

Job Posting

Public Safety Telecommunicator Recruitment

Please make sure to read through the following job specification and minimum qualifications.

Please submit the following application completed to:

John Raymond, Director
Herkimer County Emergency Services
71 Reservoir Road
Herkimer, NY 13350
315-867-1212

PUBLIC SAFETY TELECOMMUNICATOR

DISTINGUISHING FEATURES OF THE CLASS: Employees in this class are responsible for monitoring, dispatching and coordinating a variety of emergency and non-emergency (fire, rescue and ambulance, law enforcement) services. Employees maintain radio communications with road patrol police officers, fire fighters, ambulance service employees and other public service employees. Incumbents monitor numerous telephone systems, alarm systems and radio frequencies simultaneously and must exercise sound independent judgment in prioritizing calls and dispatching appropriate emergency services as quickly as possible. An employee in this class operates telephone communications equipment and inputs data into computer-aided dispatch systems utilizing a typewriter-style computer terminal keyboard. The job involves an unusual working environment, which includes high stress dealing with life and death situations and the need to be polite when dealing with angry and abusive people. Employees are required to work shifts covering both day and night hours. Direct supervision is received from a Senior Public Safety Telecommunicator overseeing the shift. Does related work as required.

TYPICAL WORK ACTIVITIES:

- Answers, screens and processes incoming emergency and non-emergency calls from the general public and other public service providers;
- Enters and maintains event information onto the CAD system;
- Provides caller with information pertaining to the particular emergency situation;
- Utilizes knowledge of and demonstrates proper application of Civil and Criminal laws, ordinances, Vehicle and Traffic laws and fire codes;
- Contributes to and participates in the team effort of training new personnel, cross training of veteran personnel and the continuing training of all personnel;
- Performs clerical duties related to the job;
- Dispatches public safety personnel and equipment using the proper dispatch formats as outlined in the Communications Center policies and procedures;
- Practices proper radio dispatching techniques using appropriate terminology in a calm and professional manner;
- Performs computer inquiries into State and Federal Law Enforcement databases;
- Performs other related tasks as assigned by supervisors.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS

Thorough knowledge of the geography of roads, streets and highways in the county; thorough knowledge of all emergency service providers within the county; good knowledge of the communications center policies and procedures; good knowledge of Federal, State and local laws, rules and regulations that pertain to the operations and functions within a communication center; good knowledge of the geography, patrol territories, fire districts, roads, streets, highways and special hazards that exist; ability to react quickly and calmly to emergency telephone calls for service; develops and utilizes good listening skills; ability to control telephone conversations with distraught, confused callers through calmly, carefully directed interrogation to obtain all pertinent information regarding the request for service; ability to verbally transmit messages with good diction and in a clear speaking voice; ability to use good judgment, tact and courtesy in talking with the public and in responding to request for service; ability to read, speak and write English and operate translator service; ability to learn and to apply to real situations, Center Codes, standard operating procedures and the ability to learn and apply to real situations the operation of data processing information retrieval equipment such as computer terminal keyboards; ability to learn and to apply to real situations the use of telephone equipment and associated instant recall recorders; ability to follow oral and written instructions which pertain to job assignments and methods of performance therein; ability to perform routine clerical tasks, such as making written entries on simple records such as logs or lists, filing written records in alphabetical order and simple typing/data entry not requiring a skilled typist; ability to communicate clearly both orally and in writing; ability to quickly and accurately enter orally transmitted data utilizing a typewriter-style computer keyboard; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Graduation from high school or possession of a high school equivalency diploma.

NOTE: Due to the security nature of the job, all applicants will be subject to a background check.

Conviction of a felony WILL BAR and conviction of a misdemeanor or other offense MAY BAR examination and appointment. Candidates for appointment to this position may be required to participate in hearing acuity testing to determine ability to perform essential functions of the position and assess possible accommodation.

Competitive Class

Revised 11/20/2001 Personnel Officer

↑ Staple Above ↑

Application for Examination or Employment

Date Stamp Recv'd _____

HERKIMER COUNTY PERSONNEL

____ Approved
____ Conditional
____ Disapproved

109 Mary Street, Suite 1304, Herkimer, New York 13350

315-867-1115 www.herkimercounty.org

By _____

Filing Fee: ___ Yes ___ No ___ Waived
(CS use only) _____ Initial

THIS APPLICATION IS PART OF YOUR EXAMINATION. Answer ALL questions fully in ink or on typewriter.

Position Title _____

Examination # _____

Name _____
Printed Last First M

Residence Address _____
House # and Street or RD

City or Village or Town State Zip Code

Telephone #s: Home _____ Work _____
Cell _____

SOCIAL SECURITY NUMBER _____

Are you under 18 years of age? ___ YES ___ NO
If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your **Date of Birth here** ___/___/___

Are you a citizen of the United States? ___ YES ___ NO

Filing Fee: ___ I have enclosed the fee. **NO PERSONAL CHECKS**

Filing Fee Waiver: ___ I have attached completed waiver form.

SPECIAL ARRANGEMENTS: (See Instruction "E")
___ Religious Accommodation ___ Military ___ Disability

State your **CURRENT PERMANENT LEGAL RESIDENCE**, as listed in the address above, and indicate for how long you have resided there continually, up to and including the date of this application:

NAME OF _____ **YEARS / MONTHS** _____

City or Village _____

Town _____

County _____

State _____

School District _____

Have you ever taken any other examinations given by this department?

___ YES ___ NO

Give titles and dates:

E-mail address: _____

Check appropriate response to each question: YES NO

- A. Were you ever dismissed or discharged from any employment _____
for reasons other than lack of work, funds, disability or medical condition? _____
- B. Did you ever resign from any employment rather than face dismissal? _____
- C. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? _____
- D. Have you ever been convicted of any crime (felony or misdemeanor)? _____
- E. Are you now under charges for any crime? _____

If you answered YES to any of the above questions, you may give specifics under Remarks on page 3 of this application. If you elect not to provide specifics, however, or if such explanation is insufficient, you may be required to submit further information. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

VETERANS CREDITS (See Instruction "F")

If you wish to claim additional credits as an honorably discharged veteran, **check all** appropriate responses below.

Attach copy of your Honorable Discharge Form (DD-214, Member-4)

Disabled War Veteran **OR** **Non-Disabled War Veteran**

A. Have you ever served in the Armed Forces of the United States? (The "Armed Forces of the United States" means the Army, Navy, Marine Corps., Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by Law on a full-time active duty basis other than for training purposes.) ___ YES ___ NO

B. If "YES" did you receive a discharge which was honorable or were you released under honorable circumstances? ___ YES ___ NO

C. Did you serve in the Armed Forces of the United States during any of the following periods? WW II, 12/7/41-12/31/46; Korean Conflict, 6/27/50-1/31/55; Viet Nam Conflict, 02/28/61-5/7/75; Persian Gulf Conflict, 8/2/90-?; Lebanon*, 6/1/83-12/1/87; Grenada*, 10/23/83-11/21/83; Panama*, 12/20/89-1/31/90; US Public Health Service, 7/29/45-12/31/46 and 6/27/50-7/3/52. *credits limited to veterans who received the armed forces, navy, or marine corps. expeditionary medal. ___ YES ___ NO

D. Since January 1, 1951, have you received a permanent appointment using your veterans' credits? ___ YES ___ NO

If YES, Date credits were used _____

E. Are you currently serving on ACTIVE DUTY in the armed forces and wish to apply for veterans' credits? ___ YES ___ NO

DECLARATION (this affirmation *must be signed and dated*)

I understand that false statements made herein are punishable as a **Class A Misdemeanor, pursuant to section 210.45 of the Penal Law of the State of New York**. I declare that, subject to the penalties of perjury, any statements made on this application and any attachments are the truth and to the best of my knowledge correct.

Signature of Applicant (in ink) _____

Date _____

State any other name, assumed name, or nickname by which you are/have been known. (please print)

EDUCATION: Read examination announcement for educational requirements, if any. If specialized coursework is required, attach a transcript or list of the required courses and semester credit hours you completed.

Have you graduated from high school? YES NO If YES, Name/Location of High School: _____ Year Graduated: _____

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority: _____ Number: _____ Date of Issue: _____

Name of School and Address College, University, Professional or Technical School; Other Schools or Special Courses.	Dates of Attendance (Month & Year)		Day or Night	Full or Part Time	No. of Years Credited	Were you Graduated?	Type of Course or Major Subject	# of College Credits Recv'd	Type of Degree Recv'd	Date Degree Received / Expected
	From	To								

License/Certification: Do you have a license, certification, or other authorization to practice a trade or profession? YES NO
 Name of trade or profession: _____ License/Certificate Number: _____
 Licensing Agency: _____ Licensed from: _____ to: _____

IF required on the exam announcement*, do you have a valid New York State Driver License? YES NO

License ID #: _____ Expires: _____ Class: _____ ***attach copy of license to this application if required.**

EXPERIENCE: Beginning with your most recent employment, list all employment, military service, or volunteer experience that shows you meet the minimum qualifications for the examination(s). We cannot interpret omissions or vagueness in your favor. You are responsible for an accurate and clear description of your experience. Under DUTIES describe the nature of the work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision.

COMPLETE THESE SECTIONS EVEN IF YOU ARE ATTACHING A RESUME OR OTHER DOCUMENTS.

Length of Employment (month/year) From: / / To: / /	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From: / / To: / /	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From: / / To: / /	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / / To: / /	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

Length of Employment (month/year) From : / / To: / /	Firm Name	Address	City and State
Describe Duties:			
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
# of hours worked per week (excluding overtime)			

REMARKS: (Use this space to provide any additional information, as necessary. If more space is required, attach additional 8 1/2 x 11 inch sheets.)

Instructions and Information

A. Exam Application: Before filling out your application, read the announcement carefully. This application is part of your examination. Answer all questions fully and carefully. Resumes will NOT be accepted in lieu of application. Print in ink or use typewriter. Attach additional sheets, if necessary, to give complete and detailed information. An incomplete application may result in disapproval. ALL STATEMENTS ARE SUBJECT TO VERIFICATION. NO COPIES; originally signed (in ink) only.

B. Filing Fee: Refer to the front of the exam announcement for the required filing fee. Enclose a Money Order ONLY made payable to HERKIMER COUNTY TREASURER. Do NOT send cash or personal check. If your application is disapproved, the fee will NOT be refunded. Check the box on the front of the application. APPLICATION FEE WAIVER, begins with January 2007 exams; form must be submitted with application – available on our website or in our office.

C. Admission to Exam: We review your application before the exam to ensure you meet the minimum qualifications. If your application is disapproved, we will notify you of the reason. If you do not receive an admission form from us three days before the exam date, call us at 315-867-1115.

D. Change of Address: Notify this agency immediately of any change of address. When writing, give the number and title of the exam. Herkimer County Personnel is not responsible for undeliverable mail or postal delay. No attempt will be made to locate candidates who have moved. Change of Information form is available on our website.

E. Special Arrangements: If you need special arrangements because of a religious observance or practice, a disability, or are requesting a military make-up exam, you must, EITHER: (1) Check the appropriate box on the front of the application and indicate the special arrangements you require in the REMARKS section on Page 3; OR (2) Write to our office no later than the last filing date for this exam. Your request must include the exam number and title, and type of special arrangement required.

F. Veterans Credits: War Time Veterans and Disabled Veterans are eligible for extra credits added to their exam score, if they pass. If you want to have the extra credits added to your exam score, you must answer all the veterans' questions on the front of the application now. Application for Veterans' Credits will be mailed with the Admission Notice. You can waive the extra credits later if you wish. These credits may be claimed on each application for exam, UNTIL you receive a permanent appointment using your veterans' credits. Once a permanent appointment has been received, you can no longer claim veteran's credits on your application.

AMENDMENT January 1, 2014: If non-disabled credits were used to obtain appointment/promotion and subsequent to such use applicant has now been determined to be a qualified disabled veteran, entitlement to additional credits may be applicable on future exams.

CANDIDATE FITNESS: Inquires may be made as to character and ability of all candidates. All statements made by candidates are subject to verification. Falsification of any part of the "Application for Examination or Employment" may result in disqualification and possible legal action.

Federal and State Law prohibit discrimination because of age, race, creed, color, religion, national origin, gender, sexual orientation, disability, marital status, or arrest and/or criminal conviction record unless based upon a bona fide occupational qualification or other exception.

**Herkimer County is an Equal Opportunity Employer
Affirmative Action**