUG FREE EMPLOYERS. ALL EMPLOYEES MUST ADHERE TO A NO-TOLERANCE DRUG POLICY. THEREFORE, APPLICANTS SELECTED FOR EMPLOYMENT MUST SUCCESSFULLY UNDERGO A URINALYSIS SCREENING FOR DRUG USE AS A CONDITION OF EMPLOYMENT.

IN ADDITION, CERTAIN POSITIONS REQUIRE APPLICANTS PASS A PHYSICAL, AGILITY ASSESSMENT AND/OR A PSYCHOLOGICAL EXAMINATION BEFORE EMPLOYMENT CAN BEGIN.