PRINT CLEARLY AND ANSWER ALL QUESTIONS

Date of Application:	Position Applied For	: 9-1-1 Dispatcher
Instructions to Applicant: Please complete all secontained herein is found to be false, intention ineligible for further consideration, or if already	nally misleading or exclud	ed, the applicant may be
 MINIMUM QUALIFICATIONS Be a United States Citizen; Be (18) eighteen years of age or older; Possess a high school diploma or GED; Possess a valid Ohio Driver's License; Possess data entry skill of 3,970 keystrokes per Pass Critical testing with a score of seventy-two Pass a Background Investigation to Include;	(72) or higher; s;	
Name:		
Last Firs	t	Middle (Full)
Additional Names:		
Address: Number Street	City	State Zip
() Contact Phone Number Social Security Nur	mhor E	mail Address
Driver's License No. State Date of Bir	\ \ _	
Peace Officer Academy Attended	Date Completed	Certificate No.
Corrections Officer Academy Attended		Certificate No.
Have you ever had any type of protection order filed aga	ainst you?	Yes □ No □
If YES, please list the date(s) of issue and type:	<u> </u>	
2. Have you filed an application with Richland County befo		Yes □ No □
If YES, when?	Which Department/Office?	

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3.	Do you have relatives currently	y employed at the Richla	and County Sheriff's Office?	Yes □ No □
	If YES, list their name(s):			
C.	MILITARY SERVICE INFO	ORMATION		
1. If	Are you a United States Milita	•	No □ Highest Rank Achieved	
T	otal Length of Consecutive Activ	ve Duty Time		
T	ype of Discharge		(Less than Honorable Dis	scharge will not be considered)
R	eserve or National Guard Status	s		
D.	EDUCATION INFORMAT	ION High School Dip	oloma □ G.E.D. □ Date Receiv	red
1.	High School	City		State
	Course of Study	Degree C	Completed	Dates Attended
2	College	City		State
	Course of Study	Degree C	Completed	Dates Attended
3.	Other	City		State
	Course of Study	Degree C	Completed	Dates Attended
E.	PERSONAL REFERENCI	E INFORMATION		
	Name	Address	Phon	e Relationship
2.	Name	Address	Phon	e Relationship
3.	. Name	Address	Phon	e Relationship
4.		3-5		
	Name	Address	Phon	e Relationship

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F. EMPLOYMENT HISTORY INFORMATION

Account for ALL times of employment including periods of unemployment. Begin with PRESENT position or occupation. If you need more room, use a separate piece of paper. A resume is welcome in addition to this application, however, it MAY NOT be substituted for any part of this application. Incomplete information may prevent your application from being processed.

Company				
Name	Address			Phone
Dates of Employment: From		_ To	_ Job Title:	
	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
•				
Company Name	Address			Phone
			Job Title:	
Dates of Employment: From	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
0				
Company Name	Address			Phone
Dates of Employment: From				
Dates of Employment From	(MM/DD/YYYY)	To (MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
CompanyName	Address			Phone
Dates of Employment: From				
Dates of Employment. From	(MM/DD/YYYY)	(MM/DD/YYYY)	_ 300 Title	
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				

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Company				
Name	Address			Phone
Dates of Employment: From		_ То	_ Job Title:	
	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company Name	Address			Phone
Dates of Employment: From	(MM/DD/YYYY)	To	_ Job Title:	
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company Name	Address			Phone
Dates of Employment: From				
Dates of Employment. From	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company				
Company Name	Address			Phone
Dates of Employment: From		_ To	_ Job Title:	
	(MM/DD/YYYY)	(MM/DD/YYYY)		
Current Salary: \$	Per Hour	Your Duties:		
Reason for Leaving:				
Company				
Name	Address			Phone
Dates of Employment: From	(MM/DD/VVVV)	_ To	_ Job Title:	
Current Salary: _\$,	,		
Reason for Leaving:				

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G. RELEASE AND AUTHORIZATION – PLEASE READ CAREFULLY

I certify that all statements contained herein or at any step of the employment process are true, complete, and correct to the best of my knowledge. I understand that a false answer or material omissions may be grounds for dismissal from the Richland County Sheriff's Office.

By signing this waiver, I expressly authorize the Richland County Sheriff's Office to complete a thorough investigation of my past employment and activities which may include, but not be limited to, an operator license record check, criminal history check, financial credit check, etc. I also authorize the Richland County Sheriff's Office to complete an inquiry of my former employer(s) concerning my work record, job qualifications and performance. I authorize my former employer to furnish the Richland County Sheriff's Office with this information upon their request. I recognize the right of the Richland County Sheriff's Office to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtained there from.

Signature of Applicant	Date	
	_	

Applications may be filed in person or mailed to the following listed location. After submitting an application, please do not call the Sheriff's Office to inquire as we will notify you on the decision made to either cease or continue with the employment process. Thank you for your interest in serving our community.

Richland County Sheriff's Office Attn: 911 Applications 597 Park Ave. East Mansfield, Ohio 44905

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Affirmative Action Data Record

To be returned with application

Richland County Sheriff's Office

MISSION STATEMENT

The Richland County Sheriff's Office is dedicated to providing a safe and secure community for the citizens and visitors of Richland County through integrity, professionalism and efficiency of services.

Applicants are treated during the hiring process and employment without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an affirmative action program, the Richland County Sheriff's Office complies with government regulations, including affirmative action responsibilities where applicable.

The purpose of this form is to comply with government record keeping and reporting requirements. The Sheriff's Office may be required to file reports on the following information. The completion of this form is optional. If you choose to volunteer the requested information, please note that this information is kept in a confidential file separate from you application. **PLEASE NOTE**: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA HEREIN WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Date: _	
Positio	on Applied for:
1. Hov	w did you learn about this position? (Check One):
	Agency Internet Site
	Social Media, i.e. Facebook, Twitter etc.
	Private Employment Web Site.
	Other Internet Site.
	Poster.
	Newspaper.
	Magazine.
	TV/Radio.
	Student association.
	Private Employment Office.
	State Employment Office.
	Federal, state, or local Job Information Center.
	Agency Human Resources Department (bulletin board or other announcement).
	Agency or other Federal government on campus.
	Religious organization.
	School or college counselor or other official.
	Job Fair (give location:).
	Friend or relative working for this agency.
	State Vocational Rehabilitation Agency.
	Professional organization or publication.

	Other
2.	Sex (Check One
	Sex (Sheek One
	Male
	Female
3.]	Date of Birth
4. (Check if any of the following are applicable:
	Vietnam Era Veteran
	Disabled Veteran
	Disabled Individual
3.	Ethnicity (Check One):
	Hispanic or Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	Not Hispanic or Latino.
4.	Race (Check all that apply):
	American Indian or Alaska Native—a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
	Asian—a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
	Black or African American—a person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander—a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.
	White—a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.