

# **Morgan County Public Safety Dispatch Department EMPLOYMENT APPLICATION**

Thank you for your interest in the Director of the Morgan County Public Safety Dispatch Department position. Detailed information regarding this position is included in this PDF document. To be considered for this position you must complete the enclosed application, including the release form and mail it with a current resume and salary requirements to the address below. **The deadline to submit application materials is March 17, 2014 at noon EST.**

Search Committee  
c/o Morgan County Commissioners  
Administration Building, 180 South Main, Martinsville, Indiana 46151  
An Equal Opportunity Employer

# **Morgan County Public Safety Dispatch Department EMPLOYMENT APPLICATION**

## **Morgan County 9-1-1 Communication Director**

Job Description & Qualifications:

TITLE: 9-1-1 Director (9-1-1 Emergency Telephone System)

### **STATEMENT OF DUTIES**

Responsible for the administrative and operational functions of the Morgan County 9-1-1 Emergency Telephone System. Develops and implements policies for Public Service

Answering

Points (PSAPS) and emergency providers. Evaluates and oversees operation of all County

Emergency 9-1-1 computer and related equipment.

### **DUTIES:**

Provides supervision to all staff employed by the Morgan County 9-1-1 Emergency System.

Establishes, implements, monitors, and enforces standard operating procedures for the Morgan County 9-1-1 System.

Performs specialized research and analysis as required, including system analysis, work flow analysis, data analysis, and evaluation of operational needs.

Analyzes and audits all carriers to ensure access lines counts submitted with the 9-1-1 remittance are consistent.

Negotiates and enforces contracts, leases, and agreements, "excluding signing any contracts."

Communicates basic direction and information through subordinate staff.

Develops and maintains System disaster plans and procedures.

Ensures the County 9-1-1 System is in compliance with applicable Public Safety Emergency Telephone Acts and subsequent status regarding the operation and administration of the Countywide 9-1-1 System.

Identifies and serves as the liaison to all telecommunication carriers, including wire line, wireless, and VoIP (new carriers, name changes, consolidations, etc) that provide end-user telephone service in the County. Page 1

Researches and tracks applicable 9-1-1 and emergency services legislation, plans and implements appropriate changes in administration and operation.

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## **JOB DESCRIPTION CONTINUED**

Maintains a working knowledge and understanding of emergency management regulations and standards, FCC regulations, as well as state and federal programs.

Provides oversight and direction to activities which bring and maintain state of the art technology in support of the County 9-1-1 System.

Coordinates the maintenance of the County Master Street Address Guide (MSAG) database on a daily basis.

Coordinates with all telephone providers, maintenance firms, and vendors.

Coordinates the maintenance of equipment and facilities.

Assists with public education programs

Identifies deficiencies in the operation of the County 9-1-1 System and recommends changes.

Identifies projected revenues and prepares budgets of cost for maintenance, operations, and personnel.

Develops and administers procedures on allowable 9-1-1 expenditures; approving of disbursements from 9-1-1 fund; conducting/reviewing audits; implementing PSAP standards.

Performs other related duties required or requested.

## **KNOWLEDGE, SKILLS, and ABILITIES:**

Knowledge of:

Public safety telephone, CAD, radio, and related technologies.

Law enforcement, Fire, and Emergency Medical Operations.

State and federal 9-1-1 legislation; state and FCC tariffs, FCC database, Verizon procedure and Phase I & II wireless initiatives.

Spillman and related equipment.

Fiscal and financial record keeping; basic accounting practices required to review provider remittance fee amounts and county budgets.

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## **JOB DESCRIPTION CONTINUED**

### **GIS**

ABILITY to:

Respond to the County PSAP in emergency situations.

Understand 9-1-1 network diagrams, including central office, 9-1-1 trunks, diverse routing, tandem switches, All Database, PBX, 9-1-1 circuits, and procedures for ILEe's, CLEe's and wireless carriers.

Understand provisioning, translations, and testing procedures for 9-1-1 calls as well as disaster recovery plans.

Understand two-way radio systems and network diagrams including LB, VHF, UHF, 800MHz, microwave, and MDT systems, the provisioning of microwave, conventional, trunked, and digital RF communications.

Present issues verbally and in writing.

Maintain 24 hour on call status.

### **MINIMUM REQUIREMENTS:**

Bachelor's Degree in business management, law enforcement, fire science, public administration, computer science, industrial engineering, or related field.

In lieu of formal education, applicant may demonstrate a progressive professional education in public safety, with at least (5) years managerial and supervisory experience in a combined police / fire, and EMS, 9-1-1 communications center.

Shall have experience in progressive methods for planning, budgeting, administration, and management of a public safety organization and its personnel. An equivalent combination of education and experience may be substituted.

**RESIDENCY:** Must become a resident of Morgan County within six (6) months of appointment and shall maintain residency during term of appointment.

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**MILITARY SERVICE RECORD**

Were you in the Armed Forces? \_\_\_\_\_

If yes, what Branch? \_\_\_\_\_ Active or Reserve? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_\_ To: \_\_\_\_\_

Service Number: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

If other than "Honorable", explain: \_\_\_\_\_

\_\_\_\_\_

List duties in service including specialized training: \_\_\_\_\_

\_\_\_\_\_

Awards and/or Decorations: \_\_\_\_\_

\_\_\_\_\_

Have you taken any training under the G. I. BILL OF RIGHTS? \_\_\_\_\_

If yes, what training did you take? \_\_\_\_\_



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**PLACES OF RESIDENCE**

List below all addresses and dates of your previous places of residence over the past 10 years. Begin with your present.

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**DRIVING RECORD**

Do you have a valid Indiana Drivers License? \_\_\_\_\_ If not, what State? \_\_\_\_\_

Type	License #	Expiration Date	Restrictions
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Have you ever been charged for a moving violation? \_\_\_\_\_ If yes, explain:

Were you convicted? \_\_\_\_\_

Has your license ever been suspended, revoked or restricted? \_\_\_\_\_ If yes, explain:

Has your automobile insurance ever been cancelled? \_\_\_\_\_ If yes, explain:

**CRIMINAL HISTORY**

Have you ever been arrested for any crime, misdemeanor or felony, since your 18<sup>th</sup> birthday?

Date of Arrest	Agency	Charge	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**REFERENCES**

Please list the names of three references that are not past employers or relatives. These people may be called on to answer questions about your personal background.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

\_\_\_\_\_ Social      \_\_\_\_\_ Business      \_\_\_\_\_ Education      \_\_\_\_\_ Neighbor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

\_\_\_\_\_ Social      \_\_\_\_\_ Business      \_\_\_\_\_ Education      \_\_\_\_\_ Neighbor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Years Known: \_\_\_\_\_

Upon which of the following conditions is your acquaintance with this person based:

\_\_\_\_\_ Social      \_\_\_\_\_ Business      \_\_\_\_\_ Education      \_\_\_\_\_ Neighbor

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List all business, fraternal, civic, lodges or clubs you are now, or have ever been affiliated with or belong to:

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List three places that you have recently done business and would be familiar with your credit rating.

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Briefly explain any information you feel is pertinent to this application or to your consideration for employment.

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Explain why you want this position with the Morgan County Public Safety Dispatch Department?

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AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ hereby authorize any person, agency, partnership, or corporation having information concerning my CREDIT RECORD, EDUCATIONAL RECORD, SERVICE RECORD, CRIMINAL RECORDS, LAW ENFORCEMENT INVESTIGATIVE RECORDS, or PRE-EMPLOYMENT INVESTIGATIVE RECORDS, to release such information to the Morgan County Sheriff's Office. This information is to be used for possible employment with the Morgan County Public Safety Dispatch Department and will not be available for public inspection

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I also understand that any false information contained within this document will eliminate me for consideration in all future employment processes conducted by the Morgan County Public Safety Dispatch Department.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for the State of \_\_\_\_\_ and County named, by the said \_\_\_\_\_

Applicant

Who is to me personally known, on this day \_\_\_\_\_

Date

Notary's signature and seal \_\_\_\_\_

Seal

Notary's name (print) \_\_\_\_\_

County of residence \_\_\_\_\_ Commission expiration date \_\_\_\_\_

**PHOTO**

Please affix a copy of your driver's license. Application should be updated every year.

