NPSM Emergency Services Communications Center

New Providence, Summit & Millburn
Emergency Services Dispatch Center
Communication Officer I
Position Announcement
December 31, 2014

General Instructions

This application for employment with the New Providence, Summit & Millburn Emergency Services Dispatch Center must be returned to the NPSM ESDC, Attention: Executive Director, 360 Elkwood Avenue, New Providence, NJ 07974.

Qualified applicants will be required to take a comprehensive written and oral examination. Those applicants who successfully complete the testing process will be required to complete and submit additional background information. This information will facilitate compliance by this Department with its federal and state mandate to conduct a thorough screening of all those having access to the "New Jersey Criminal Justice Information System".

It is important that the application be completed in its entirety. Any areas of the application that require addresses and phone numbers must be completed. Incomplete applications may be rejected.

After your application has been reviewed, you may be contacted to schedule an appointment to proceed with the testing process. The testing will take approximately one hour for each segment (written and oral). After the two hours of initial testing, you may be asked to participate in additional interviews.

I have read and understand the information above:

__________________________________________  _______________________
Signature of Applicant                       Dated Submitted

__________________________________________      _________      ________
Received by                                     Date              Time

Return this form with your application
GENERAL INFORMATION

Position: Communication Officer I

Starting Salary: $38,000.00 - $58,950.00

PROBATIONARY PERIOD:

All new NPSM ESDC Employees shall be hired for a probationary period of up to twelve (12) months, which may vary depending on job skills.

VACATION PERIOD:

Vacation for regular full time "permanent" employees

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Vacation Hours per Pay Period</th>
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<tbody>
<tr>
<td>1 but less 4 years</td>
<td>4.75 hours</td>
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<tr>
<td>4 but less than 9 years</td>
<td>6.75 hours</td>
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<tr>
<td>9 but less than 14 years</td>
<td>8.25 hours</td>
</tr>
<tr>
<td>14 but less than 19 years</td>
<td>9.25 hours</td>
</tr>
<tr>
<td>19 but less than 24 years</td>
<td>10.50 hours</td>
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<tr>
<td>24 years and thereafter</td>
<td>11.50 hours</td>
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PERSONAL LEAVE:

A permanent employee shall be entitled to three (3) personal leave days per year.

SICK DAYS ALLOWED:

Full time employees shall earn 4.75 hours of sick leave per pay period.

Unused sick leave may be accumulated to a maximum of 1080 hours. Sick time is not an entitlement, but shall only be used when an employee is unable to report for work due to illness or injury.

MEDICAL COVERAGE:

Paid medical and dental for self and dependent(s) provided through the New Jersey State Benefits Health Plan after two months of employment.

HOLIDAYS:

12 paid holidays per year. Holidays are paid annually in December.
EQUAL OPPORTUNITY EMPLOYER:

We consider all applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

NJ CJIS Terminal Operator Certification

New Jersey Criminal Justice Information System (NJ CJIS) Operating Policies and Procedures and Title 28, Chapter 1, Part 20, "CRIMINAL JUSTICE INFORMATION SYSTEMS", United State Department of Justice rules and regulations require access to Criminal History information be restricted to authorized personnel. It is also required that each criminal justice agency shall screen and have the right to reject for employment, based on good cause, all personnel to be authorized to have direct access to criminal history record information. In compliance with the above, NJ CJIS terminal agencies shall conduct and certify to NJ CJIS that a background investigation has been conducted on each terminal operator employed by their agency, and nothing of a detrimental or criminal nature effective their employment has been disclosed. A copy of this background investigation must be kept on file and furnished to NJ CJIS on request. Each agency is also required to immediately notify NJ CJIS in writing of any changes in a terminal operator's employment status.

New Providence, Summit & Millburn Emergency Services Dispatch Center
360 Elkwood Avenue
New Providence, New Jersey
07974
NPSM EMERGENCY SERVICES
COMMUNICATIONS CENTER
Job Description
Communications Officer I

DEPARTMENT: Emergency Communications
DEPARTMENT CODE: NPSMECC

HOURS: Varies
SALARY GRADE: A1

FLSA STATUS: Non-Exempt

REPORTS TO: Shift Supervisor
APPROVED BY: Executive Director

APPROVAL DATE: 10/06/2014

SUMMARY
This is a non-exempt position that reports directly to a supervisor. Work involves operating several emergency and non-emergency radio and telecommunication systems to receive and transmit messages and information in emergency situations. Work is carried out under procedures and established methods. This position applies knowledge of regulations and guidance. Higher level problems and issues are referred to a higher authority.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.
• Operation of telephone equipment. The communication officer is responsible for answering incoming phone calls during the shift. The communication officer will record the information to insure proper referral to the appropriate personnel or agency;
• Operation of radio console. The communications officer will operate the radio console and will dispatch appropriate personnel to the calls for service, handle the requests for information or assistance from other employees;
• Operation of computer. The communications officer will enter calls for service, officer initiated activities, disposition, responsible party information, alarms, drivers license and vehicle registration requests, NCIC and warrant checks and other information into the computer; and will retrieve information from the computer to provide support to the other divisions or other agencies;
• Provides EMD instructions as certified;
  ▪ Maintains certifications in CPR/AED and NCIC;
  ▪ Monitors incoming teletype messages;
  ▪ Maintains clean and orderly working environment;
  ▪ Adheres to all ECC policies and procedures as well as local, State and Federal regulations;
  ▪ Attends training as required;
  ▪ Works overtime as required;
  ▪ Performs special projects as assigned;

SECONDARY FUNCTIONS: Performs other related duties as required.

SUPERVISORY FUNCTIONS: None.
KNOWLEDGE:

- Knowledge of telephone-call handling techniques;
- Knowledge of radio transmission procedures to produce effective communication between multiple parties;
- Knowledge of Federal (FCC), County, City, department, and other applicable rules and regulations;
- Knowledge of County, City, Township, and Borough streets and surrounding areas, including geographical layout of operating districts;
- Knowledge of police, fire, and emergency medical dispatch procedures;
- Knowledge of computer-aided dispatch (CAD) operating systems;
- Knowledge operation of a personal computer and job-related software;

SKILLS:

- Skill in multi-tasking;
- Skill in observing situations analytically and objectively and relaying details accurately;
- Skill in communicating using two-way radio and telephone equipment;
- Skill in operating a variety of communications equipment effectively;
- Skill in reading and interpreting maps to determine locations and jurisdictional boundaries;
- Skill in remaining calm, showing empathy, conveying reassurance to instill confidence in the caller that your demeanor will result in proper response to their needs;

ABILITY:

- Ability to understand and abide by the rules and regulations of the FCC pertaining to the transmitting and receiving of messages by radio and the FBI and State of New Jersey pertaining to handling of CJIS/NCIC information;
- Ability to handle stressful situations while remaining courteous to citizens, co-workers, and public safety personnel;
- Ability to follow oral and written instructions;
- Ability to speak clearly and concisely and have no hearing limitations;
- Ability to process information, make appropriate decisions, and to act quickly nd calmly in emergency situations;
- Ability to establish and maintain effective working relationships with others;
- Ability to sit for long periods of time;
- Ability to work overtime without notice;
- Ability to promote a positive work environment

COMPETENCIES:

To perform the job successfully, an individual should demonstrate the following competencies:

- Problem Solving - Identifies and resolves problems in a timely manner; works well in group problem solving situations;
- Customer Service - Manages difficult or emotional customer situations; responds promptly to customer needs; solicits customer feedback to improve service; responds to requests for service and assistance; meets commitments;
- Interpersonal Skills - Focuses on solving conflict, not blaming; maintains confidentiality; keeps emotions under control; remains open to others’ ideas and tries new things;
• Communication - Listens and gets clarification, ability to read, write and understand instructions;
• Teamwork - Gives and welcomes feedback; contributes to building a positive team spirit; puts success of team above own interests; able to build morale and group commitments to goals and objectives;
• Attendance/Punctuality - Is consistently at work and on time; ensures work responsibilities are covered when absent; arrives at meetings and appointments on time;
• Dependability - Follows instructions, responds to management direction; takes responsibility for own actions; keeps commitments; commits to long hours of work when necessary to reach goals; completes tasks on time or notifies appropriate person with an alternate plan;
• Initiative - Volunteers readily; undertakes self-development activities; seeks increased responsibilities; asks for and offers help when needed;
• Innovation - Generates suggestions for improving work;
• Safety and Security - Observes safety and security procedures; determines appropriate action beyond guidelines; reports potentially unsafe conditions; uses equipment and materials properly;
• Ethics – Works with integrity and ethically.

CERTIFICATIONS, LICENSES, REGISTRATIONS:

• Certified Public Safety Telecommunicator – 40 hours (APCO or equivalent);
• Domestic Violence Call-Taking;
• NCIC – two-year re-certification
• EMD – 8 hours annually and two-year re-certification;
• CPR/AED – two year re-certification;
• NIMS 100, 200, 700, 800
• Stress Management;
• Background check.

REQUIRED EDUCATION/OR EXPERIENCE:

High school education or G.E.D.; six to twelve months related experience or training; or equivalent combination of education and experience.

PREFERRED EDUCATION/OR EXPERIENCE:

Associate’s degree or equivalent from two-year college or technical school; or one to two years related experience and/or training; or equivalent combination of education and experience.

PHYSICAL CONDITIONS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand; sit, walk, use hands to finger, handle, or feel; reach with hands and arms and talk or hear. Specific vision abilities required by this job include close vision, distance vision, color vision and peripheral vision.
WORKING CONDITIONS:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this job, the employee is exposed to stressful situations of an emergency nature. The noise level may vary from moderate to chaotic in the work environment. Employees are subject to shift work and call out.

SIGNATURE/APPROVAL

________________________________________ ______________________
Employee                                          Date

________________________________________ ______________________
Supervisor                                         Date

________________________________________ ______________________
Department Executive Director                      Date

The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this job. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required of personnel so classified in this position.
Communications Officer Application

Complete this application by typing or printing in black ink. All applications must be submitted with a copy of your birth certificate, driver’s license and any other certifications (CPR, First Aid, EMT, etc.) that may be applicable.

Name: ______________________________________________________________________________ (First, Middle, Last)

Social Security Number:______________________________________________________________

Date of Birth: ________________________________________________________________ (Month, Day, Year)

Present Home Address: ________________________________________________________________ (Street Address)
________________________________________________________________ (City, State and Zip Code)

How long have you lived at this address? ________________________________________________ (Number of Years)

Home telephone number: _______________________ Work telephone number:____________________

Your Height:_______Weight:_________Eye Color:________Hair Color:_________Marital Status:_____

Are you in perfect health? ___________________ Is your life insured? _____________________ (Yes/No) (Yes/No)

What illnesses have you had in the past ten (10) years? (Please describe)

1) _______________________________________________________________________________

2) _______________________________________________________________________________

3) _______________________________________________________________________________

4) _______________________________________________________________________________

5) _______________________________________________________________________________
Occupation:

Current Employer: __________________________________________ (Company Name)

Business Address: __________________________________________ (Street Name)

(City, State and Zip Code): __________________________________________

Business Telephone Number: __________________________________________

Normal Work Hours: __________________________________________

Years employed by this employer: __________________________________________

Would you consent to our asking your supervisor about your work? Yes_____ No_____

If yes, what is your current supervisor’s name, telephone number and title?

(Supervisor Name/Title): __________________________________________

(Telephone Number): __________________________________________

List below your last three (3) jobs held starting with the most recent position and working backwards. Do not include your current job.

1

(Name of Employer) __________________________________________

(City, State and Zip Code) __________________________________________

(Dates of Employment) ______________________________ to_____________________

(Supervisor Name) ______________________________ Telephone Number __________________

(Reason For Leaving) __________________________________________
(Name of Employer) ______________________________

(City, State and Zip Code) ______________________________

(Dates of Employment) ______________________________ to ______________________________

(Supervisor Name) ______________________________ Telephone Number __________________

(Reason For Leaving) ______________________________

Would you consent to our asking your former employer(s) about you?  Yes___  No ___
List the names and addresses of three (3) reliable personal references, other than relatives, your current or past employers, who know you well enough to provide information about you. Only one (1) professional reference may be used.

(Name) ________________________________________________________________

(Street Address) ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Telephone Number) _________________________________ (Relationship)___________________

(Name) ________________________________________________________________

(Street Address) ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Telephone Number) _________________________________ (Relationship)___________________

(Name) ________________________________________________________________

(Street Address) ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Telephone Number) _________________________________ (Relationship)___________________
Give a detailed statement of your education:

Grade School: ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Dates Attended) _____________________________ to _____________________________

High School: ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Dates Attended) _____________________________ to _____________________________

College: ________________________________________________________________

(City, State and Zip Code) ________________________________________________________________

(Dates Attended) _____________________________ to _____________________________

Major:______________________ Did you graduate? Yes ______________   No _______________

What business or other special training, apprenticeship, correspondence course, etc. have you taken?

1) _______________________________________________________________________________

2) _______________________________________________________________________________

3) _______________________________________________________________________________

4) _______________________________________________________________________________
List special qualifications you possess (C.P.R., First Aid, etc.): (Attach copies of certificates)

1) _______________________________________________________________________________
2) _______________________________________________________________________________
3) _______________________________________________________________________________
4) _______________________________________________________________________________

Do you have any previous emergency dispatcher experience (police, fire, EMS, all?) Yes No
If yes, specify the type of experience, where, dates of employment, rank and reason for leaving:

1) _______________________________________________________________________________
2) _______________________________________________________________________________
3) _______________________________________________________________________________
4) _______________________________________________________________________________

Can you operate an automobile? Yes No Radio transmitter? Yes No
If you can operate an automobile, do you possess a valid driver’s license? Yes No
If yes, what is your driver’s license number? ________________________________

Do you own a motor vehicle? Yes No
If yes, provide the following information:

1) Make: __________ Color: __________ License Plate Number: __________
2) Make: __________ Color: __________ License Plate Number: __________

Please attach copies of your driver’s license, registrations and insurance identification cards.

What are your hobbies?

1) _______________________________________________________________________________
2) _______________________________________________________________________________
3) _______________________________________________________________________________
4) _______________________________________________________________________________
Do you possess firearms?  
Yes           No

If yes, provide the following information:

1) Type: _______  Manufacturer: ____________  Model: ________  Serial Number: ____________

2) Type: _______  Manufacturer: ____________  Model: ________  Serial Number: ____________

3) Type: _______  Manufacturer: ____________  Model: ________  Serial Number: ____________

Have you ever been arrested, indicted or convicted of a crime including as a juvenile including records that may have been expunged (other than motor vehicle violations)?  
Yes    No

If yes, explain:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Have you ever been a member of a volunteer organization?  
Yes              No

If yes, provide:

Organization Name _________________________________________________________________

Street Address, City, State and Zip Code ______________________________________________

Dates of Membership ______________________________________________________________

Organization Name ________________________________________________________________

Street Address, City, State and Zip Code ______________________________________________

Dates of Membership ______________________________________________________________
Have you served in the military?  Yes                 No

If yes, complete:

(Branch of Service)  ________________________________________________________________

(Rank at Discharge)  ________________________________________________________________

(Dates of Service)  ________________________________________________________________

(Type of Discharge)  ________________________________________________________________

Are you fluent in a foreign language)? Yes                 No

If yes, provide the following:

1)  Language:   Speak:   Write:

2)  Language:   Speak:   Write:

Are you a citizen of the United States? Yes                No

If no, of what country?    ________________________________________________________________

Are you now, or have you ever been a member of a subversive organization, which advocates
the overthrow of the United States Government?

                      Yes           No

If yes, explain:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Do you know anything that would disqualify you from appointment to the New Providence,
Summit & Millburn Emergency Services Dispatch Center or prevent you from fully discharging the
official duties of such position (including physical defects)?

                      Yes           No

If yes, explain:

______________________________________________________________________________________

______________________________________________________________________________________
Is there anything in your background that would cause you personal embarrassment or bring into question the hiring standards of the department if it were revealed?

Yes  No

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Briefly describe yourself:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Applications, which are incomplete or lack the necessary documentation, will not be considered.

I hereby certify that there are no willful misrepresentations in or falsifications of the above statements and answers to questions. I am aware that should investigation disclose such misrepresentations and/or falsifications, my application will be rejected, and I will be disqualified from applying in the future for any position in the service of the New Providence, Summit & Millburn Emergency Services Dispatch Center.

_____________________________________________________________/ ________________________
(Signature)        (Date)