

**Bartholomew County**  
**Emergency Operations Center**

131 S. Cherry Street  
Columbus, Indiana 47201

Ed Reuter  
*Director*

Phone (812) 379-1551 \* Fax (812) 379-1669

Julie Pierce  
*Deputy Director*

To: Applicants

From: Edward A. Reuter, Director  
Bartholomew County Emergency Operations Center

Subject: Dispatcher Positions

Individuals interested in applying for a dispatcher's position at the Bartholomew County Emergency Operations Center must meet the following criteria.

- Complete an Application for employment (applications may also be located on the Bartholomew Government website). Copies of the applications may also be obtained at the Emergency Operations Center.
- Resumes may be attached to the application. Any other documents and certifications will be used as consideration for potential employment.
- Return the applications to EOC at 131 South Cherry St. Columbus, IN 47201 by mail or in person.
- All interested applicants will be required will be required to pass a basic typing test and display other general skills on the computer.
- Successful applicants completing the basic typing as well as other general skills will be invited to an interview.
- All potential employees will have to pass a background check.

All applications will be kept on file for a period of one year in the active file status for consideration. Thank you for your interest in this position.



Edward A. Reuter,  
Director

# APPLICATION FOR EMPLOYMENT

## BARTHOLOMEW COUNTY EMERGENCY OPERATIONS CENTER

**The County of Bartholomew, Indiana does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.**

Please type or print responses to all questions on the application form. *Any application not completed in its entirety will not be considered.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Former Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Due to the nature of employment, a criminal background check must be completed. It is necessary to provide your date of birth and social security number. This information will only be used to receive information provided by the law enforcement agencies and the National Crime Information Center.

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

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### EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here \_\_\_\_\_ and skip to **Previous Employer** below.

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (   ) \_\_\_\_\_ Hire Date \_\_\_\_\_ Job Title \_\_\_\_\_

Beginning Salary \_\_\_\_\_ per \_\_\_\_\_ Current Salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

\_\_\_\_\_

\_\_\_\_\_

Why do you want to leave? \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

Previous Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Beginning Salary \_\_\_\_\_ per \_\_\_\_\_ Current Salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:

Previous Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Beginning Salary \_\_\_\_\_ per \_\_\_\_\_ Current Salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_

Beginning Salary \_\_\_\_\_ per \_\_\_\_\_ Current Salary \_\_\_\_\_ per \_\_\_\_\_

Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Work Phone \_\_\_\_\_

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving? \_\_\_\_\_  
\_\_\_\_\_

May we contact your current employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If no, please explain why:  
\_\_\_\_\_

→ *If you had additional employers within the last five years, attach additional pages as needed.*

List and explain period of unemployment in the past five years:

From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_ Reason \_\_\_\_\_

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## EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge and abilities to perform the duties of position.

**High school attended** (*Attach additional pages as needed*).

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Activities, Awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*).

\_\_\_\_\_

**College(s) or Trade School(s) attended (*Attach Additional pages as needed*).**

Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/Minor Course(s) of Study \_\_\_\_\_

**College(s) or Trade School(s) attended (*Attach Additional pages as needed*).**

Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Degree(s) \_\_\_\_\_

Major/Minor Course(s) of Study \_\_\_\_\_

Activities, Awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*).

\_\_\_\_\_

\_\_\_\_\_

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

\_\_\_\_\_

\_\_\_\_\_

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## MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here \_\_\_\_\_ and skip to the next section.

<u>Military Branch</u>	<u>Dates of Service</u>	<u>Highest Rank Attained</u>	<u>Rank at Separation</u>
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_____	_____	_____	_____
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Type of Discharge _____	Citations/Awards Received _____
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_____	_____
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## PROFESSIONAL OR SPECIALIZED TRAINING

Specialized Training \_\_\_\_\_

\_\_\_\_\_

Professional/Special License(s) or Certificate(s):

<u>State</u>	<u>Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
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_____	_____	_____	_____	_____	_____
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Have you had any license suspended, revoked, or terminated? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

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## PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

<u>Organization Names</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use the following space to describe other training, education, skills abilities, hobbies, volunteer work, or other information that may be helpful in evaluating your application. (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*).

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### PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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List three references who are not related to you and are not former employers or supervisors:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Number of years known: \_\_\_\_\_

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## APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer. Initials: \_\_\_\_\_

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse, and polygraph testing. Initials: \_\_\_\_\_

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers. Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials: \_\_\_\_\_

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse. Initials: \_\_\_\_\_

I understand that overtime is a condition of employment and failure to work overtime when requested could result in disciplinary action up to dismissal. Initials: \_\_\_\_\_

I understand that the employer provides emergency service on a seven day per week and twenty-four hour per day service, and therefore, if employed, I may be required to work evening shifts or nights shifts, including weekends and holidays. Initials: \_\_\_\_\_

I understand that if I am hired as a Tele-communicator, that I must successfully complete required training and courses specified and be certified by the State of Indiana for Indiana Data and communications Systems. Initials: \_\_\_\_\_

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_