

TRENTON POLICE DEPARTMENT

11 E State St – Trenton OH 45067
Phone 513.988.6341 – Fax 513.988.5173
www.ci.trenton.oh.us

APPLICATION PACKET

EMERGENCY SERVICES DISPATCHER

Applicant: _____

Last Name

First Name

Middle Name

The City of Trenton is an



Equal Opportunity Employer



TRENTON POLICE DEPARTMENT

11 E State St – Trenton OH 45067
Phone 513.988.6341 – Fax 513.988.5173
www.ci.trenton.oh.us

Emergency Services Dispatcher Information Document

The City of Trenton is currently seeking a full- or part-time Emergency Services Dispatcher to fill an immediate vacancy. Trenton, Ohio, is a unique city that has managed to steadily grow yet still maintain that small town feel. Our residents are dedicated to hard work and strong family values, and possess a significant amount of pride in their community. At the City of Trenton, our employees are encouraged to develop and maintain a special relationship with the citizens and businesses in our city. If an environment of true community service appeals to you, please consider the City of Trenton as a place to start or continue your career.

We expect that the hiring process will take approximately 60-90 days from application to start date. The process will include a written examination, an interview session conducted by a community or police administrative panel or both, a comprehensive background investigation and records check, a polygraph examination, a possible psychological evaluation, a full medical exam for full-time appointment, and comprehensive drug testing. Each testing element will be scored or evaluated as pass/fail. Candidates will not be automatically eliminated on the basis of minor omissions or deficiencies on the application.

In order to be considered for this position, successful candidates must:

- Be 21 years of age on or before the date of the written examination;
- Have a high school diploma or equivalency;
- Be an Ohio resident at time of hire;
- Have a valid Ohio driver's license at time of hire;
- Be a citizen of the United States; and
- Meet all requirements to be bonded.

Current salary range is \$13.15 – 16.89 per hour depending on qualifications and experience.

Completed application packets must be submitted to the City of Trenton Administrative Offices on or prior to Monday, May 1st, at 5:00pm in order to be considered. Packets submitted after this date and time will not be accepted. No resumes or other documents will be accepted at this time.

Sincerely,

Arthur M. Scott

Chief of Police

Arthur M. Scott, Chief of Police

The Application Packet

The attached packet contains an application and other forms that must be completed and signed as indicated and turned in with the application. Additional documents may be required during the interview process and will be specified at that time. Please do not include any document or form with your application that is not in this packet and/or on the list below.

Submitted application packets must include the following:

Forms in this packet to be completed and signed as indicated:

- City of Trenton employment application
- Background Investigation form
- Authorization for Release of Medical Information
- Personal History Questionnaire

Copies of personal documents to be included:

- Valid driver's license
- Birth certificate
- High school diploma or equivalent
- College diploma if applicable

Completed application packets must be received by the City of Trenton Administrative Offices no later than Monday, May 1st, at 5:00pm. Packets submitted after this date and time will not be accepted. Incomplete packets will not be accepted.

Application packets may be mailed to:

City of Trenton
TPD Applicant Packet
11 E State St
Trenton OH 45067

Mailed packets must be received on or prior to the May 1st deadline in order to be considered.



TRENTON POLICE DEPARTMENT
Job Description
EMERGENCY SERVICES DISPATCHER

Qualifications

- High school diploma or equivalent
- Course work and/or work experience as a Police/Fire/EMS dispatcher or training and work experience evidencing a basic knowledge of emergency dispatching
- Demonstrable ability to speak clearly and effectively
- Computer literacy
- Must meet such medical standards as prescribed and successfully pass any qualifying examinations, either oral or written
- Must pass an in-depth background investigation

Licensure or Certification Requirements

- LEADS and CCH certification must be obtained during first six (6) months in position
- State of Ohio Notary (full-time only)

Necessary Knowledge, Skills, and Abilities

- Knowledge of:
 - Inventory control
 - FCC rules and regulations
 - LEADS computer operations
 - Public safety radio dispatching procedures
 - 911 terminal operating procedures
 - Department goals and objectives
 - Department policies and procedures
 - Safety practices and procedures
 - Public relations
 - Records management
 - Program tasks, equipment, material, and procedures
- Skill in:
 - Operation of multi-band base radio
 - Operation of LEADS computer terminal
 - Windows-based computer system

- Ability to:
 - Understand, interpret, and carry out a variety of instructions in oral, written, picture, or schedule form
 - Analyze situations quickly and objectively and determine a proper course of action to be taken
 - Define problems, collect data, establish facts, and draw valid conclusions
 - Exercise independent judgment
 - Complete routine forms
 - Prepare accurate documentation
 - Compile and prepare reports
 - Write, speak, and communicate effectively
 - Maintain records according to established procedures
 - Maintain confidentiality of information and written materials

- Good general intelligence and emotional stability

- Willingness to cooperate with administrators, police officers, and the general public

Essential Functions of the Position

- Receives and transmits radio communications, e.g., dispatches police, fire, and life squad units to geographic location of complaint, dispatches proper number of units and equipment, and coordinates back-up support with other jurisdictions
- Receives emergency and non-emergency requests from service agencies and the public and obtains pertinent information
- Maintains records on various forms and logs, computer entries, and cancellations
- Operates equipment, e.g., LEADS computer terminal, telephones, and radios
- Receives and verifies vehicle license and registration information
- Enters, clears, and cancels entries in local LEADS computer system and prepares and maintains all LEADS correspondence, entries, deletions, warrant transactions (certifications), and training sessions
- Receives and disseminates information to other agencies
- Analyzes computer printouts to ascertain pertinent information
- Receives and processes monies for bonds, impounds, and records as necessary
- Maintains visual observation of persons in holding cell, completes reports as required, and downloads videos to case files
- Notarizes forms and documents as necessary
- Demonstrates regular and predictable attendance

Other Duties and Responsibilities

- Serves as first point of contact for citizens entering police station
- Performs other related duties as assigned by a supervisor

Equipment Operated

The following are examples only and are not intended to be all-inclusive:

- Radio
- Computer and LEADS terminal
- Video equipment
- Office equipment such as copier, scanner, desk phone, etc.
- TASER® (full-time only)



City of Trenton

Employment Application
11 E State St | Trenton, OH
t. 513.988.6304 | f. 513.988.0855
www.cityoftrenton.com
An Equal Opportunity Employer

Office Use Only
Hire Date: _____

EMPLOYMENT APPLICATION

Important Information about the Application Process

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application should be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study.
- Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Applicant Information

Position for which you are applying: _____

Last Name _____ First Name _____ MI _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

General Information

- Are you now, or have you ever been employed with the City of Trenton? Yes No
- Do you have relatives employed by the City of Trenton? Yes No
If yes, please give name, relationship, and department: _____
- What are your salary expectations? _____ Date available? _____
- Are you on layoff, subject to recall? Yes No
- Are you able to perform the essential functions of this job, with or without reasonable accommodations? Yes No
- Are you at least 18 years old? Yes No

Employment History

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience.
- **Begin with your most recent job or assignment first** and list each job separately, extending for a period of **10 years**. Please explain all periods of unemployment.
- Additional pages of work history may be attached, if necessary.
- A resume is not a substitute for this section of the application.

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? Yes No Start Date: ___/___/___ End Date: ___/___/___

Employer: _____ Position Title: _____

Address: _____ Starting Salary: _____ Ending Salary: _____

City, State, Zip Code: _____ Full-time _____ Part-time _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

Education, Training, Certificates & Licenses

Do you have a high school diploma, GED certificate, or equivalent? Yes No

Colleges, universities, military, trade, business, or other schools attended

| Name of School | Location of School | Courses of Study (major) | Degree or Certificate Earned | Degree or Certificate Earned |
|----------------|--------------------|--------------------------|------------------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List driver's license and any professional licenses or certificates

| Title of license or certificate | Number | Issuing Agency | Date Issued/Date of Expiration |
|---------------------------------|--------|----------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Indicate special skills that you have acquired

| | | |
|--|---|--|
| Administrative: Typing _____(wpm) Office equipment _____ Computer software _____ | Fluency in languages other than English: Read _____ Speak _____ Write _____ | Heavy Equipment/Tools: _____ _____ _____ |
|--|---|--|

Certification of Information, Authorization & Release

BY MY SIGNATURE BELOW, I:

- *Certify* that all answers given herein are true and complete to the best of my knowledge;
- *Authorize* investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision;
- *Release* the individual, company, institution, or organization and all individuals connected therewith from all liability incurred in giving such information. I further release the City of Trenton from all liability incurred in obtaining and/or using such information;
- *Understand* that this application is not intended to be a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Trenton.

Signature of Applicant*

Date

*Electronic or typed signatures are accepted



TRENTON POLICE DEPARTMENT
Authorization for Release of Medical Information

Full Legal Name: _____ PLEASE PRINT

Date of Birth: _____ MM/DD/YYYY

I, the undersigned, hereby authorize the medical facility as listed below to release any information contained in my patient records, including and without limitation records of treatment for physical and/or emotional illness, alcohol or drug abuse, to the Trenton Police Department in reference to my application for employment with same.

A photocopy or faxed copy of this authorization is the same as the original.

Applicant Signature: _____ Date Signed: _____

Witness Signature: _____ Date Signed: _____

Primary Care Physician: _____

Address: _____

Hospitalization - Please provide a complete history. Use back of form if necessary.

Date(s) of Hospitalization: _____

Hospital: _____

Address: _____

Reason for hospitalization: _____

Date(s) of Hospitalization: _____

Hospital: _____

Address: _____

Reason for hospitalization: _____



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

Position applying for: Police Officer Emergency Services Dispatcher

Other – Specify: _____

Date Questionnaire completed: _____

Instructions

This personal history questionnaire is intended for the use of the Trenton Police Department. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, e.g., source documentation, polygraph, and screening procedures.

The answers to questions contained in this questionnaire must be printed legibly and in your own hand, and every question must be answered. If a question does not apply to your particular circumstance, write “N/A” or “Does not apply” in the space provided. Please provide complete address information where requested. If you need more space in order to answer any question completely, use the back of the form on which the question appears.

Warning

Applicants are cautioned to answer every question truthfully and without evasion. Ohio Revised Code provides penalties for making a false statement of a material fact, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

The following list is not inclusive of all points of disqualification but represents some of the major considerations involved in the selection process:

- Illegal use of narcotics or drugs
- Immoral or disorderly conduct
- Inability to speak or write English
- Job-related misdemeanor conviction
- Felony conviction
- Failure to report for an interview or other scheduled appointment
- Fraud
- Gambling
- Attempting to use political influence to obtain a position
- Excessive traffic convictions
- Falsification
- Neglect of Court-ordered family support obligations
- Physical condition that renders applicant incapable of performing essential job functions with or without reasonable accommodations
- Lack of minimum job requirements



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION I – PERSONAL RECORD

| | | | | | | | | | |
|---|-------------|------------------------|-------------------|---------------------------------------|--|--|--|------------------------|----------------------|
| LAST NAME | | | FIRST NAME | | | MIDDLE NAME | | | |
| OTHER NAMES (MAIDEN, FORMER MARRIED NAME, ALIAS(ES), ETC.) | | | | | | (AREA CODE) PHONE NUMBER | | | |
| RESIDENTIAL ADDRESS (NUMBER & STREET, APT., CITY, STATE, and ZIP CODE) | | | | | | SOCIAL SECURITY NUMBER | | | |
| DATE OF BIRTH | | HEIGHT | | WEIGHT | | HAIR COLOR | | EYE COLOR | |
| PLACE OF BIRTH (CITY, COUNTY, and STATE) | | | | | | BIRTH CERTIFICATE # | | | |
| OHIO DRIVER'S LIC. # | TYPE | EXPIRATION DATE | | OUT-OF-STATE OPERATOR'S LIC. # | | TYPE and STATE or TERRITORY | | EXPIRATION DATE | |
| FATHER (NATURAL): LAST | | | FIRST | MIDDLE | | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | | | DATE OF BIRTH |
| MOTHER (NATURAL): LAST | | | FIRST | MIDDLE | | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | | | DATE OF BIRTH |



TRENTON POLICE DEPARTMENT Personal History Questionnaire

RELATIVES – Please list below in the following order:

| 1 | Spouse (current) | | 4 | Children |
|--------------|------------------------------------|--|---------------|---------------|
| 2 | Brother(s) | | 5 | Spouse (ex) |
| 3 | Sister(s) | | 6 | Step-Children |
| RELATIONSHIP | FULL NAME (LAST, FIRST, MIDDLE) | FULL RESIDENTIAL ADDRESS (IF DECEASED, DATE OF DEATH) | DATE OF BIRTH | |
| Spouse | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RESIDENCES – Please list your residential addresses since age 15 with most recent address first. Account for all times and include all military addresses, listing the nearest city in proximity to the base if you resided on base. **If renting or leasing, include the agent or management company to whom you pay rent.**

| FROM MONTH/YEAR TO MONTH/YEAR | RESIDENTIAL ADDRESS (NUMBER & STREET, APT., CITY, STATE, and ZIP CODE) | WITH WHOM DID/DO YOU LIVE (RELATIONSHIP)? |
|----------------------------------|---|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION II - AGENCY WORK HISTORY

Have you ever applied for a position with any law enforcement or other government agency? Yes No

| Name of Department or Agency | Date Applied | Accepted | If no, give reason: |
|------------------------------|--------------|---|---------------------|
| 1. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION III – MILITARY RECORD

| | | |
|---|---|--|
| BRANCH OF SERVICE | UNIT (TANK, CORPS, ENGINEERS, MEDICS, ETC.) | MILITARY SERIAL NO. |
| MILITARY ACTIVE DUTY DATES – Do not include short Reserve tours of 9 days or less. FROM: TO: | HIGHEST MILITARY RANK OR RATE HELD | TYPE OF SEPARATION |
| TOTAL MONTHS OF COMBAT DUTY | TOTAL MONTHS OF OVERSEAS DUTY | MILITARY RESERVE STATUS <input type="checkbox"/> READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE |

1. Have you ever asked for or received deferment from military service? YES NO

If yes, list board number, dates, and full details: _____

2. Were you ever court martialed, tried on charges, or have you been the subject of a summary court martial, Captain’s mast, Article 15, company punishment, or any other disciplinary action while in the armed services? YES NO

If yes, explain in full: _____



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

SECTION IV – GENERAL INFORMATION

The following questions and answers may be verified by a polygraph exam. If the answer to any of the following is “yes,” it will be necessary for you to explain in detail. Full and comprehensive explanations are required. Include locations and dates where relevant. Use the back of this form if you need more space to complete any of these items.

| | | <i>Circle One</i> | |
|---|---|-------------------|----|
| 1 | Have you ever committed a felony for which you were never arrested or convicted? | YES | NO |
| | If yes, explain in full: | | |
| 2 | Have you ever been placed on or served in a criminal diversion type program that led to the eventual dismissal of any criminal charges? | YES | NO |
| | If yes, explain in full: | | |
| 3 | Have you ever been convicted of a felony? | YES | NO |
| | If yes, explain in full: | | |
| 4 | Have you ever been convicted of a misdemeanor that had been reduced from original felony charges? | YES | NO |
| | If yes, explain in full: | | |
| 5 | Have you ever been convicted of a criminal offense? | YES | NO |
| | If yes, explain in full: | | |
| 6 | Have you ever been committed to any penal institution as a result of either a felony or misdemeanor conviction? | YES | NO |
| | If yes, explain in full: | | |
| 7 | Are you presently under indictment or a defendant in any pending criminal, traffic, or civil action? | YES | NO |
| | If yes, explain in full: | | |
| 8 | Have you ever been convicted of a traffic offense? | YES | NO |
| | If yes, explain in full: | | |



TRENTON POLICE DEPARTMENT Personal History Questionnaire

| | | <i>Circle One</i> | |
|----|--|-------------------|----|
| 9 | Is your driver's license now or has it ever been suspended or revoked? | YES | NO |
| | If yes, explain in full: | | |
| 10 | As an adult, have you ever stolen anything and/or bought or sold any property that you knew was stolen? | YES | NO |
| | If yes, explain in full: | | |
| 11 | Have you ever used any hallucinogen, narcotic, or other illegal drug? | YES | NO |
| | If yes, list all drug(s) used, age of first and last use, and total number of usages: | | |
| 12 | Have you ever used any prescription medication not prescribed to you or for purposes other than the medication was originally prescribed or intended? | YES | NO |
| | If yes, explain in full: | | |
| 13 | Have you ever used any substances chemically altered in make-up but giving the same effect as illicit drugs, aka "designer drugs"? | YES | NO |
| | If yes, explain in full: | | |
| 14 | Have you ever sold, been party to the sale of, or in any other way been financially rewarded due to the sale of any controlled substances or prescription drugs or any other substance purported to be a controlled substance? | YES | NO |
| | If yes, explain in full: | | |
| 15 | Have you ever been involved in glue sniffing or huffing, or used any other such chemical agent(s) for purposes of obtaining a state of intoxication? | YES | NO |
| | If yes, explain in full: | | |
| 16 | Do you, your spouse, or any ex-spouse(s) have immediate civil action pending? | YES | NO |
| | If yes, explain in full: | | |
| 17 | Have your wages ever been garnished? | YES | NO |
| | If yes, explain in full: | | |



TRENTON POLICE DEPARTMENT Personal History Questionnaire

| | | <i>Circle One</i> | |
|----|---|-------------------|----|
| 18 | Have you ever filed for bankruptcy or been declared bankrupt? | YES | NO |
| | If yes, explain in full: | | |
| 19 | Have you ever received any type of government support such as Welfare, A.D.C., Housing Subsidy Payments, medical or educational loans or grants for which you were not eligible or received in a fraudulent manner or, after receiving, became ineligible but continued to receive? | YES | NO |
| | If yes, explain in full: | | |
| 23 | Have you ever engaged in illegal gambling activity? | YES | NO |
| | If yes, explain in full: | | |
| 24 | Do you have a problem controlling your temper? | YES | NO |
| | If yes, explain and give an example: | | |
| 25 | Have you ever been involved in an automobile accident? | YES | NO |
| | If yes, explain in full: | | |
| 26 | If employed by the City of Trenton, do you anticipate earning outside income? | YES | NO |
| | If yes, explain in full: | | |

I certify that the statements above are true to the best of my knowledge and that I have provided complete disclosure of all information requested. I further affirm that I understand that any false statements made on this document may be cause for disapproval of my appointment or for discharge after appointment. I also realize that any falsification may subject me to disqualification by the City of Trenton and/or prosecution under Ohio Revised Code 2921.13.

Applicant Signature: _____

Date: _____



TRENTON POLICE DEPARTMENT
Personal History Questionnaire

Consent for Background Investigation

I hereby give my consent for the City of Trenton to conduct an investigation of my background in connection with my application for employment with the Trenton Police Department. I understand that the background check will include an investigation of my past educational and employment records, as well as any past criminal record and the status of my driver's license.

I have read and fully understand the above statement.

Applicant Signature: _____ Date Signed: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____



Department Use Only

Investigator: _____

Results of OHLEG records search (attach printout if necessary):

