

## Human Resource Department

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THE CITY OF MARSHALLTOWN IS AN EQUAL OPPORTUNITY EMPLOYER

### Communications Operator (911 Dispatcher) Employment Application

City Use Only

This application is part of the hiring process and is used to compare each candidate using the same information in the same format. Please do not answer any question by writing 'refer to the attached resume'. Submit application via email to the City Human Resource Director at [hr@ci.marshalltown.ia.us](mailto:hr@ci.marshalltown.ia.us).

**Application must be received by December 29, 2017 at 5:00pm.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Did you read the position announcement? \_\_\_\_\_ Are you available for dispatcher testing on **January 4, 2018 at 6:00P.M.?** \_\_\_\_\_ **If no, please do not apply at this time as all candidates must participate in dispatcher testing on this date.**

How did you hear about this position? (Please list the specific publication, web site, friend, City employee, etc.)

If you can speak a language in addition to English, please list the language(s) and your degree of fluency:

Do you live within Marshalltown city limits? \_\_\_\_\_ If no, at normal driving speed, and under normal conditions, how long will it take you to reach City Hall from your residence? \_\_\_\_\_ Do you plan to relocate if offered employment? \_\_\_\_\_

Have you been convicted of a violation of the law other than minor traffic offenses? \_\_\_\_\_ If you answered yes please explain below. If you have a fugitive record, or record of a felony, aggravated misdemeanor, or serious misdemeanor you cannot be hired as a Communications Operator and should not apply. \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Do you have a valid Iowa driver's license? \_\_\_\_\_

Are you currently addicted to drugs and/or alcohol? \_\_\_\_\_ Have you ever used any drug not prescribed by your physician? \_\_\_\_\_

If you answered yes, what were the circumstances? \_\_\_\_\_

Have you ever sold or furnished drugs to anyone? \_\_\_\_\_ If you answered yes, explain in detail:

After a conditional job offer, candidates must successfully pass pre-employment psychological, physical & drug tests. Do you believe that you can pass a basic pre-employment physical? \_\_\_\_\_ Do you believe that you can pass a pre-employment drug test? \_\_\_\_\_ If you answered no, or if you are unsure, please explain: \_\_\_\_\_

Have you ever been employed by the City of Marshalltown? \_\_\_\_\_ If yes, list dates of employment, department, and position(s) held.

Do you know anyone who is employed by the City of Marshalltown? \_\_\_\_\_ If yes, list names, and how you know them:

**VETERANS' PREFERENCE** - Complete this section only if you are a US Military veteran and want to claim veterans' preference points. Applicants wishing to have points awarded for military service must submit proof of service including dates of service and type of discharge prior to or at the time of interview. US Military Service dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Do you have an honorable discharge? \_\_\_\_\_ Are you a United States citizen? \_\_\_\_\_ Are you currently a resident of Iowa? \_\_\_\_\_ Do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans' administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? \_\_\_\_\_

**EDUCATION AND TRAINING:**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Technical Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Other Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

If you are currently employed, may we contact your current employer if given advance notice? \_\_\_\_\_

Have you ever been discharged from a job? \_\_\_\_\_ If you answered yes, please explain the circumstances of the discharge(s):

**EMPLOYMENT HISTORY** - List most recent employer first

**1.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**2.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**3.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

4.

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_

Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**REFERENCES**

Please list three professional references. References should be able to give an accurate account of work performance. Please do not list relatives.  
Applicants will be notified prior to references being contacted.

1) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

**Have you ever worked in a job that involved working varying shifts, nights, weekends, and holidays? \_\_\_\_\_ Please describe your ability and flexibility to work these hours:**

**What experience do you have communicating over the telephone?**

**Explain how you would react in a crisis situation? Please give specific examples to support your answer:**

**Elaborate on your computer experience; including types of software used, years of experience, and level of proficiency:**

**AGREEMENT: Before you sign this agreement, please read the following carefully:**

I have completed this application myself; no one else has completed any part of it for me.

I understand and agree that if I am hired by the City of Marshalltown, I will have my paychecks directly deposited into a checking or savings account(s) rather than receiving paper checks.

The information provided on this application or on any information submitted with this application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if later discovered.

In order to permit the City of Marshalltown to make a thorough investigation of my background, personal habits, and character for the purpose of determining my fitness and suitability for employment, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions regarding my background, personal habits, and/or character, whether or not that individual is specifically listed as a reference on this application.

I hereby authorize any person or entity who may be contacted by the City of Marshalltown, its agents, or employees to release to such agents or employees any information, data, or opinions they may have regarding my background, personal habits, character, qualifications, and/or job performance. I understand that the source of such information or opinions provided to the City of Marshalltown shall be confidential and that the city shall not be required to reveal the content or source of any information or opinions.

I agree to hold harmless and release from liability under any and all possible causes of legal action, the City of Marshalltown, its agents, and its employees, for any statements, acts, or omissions in the course of its investigation into my background, personal habits, and/or character.

I realize that it is necessary for the City of Marshalltown to thoroughly investigate my personal background and qualifications and by applying for employment with the city, I expressly waive all my legal rights and causes of action to the extent that the City of Marshalltown investigation (for purposes of evaluating my suitability for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the City of Marshalltown, its employees, or agents, and all others as heretofore provided, shall apply to any right of action that might accrue to my self, my heirs, and/or my personal representatives.

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