**BASIC JOB DESCRIPTION**

**COUNTY OF CALLAWAY**

**HUMAN RESOURCES DEPARTMENT** Job Title: **911 Telecommunicator**

**EMPLOYMENT AND COMPENSATION** Department: **Emergency Communications**

**DIVISION** Salary: $27,000.00

Salary Range: The starting salary may commensurate at a higher pay scale depending on individual qualifications and budget authorization.

**Brief Description**

 Receives and processes 911 calls, including both emergency and non-emergency

 calls for Police, Fire, and Emergency Medical Services (EMS). Determines the

 appropriate call types and course of action based on the nature of the calls. To

 receive incident reports, including emergency calls through 911, and

 simultaneously enter information into the computer aided dispatch system. To

 operate public safety dispatching equipment for multiple jurisdictions and

 agencies.

**Qualifications:**

Required one year of experience in emergency communications/dispatch work; **or** 2 years of experience in a multi-tasking, high public contact work environment; **or** possession of 60 Semester hours from an accredited college/university; **or** any combination of education and experience that would provide

the incumbent with the necessary knowledge, skills and abilities. Must type accurately 40 WPM.

**Supervision:**

Under direct supervision of an assigned 911 Shift Supervisor.

**Essential Functions:**

1. Transfers callers to appropriate agency if necessary.
2. Sets priority of calls based on policy and nature of incident.
3. Utilizes multiple computer monitors and keyboards to input data and receive information from MULES and CAD systems.
4. Maintains accurate geographical knowledge of Callaway County and surrounding areas to assist in determining what agencies need to respond to an incident.
5. Operates dispatching equipment to dispatch fire, police, EMS and personnel and monitors the status of personnel.
6. Secures the assistance of other agencies as needed.
7. Stays current on specific crime problems including unusual fire and police field operations that must be considered when dispatching
8. Reads and interprets a variety of resource material, procedural manuals, etc. with accuracy.
9. Utilizes appropriate equipment necessary to perform job duties such as computer, two-way radio, telecommunications devices or systems for the deaf or language interpretation, as well as related dispatch and recording equipment.
10. Monitors and activates emergency public notification systems.
11. Monitors weather conditions and advises appropriate agencies, personnel, and departments as necessary.
12. Assists with training of other 911 Telecommunicators as assigned.
13. Attends departmental, County and/or outside agency training as assigned to maintain appropriate certification as required.
14. Conducts minor tests and troubleshooting on equipment.
15. Performs minor office functions such as filing, copying, sorting, and shredding.
16. Performs other related duties as assigned.

**Abilities**

To effectively deal with people and highly stressful situations, which may be for an extended period of time; assess situations quickly and accurately; remain calm and professional in emotionally charged situations; use appropriate judgment when responding to incident reports including emergency situations; possess strong attention to detail; learn and follow established procedures; accurately type at a rate of approximately 40 words per minute; learn to operate a computer terminal, two-way radio, Systems or devices for the deaf or language impaired, as well as related dispatch and recording equipment; prepare and maintain accurate records; follow oral and written instructions; communicate clearly and effectively both verbally and in writing; deal effectively and courteously with associates and the general public; effectively welcome and embrace differences among employees and citizens; perform effectively as a member of a team in carrying out the County’s stated mission and philosophy; perform the essential functions of the job without posing a direct threat to the health and safety of others.

**Job Requirements**

Must be able to obtain and maintain certification for Missouri Uniform Law Enforcement System (MULES).

Must be able to work any assigned hours/shifts with varying days off; is subject to mandatory overtime; is subject to emergency call-in. Must successfully complete a background investigation; must not possess any felony convictions. Must consent to and pass mandatory drug testing.

Must sign a confidentiality agreement regarding information

**Physical Requirements**

Performs bending and reaching necessary to obtain resource materials; subject to sitting for long periods of time. Must be able to grip objects and wear communications headset that will cover or fit within the canal of one ear. Must be able to hear and understand spoken communications originating simultaneously from both the headset and other sources in the communications room. Work for sustained periods of time maintaining concentrated attention to detail.

**Working Environment**

Primarily indoors, with heating and cooling regulated; exposure to constant noise in a work environment with minimal natural lighting. Work exposes incumbent to highly stressful situations including life or death decisions involving the safety of police officers, fire and EMS personnel, and the general public. Incumbent receives and often must relay negative information.

**Licensing/Certification**

* Must be able to obtain and maintain certification for Missouri Uniform Law Enforcement System.
* Must be able to obtain and maintain EMD certification.
* Must complete and pass 40 Hour Basic Communications Course.
* Must complete Fire Communications Training Course.
* Must complete NIMS required certification for communications personnel as assigned.
* Must be able to obtain and maintain CPR Certification.
* Other training as assigned.

**Schedule**

Two twelve hour shifts within the 24-hour period. Shifts may also vary between three eight hour shifts within the 24-hour period or Ten hour shifts with four days per work week. Shifts may vary within the 24-hour period. During training, employees may be required to work any shift to complete the tasks required to complete the training process. Due to the flexible nature of the trainee’s schedule during the first year, outside secondary employment must be approved and may be denied while the candidate is in the training process. After completing the training process, employees will be assigned shifts according to the staffing needs of the department. No employee is guaranteed to remain on a particular shift.

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| **I have read the foregoing job description in its entirety and understand its contents. I can perform the essential functions outlined with or without reasonable accommodation under the Americans with Disabilities Act.****Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Last Revision: August 27, 2014

All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, sex, age, status as a protected veteran, among other things, or status as qualified individual with disability. Individuals with disabilities should request reasonable accommodations in accordance with the Americans with Disabilities Act prior to testing or appointment. Proof of United States Citizenship/Authorization to Work in The United States as established by the immigration Reform Act of 1986 is a condition of employment. Pre-employment drug testing may be required.

IMPORTANT NOTICE

**PLEASE READ THIS PAGE CAREFULLY**

Dear Applicant:

The Callaway County 911 Joint Communications Department appreciates your endeavor to become a 911 Telecommunicator. Applicants for this position are required to complete the attached Background Investigation Questionnaire.

Candidates who attended the initial interview and information session but do not submit a background investigation questionnaire to the Callaway County Communications Department will no longer be considered for the current vacancy.

It is imperative that you complete this questionnaire completely. All questions must be answered, with full explanations when necessary. Although you may have answered some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The Callaway County Joint Communications Center will use the information you supply to complete his/her investigation and reports. It will not be used for any purpose other than determining your suitability for employment.

If the Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, you may be automatically disqualified. Information obtained after the completion of the questionnaire, which indicates intended omission or falsification by you, will also be means for dismissal from the process. It is in your best interest to be as truthful, thorough, and complete in your answers as possible.

Some of the information requested may be impossible to obtain due to circumstances beyond your control. In this case, please give a brief explanation. However, this may affect the ability to judge your suitability for hire.

The selection process is on an inflexible schedule. Therefore, it is in your best interest to return the completed questionnaire on the day of your scheduled initial interview and information session held at the Callaway County Joint Communications Center, Emergency Operations Center located at 1201 State Road O, Fulton MO 65251.

Initial Interview/Information Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_.M

If you have any questions, please feel free to contact the Human Resources Department at 573-642-0750 or Amber Gann, Supervisor Callaway County 9-1-1 Joint Communications 573-592-2486.

Good Luck!

Amber Gann, Director

|  |
| --- |
| **FOR INTERNAL USE ONLY – RETURN WITH COMPLETED APPLICATION****Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Investigating Officer:** | **Name & Title:** |
| **Department:** | **Department:** |
| **Date Completed:** | **Date Completed:** |

 **Comments/Findings:**

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|  |
| **Eligible for Hire: YES NO** |

 **Initial Application Received \_\_\_**

 **Copy of Driver’s License Attached \_\_\_**

 **Copy of Social Security Card Attached \_\_\_**

 **Pre-Employment Fingerprint Card \_\_\_**

 **Typing Test Score: \_\_\_\_\_\_\_\_\_\_WPM**

 **Criticall Skill Test Score: \_\_\_\_\_\_\_ Subsequent Interview: Y N Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Oral Interview Completed: \_\_\_\_\_\_\_\_\_\_**

 **Informational Session Completed: \_\_\_\_\_\_\_\_**

 **Observational Sit-In Completed: \_\_\_\_\_\_\_\_\_**

 **Background Investigation Authorization: \_\_\_**

 **Confidentiality Agreement: \_\_\_**

 **Eligible for Hire: YES NO**

 **Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Callaway County Emergency Communications Department**

**Pre-Employment Background Questionnaire**

**GENERAL INFORMATION:**

1. Full Name (first, middle, last):

2. List **ALL** other names you have used or by which you have been known, officially or unofficially, including nick names, monikers, former names, maiden names, abbreviations:

3. Date of Birth:

4. Social Security Number:

5. Driver’s License Number: State:

6. Are you a United States Citizen? [ ]  Yes [ ]  No

7. List All Current Telephone Numbers and Email Address:

Home: Work:

Cell: Email:

8. Current Home Address:

Street Address:

City: State: Zip:

9. Has an Ex Parte or Other Type of Restraining Order Ever Been Placed Against You?

[ ]  Yes [ ]  No

If “Yes”, explain:

### RESIDENCY

11. List the address of place at which you have resided, on either a permanent or temporary basis, the last five years; starting with your current address (attach a separate sheet if additional space is needed):

Address:

City: County: State: Zip:

From Date: To Date:

Landlord’s Name: Phone:

Address:

City: State: Zip:

Address:

City: County: State: Zip:

From Date: To Date:

Landlord’s Name: Phone:

Address:

City: State: Zip:

Address:

City: County: State: Zip:

From Date: To Date:

Landlord’s Name: Phone:

Address:

City: State: Zip:

Address:

City: County: State: Zip:

From Date: To Date:

Landlord’s Name: Phone:

Address:

City: State: Zip:

### EDUCATION

12. Do you possess a [ ]  G.E.D., [ ]  High School Diploma, or [ ]  College Degree? (check all that apply)

Received G.E.D. or High School Diploma from:

Received College Degree from:

13. List all Colleges or Universities that you have attended (attach a separate sheet if additional space is needed):

Name:

Address:

City: State: Zip:

From Date: To Date:

Phone:

Name:

Address:

City: State: Zip:

From Date: To Date:

Phone:

Name:

Address:

City: State: Zip:

From Date: To Date:

Phone:

Name:

Address:

City: State: Zip:

From Date: To Date:

Phone:

**If you have not already submitted transcripts with your application, please attach copy of your college transcripts with this questionnaire.**

### SKILLS AND TRAINING

14. List any special skills or training that you have received or are licensed for.

15. List all foreign or sign languages in which you are fluent:

### EMPLOYMENT HISTORY

### Important Notice: You must list the last 10 years of employment history, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so will result in automatic disqualifications. Failure to complete all required information, Names, Addressed, Dates, Phone Numbers, Etc. may limit our ability to assess your suitability for hire, and eliminate you from further consideration

16. List all dates of **unemployment**. Include the length of unemployment and efforts to seek employment.

Unemployed From Date: To Date:

Efforts seeking employment:

Unemployed From Date: To Date:

Efforts seeking employment:

Unemployed From Date: To Date:

Efforts seeking employment:

Unemployed From Date: To Date:

Efforts seeking employment:

17. List ALL jobs you have held, including part time, temporary, and volunteer work, start with the **most recent position** held and work back (attach a separate sheet if additional space is needed). Reason for leaving: Open to discussion, personal, or any related statement is NOT acceptable. If you were fired, employment terminated, involuntarily separated you are required to state that.

 \* Your present employer will not be contacted as part of the pre-employment process without your advanced consent.

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

Business Name:

Address:

City: State: Zip:

Start Date: End Date:

End Salary: Supervisor:

Phone: Email:

Job Duties:

Reason for Leaving:

18. Have you ever been fired from, terminated from, or asked to resign from a job?

[ ]  Yes [ ]  No

If “Yes” please provide business and explain.

### Military Record

### Read and answer this section carefully, even if you have never served in the military.

19. Sign the following statement if you have never served in any branch of the armed services, including the National Guard or Military Reserves. If you have served in the military skip to the next question.

I swear or affirm that I have never served in **ANY** branch of the armed services at any time.

Signature: Date:

20. Are you currently participating in any military reserve or National Guard program?

[ ]  Yes [ ]  No

If “Yes” Branch of Service:

MOS: Date of Enlistment:

Initial Rank: Current Rank:

Commander: Phone:

Address: Email:

List all duty stations and assignments:

21. List all prior military experience, attach a copy of your DD-214 (Long Form):

Branch of Service:

MOS: Date of Enlistment:

Initial Rank: Exit Rank:

Type of Discharge:

Commander: Phone:

Address: Email:

List all duty stations and assignments:

List any medals or awards received:

List and explain all disciplinary problems while in the military, article 15’s, UCMJ convictions, demotions, etc:

### DRIVING RECORD

22. List **ALL** traffic summons, tickets, careless and Imprudent driving, DWI’s, or citations you have ever received for the past 10 years, regardless of disposition, i.e. Expunged etc. (Attach a separate sheet if additional space is needed):

Charge:

Date:

Agency:

Location:

Court where Filed:

Disposition:

Charge:

Date:

Agency:

Location:

Court where Filed:

Disposition:

Charge:

Date:

Agency:

Location:

Court where Filed:

Disposition:

23. List **EVERY** State in which you have been licensed to operate a motor vehicle:

State: Year(s):

State: Year(s):

State: Year(s):

### LAW ENFORCEMENT CONTACTS

24. List ALL official contact you have had with any law enforcement agency or court system. This includes municipal, county, state, and federal agencies or court systems, as well as military courts, military police and military investigative units, including any judicial or non-judicial action in the military. *List all incidents where you were questioned, warned, issued a summons, detained, arrested, or convicted.* **This includes all infractions, ordinance violations, misdemeanors and felonies**. Do not include traffic violations covered previously (attach a separate sheet if additional space is needed).

Name of Agency or Court:

Date of Contact:

Name of Officer:

Reason of Contact:

Charge (if any):

Sentence (if any):

Disposition of Incident:

Name of Agency or Court:

Date of Contact:

Name of Officer:

Reason of Contact:

Charge (if any):

Sentence (if any):

Disposition of Incident:

25. Do you now, or have ever illegally used, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, methamphetamine, heroin, steroids, pharmaceuticals, prescription drugs or drugs of similar nature? Drug use is not necessarily an automatic disqualification. Intentionally omitting information or LYING will be cause for automatic disqualification.

[ ]  Yes [ ]  No

If “Yes” complete the following information for **each** illegal substance:

Type of Drug:

Number of Times: Used: Possessed: Supplied: Sold:

Date First Time: Used: Possessed: Supplied: Sold:

Date Last Time: Used: Possessed: Supplied: Sold:

Type of Drug:

Number of Times: Used: Possessed: Supplied: Sold:

Date First Time: Used: Possessed: Supplied: Sold:

Date Last Time: Used: Possessed: Supplied: Sold:

Type of Drug:

Number of Times: Used: Possessed: Supplied: Sold:

Date First Time: Used: Possessed: Supplied: Sold:

Date Last Time: Used: Possessed: Supplied: Sold:

###### General Questions

26. Are you willing to wear a uniform?

[ ]  Yes [ ]  No

If “No” explain:

27. Are you willing to work regular or irregular shifts and to be recalled to work for emergency and non-emergency reasons?

[ ]  Yes [ ]  No

If “NO” explain:

28. Do you have any relatives working for the County of Callaway?

[ ]  Yes [ ]  No

If “Yes” provide name, department and relationship:

29. Do you have activities, commitments or outside responsibilities, which might restrict, limit or otherwise prevent you from performing essential duties of a 911 Telecommunicator with the County of Callaway?

[ ]  Yes [ ]  No

If “Yes” explain:

30. Do you understand you will have to pass a background investigation before any offer of employment is finalized?

[ ]  Yes [ ]  No

If “No” explain:

31. Do you understand the starting rate of this position is $27,000.00 Annually?

[ ]  Yes [ ]  No

32. Do you understand you may be assigned to any shift, which also includes working weekends and holidays?

[ ]  Yes [ ]  No

If “No” explain:

33. Do you understand you will not be allowed to attend school online or in the classroom, work a second position or other work related obligations during your probationary period for the 911 Telecommunicator position?

[ ]  Yes [ ]  No

34. Do you understand that visible body piercings are limited and tongue jewelry is not allowed while on duty at the Callaway County Joint Communications Center?

[ ]  Yes [ ]  No

### REFERENCES

35. List six individuals who have known you longer than 1 year and who can serve as a professional reference: EXCLUDE all relatives; spouse, siblings, parents, grandparents, in-laws or other family members.

Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Phone:

Address: Email:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

36. Are you currently residing with or in a relationship with an individual who has been convicted of a felony? [ ]  Yes [ ]  No If yes, please provide the individuals name and date of birth and the state convicted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

37. List any additional information you would like to provide that relates to your background that you feel is important to the background questionnaire.

**I certify that I have read and understand the contents of this document, and that I have not deliberately falsified or omitted any information. I acknowledge that deliberate falsifications, omissions or misstatements shall be grounds for disqualifications.**

Signed: Date:

CALLWAY COUNTY JOINT COMMUNICATIONS DEPARTMENT and

EMERGENCY MANAGEMENT

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any Callaway County Sheriff Department Officer or other authorized representative of the Callaway County Joint Communications/Emergency Management bearing this release to obtain any information in your files, whether public, private or confidential, pertaining to and including, but not limited to: my employment and pre-employment records, including background reports, evaluations, complaints and grievances filed by or against me; military records; financial and credit history including records or loans, records of commercial or retail credit agencies, credit reports and/or ratings; criminal history including arrests and convictions; educational records including academic achievement, attendance, athletic, personal history and disciplinary records; records of medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practioners and the U.S. Veteran’s Administration; the records and recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had, an interest. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Callaway County Emergency Operations Center. Consent is granted for the Callaway County Joint Communications or its authorized representative to furnish such information as is described to third parties in the course of fulfilling its official responsibility. I hereby release you as the custodian of such records and any school, college, university, or other educational institution, police agency, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or police agency including its officer, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associated because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by Federal statute or regulation. I have been advised the Callaway County Sheriff Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. Should there be any question as to the validity of this release, you may contact me as indicated below. This release is valid and in effect for ninety (90) days from the date it is signed.

Full Name (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (Typed or Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIALITY AGREEMENT FOR APPLICANT/OBSERVER DURING SIT-IN OBSERVATION AT CALLAWAY COUNTY JOINT COMMUNICATIONS**

WHEREAS, the HIPAA Privacy regulations impose severe sanctions on the unauthorized disclosure of Protected Health Information,

WHEREAS, the County also receives much information that is legitimately closed under the Sunshine Law, especially medical and personnel information, and

WHEREAS, the County may be immune from the common law intentional tort of invasion of privacy, that privacy actions may nonetheless have a constitutional dimension under the liberty interest of the Due Process Clause of the Fourteenth Amendment and can therefore be pursued under 42 USC 1983 which is an exception to sovereign and official immunity, and

WHEREAS, the Applicant/Observer of Callaway County Joint Communications may come into countless sensitive medical, 911 calls, radio dispatch, and other confidential records, and

WHEREFORE, in order to adequately protect the County from undue and unnecessary liability exposure, the undersigned Applicant, Observer or employee agrees to the following:

**Statement Applicable to Employees:** I have read, understood, and agree to comply with all of the confidentiality and privacy policies of Callaway County Joint Communications. I understand that as an employee any unauthorized disclosures of confidential information will result in possible disciplinary action up to and including dismissal if necessary. If I am aware of any unauthorized divulgements of confidential information I agree to immediately notify the Director, or my immediate Supervisor. Upon termination of employment or at any other time upon request, I agree to return immediately to Callaway County Joint Communication Department any confidential information that I may possess in whatever format.

**Statement Applicable to Applicant/Observer:** I understand that as an applicant or observer of the Callaway County Joint Communications Center, unauthorized divulgement of confidential or any other information obtained while in the operations room will remain confidential and will not be shared through any social media or divulged in any other manner.