

**CITY OF CONVERSE POLICE DEPARTMENT  
EMERGENCY SERVICE CENTER  
PERSONAL HISTORY STATEMENT**



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**APPLICANT NAME**

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**APPLICATION NUMBER**

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**DATE ISSUED**

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**DATE RETURNED**

# INSTRUCTIONS

## READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the **PERSONAL HISTORY STATEMENT**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement **SHOULD BE PRINTED LEGIBLY IN BLACK INK BY YOU** and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. **YOU ARE RESPONSIBLE FOR OBTAINING CORRECT NAMES, ADDRESSES AND TELEPHONE NUMBERS**. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. **IF YOU DO NOT PROVIDE THE NECESSARY PHONE NUMBERS YOUR APPLICATION MAY BE DISQUALIFIED.**
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the **PERSONAL HISTORY STATEMENT**. Be sure to reference the relevant section and question number in the attached sheets.
6. **An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.**
7. **UPON COMPLETING THE FORM, RE-CHECK EACH SECTION TO ENSURE THAT ALL INFORMATION REQUESTED HAS BEEN PROVIDED, N/A ENTERED IF APPROPRIATE, AND INITIAL EACH PAGE SIGNIFYING PAGE COMPLETION.**
8. Insure Authorization of Release is signed along with your Personal History Statement

Initials \_\_\_\_\_

# **DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT**

**COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN. INITIAL EACH ENTRY TO ENSURE THAT DOCUMENT IS ATTACHED.**

- \_\_\_\_\_ **Texas Driver's License and Social Security Card**
- \_\_\_\_\_ **Birth Certificate**
- \_\_\_\_\_ **High School Diploma or G.E.D. Certificate**
- \_\_\_\_\_ **College Transcripts**
- \_\_\_\_\_ **Military Discharge Papers, DD214 (if applicable)**
- \_\_\_\_\_ **TCOL E Certificates**
- \_\_\_\_\_ **Certificates of Applicable Schools**

Initials \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

**A. APPLICANT IDENTIFICATION** - Information in this section is used for identification purposes only.

1. NAME: \_\_\_\_\_  
Last First Middle

2. ADDRESS: \_\_\_\_\_  
Number Street Apt#

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-mail Address if applicable

3. TELEPHONE NUMBER(S): \_\_\_\_\_  
Home Pager

\_\_\_\_\_  
Cell Phone Other

4. DATE OF BIRTH: \_\_\_\_\_

5. MAIDEN NAME, NICKNAME OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN: \_\_\_\_\_

6. SOCIAL SECURITY NUMBER: \_\_\_\_\_

7. PLACE OF BIRTH: \_\_\_\_\_  
City County State

8. DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
Type / Class / State / Number

9. HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

10. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS: \_\_\_\_\_  
\_\_\_\_\_

10. CONCEALED HANDGUN LICENSE NUMBER: \_\_\_\_\_

11. HAVE YOU EVER HELD A DRIVERS LICENSE IN ANOTHER STATE OTHER THAN TEXAS? YES / NO

IF YES, WHAT STATE: \_\_\_\_\_ WHAT IS THE NUMBER: \_\_\_\_\_

Initials \_\_\_\_\_

**B. RESIDENCES** - List all addresses where you have lived during the past ten years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM TO ADDRESS

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**C. WORK HISTORY** - Beginning with your present or most recent job, list all employment for the past ten years, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra sheets if needed. DO NOT USE "PERSONAL REASONS" for reasons or explanation of leaving employment, describe in detail. (ALL PHONE NUMBERS AND FAX NUMBERS MUST BE COMPLETE AND CORRECT)

1. EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_

NAME OF CO-WORKER: \_\_\_\_\_

DETAILED REASON FOR LEAVING: \_\_\_\_\_

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JOB DESCRIPTION: \_\_\_\_\_

Are you eligible for re-hire at this job: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

2. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

3. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

4. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

5. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF SUPERVISOR: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
SUPERVISORS PHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME OF CO-WORKER: \_\_\_\_\_  
DETAILED REASON FOR LEAVING: \_\_\_\_\_  
\_\_\_\_\_  
JOB DESCRIPTION: \_\_\_\_\_  
Are you eligible for re-hire at this job: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

Initials \_\_\_\_\_

**D. MILITARY RECORD**

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES  NO

BRANCH: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ RANK: \_\_\_\_\_

SERVICE NUMBER: \_\_\_\_\_

YOUR MAIN DUTY: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DETAILED EXPLANATION OF DUTY: \_\_\_\_\_

\_\_\_\_\_

TYPE OF DISCHARGE (If other than **honorable**, explain in detail): \_\_\_\_\_

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? \_\_\_\_\_

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

UNIT DESIGNATION: \_\_\_\_\_

MAIN DUTY: \_\_\_\_\_

LOCATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUPERVISORS NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CO-WORKER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDING COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.) YES  NO

<u>CHARGE</u>	<u>AGENCY</u>	<u>DATE</u>	<u>AGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Initials \_\_\_\_\_

**E. EDUCATIONAL HISTORY**

HIGH SCHOOL ATTENDED CITY / STATE FROM / TO GRADUATED

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1. COLLEGE/UNIVERSITY: \_\_\_\_\_ Date: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
UNITS/SEMESTER HOURS COMPLETED: \_\_\_\_\_  
MAJOR/MINOR: \_\_\_\_\_  
DEGREE(S) RECEIVED: \_\_\_\_\_

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2. COLLEGE/UNIVERSITY: \_\_\_\_\_ Date: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
UNITS/SEMESTER HOURS COMPLETED: \_\_\_\_\_  
MAJOR/MINOR: \_\_\_\_\_  
DEGREE(S) RECEIVED: \_\_\_\_\_

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3. COLLEGE/UNIVERSITY: \_\_\_\_\_ Date: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
UNITS/SEMESTER HOURS COMPLETED: \_\_\_\_\_  
MAJOR/MINOR: \_\_\_\_\_  
DEGREE(S) RECEIVED: \_\_\_\_\_

Initials \_\_\_\_\_

**LIST ANY OTHER SCHOOLS ATTENDED** (Trade, Vocational, Business, Police Academy, etc.)

SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\_\_\_\_\_

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SCHOOL: \_\_\_\_\_ Date: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DIPLOMAS / CERTIFICATES RECEIVED: \_\_\_\_\_

\_\_\_\_\_

**F. SPECIAL QUALIFICATIONS AND SKILLS**

LIST ANY SPECIAL LICENSES YOU HOLD (Pilot, Radio Operator, Concealed Handgun, etc.) Show licensing authority, date of issue and date of expiration.

\_\_\_\_\_

\_\_\_\_\_

LIST ANY SPECIALIZED EQUIPMENT YOU CAN OPERATE:

\_\_\_\_\_

\_\_\_\_\_

What is your degree of computer literacy? Excellent  Good  Poor

Briefly list any computer skills that you have. If you have copies of any certificates for any computer training that you have received, please attach them to the application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please check the program(s) below that you have operated:

- Computer Aided Dispatch System (CAD) If yes, please specify \_\_\_\_\_
- Lotus Notes
- Automated Law Enforcement and Response Team System (ALERT)
- Microsoft Word Programs

What programs can you operate? \_\_\_\_\_

**INDICATE YOUR DEGREE OR FLUENCY IN ANY FOREIGN LANGUAGE**  
(EXCELLENT, GOOD, POOR)

LANGUAGE      READING      WRITING      SPEAKING      UNDERSTANDING

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**G. MEMBERSHIPS IN GROUPS, CLUBS AND ASSOCIATIONS** - List name, address, type of organization (Professional, Fraternal, Social, etc.) and dates of participation.

NAME / ADDRESS	TYPE	FROM / TO
_____		
_____		
_____		

**H. PERSONAL DECLARATIONS**

DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

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DESCRIBE THE LEVEL, FREQUENCY AND CIRCUMSTANCES SURROUNDING ANY USE OF MARIJUANA OR ILLEGAL USE OF DRUGS NOT PRESCRIBED BY A PHYSICIAN.

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Initials \_\_\_\_\_

**LIST ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE EVER APPLIED** - List your current disposition in the hiring process or selection process with the Agency.

In reference to **ALL LAW ENFORCEMENT AGENCIES WITH WHICH YOU HAVE APPLIED**, below, not only list the current disposition of you application, but make sure you list the **BACKGROUND INVESTIGATOR'S NAME** who you are in contact with at the appropriate agency:

AGENCY	DATE APPLIED	POSITION SOUGHT	DISPOSITION	INVESTIGATOR'S NAME

**I. CRIMINAL ACTIVITY**

1. Have you **EVER** been **CONVICTED, ARRESTED** or **DETAINED** by **ANY** police agency, or summonsed to court for **ANY** reason (including juvenile offenses)?

YES  NO

If you answered "YES", complete the following:

<u>CRIME CHARGED</u>	<u>POLICE AGENCY CITY &amp; STATE</u>	<u>DATE</u>	<u>DISPOSITION OF CASE</u>

- 2. Has any member of your immediate family **EVER** been arrested? YES  NO
- 3. Have you **EVER** been questioned by **ANY** police as a suspect? YES  NO
- 4. Were you **EVER** accused of dishonesty by **ANY** of your Employers? YES  NO
- 5. Did you **EVER** witness **ANY** other employees stealing? YES  NO
- 6. Have you **EVER** sold or bought **ANY** stolen property? YES  NO
- 7. Have you **EVER** been involved as a party in **CIVIL LITIGATION**? YES  NO

Initials \_\_\_\_\_

**ENCOUNTERS OR OTHER DEALINGS WITH ANY POLICE OR OTHER LAW ENFORCEMENT RELATED AGENCY**

1. Have you **EVER** had **ANY** dealings with **ANY** Police or other Law Enforcement Agency? Such as a **WITNESS** or **COMPLAINANT**, **VICTIM**, **REPORTEE** or **SUSPICIOUS PERSON**?

YES  NO

If you answered **YES**, name the organization and please explain in detail your encounter or other dealing with the Law Enforcement Agency:

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**J. MOTOR VEHICLE OPERATION**

HAS YOUR DRIVERS'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

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LIST **ANY AND ALL** DRIVING CITATIONS THAT YOU HAVE RECEIVED EITHER AS AN ADULT OR A JUVENILE, EXCLUDING PARKING TICKETS.

<b><u>DATE</u></b>	<b><u>CHARGE</u></b>	<b><u>CITY &amp; STATE</u></b>	<b><u>DISPOSITION</u></b>
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DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS.

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**K. REFERENCES OR ACQUAINTANCES LIST FIVE PEOPLE WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES, FORMER EMPLOYERS, OR FORMER SUPERVISORS. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES AND TELEPHONE NUMBERS.**

1. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

4. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

5. Name: \_\_\_\_\_ Years Known \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

\_\_\_\_\_

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# NOTICE TO APPLICANT:

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Have you read over the job description, and are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

**YES**       **NO**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Converse.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

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# Job Description

Job Title: Telecommunicator  
Department: Police Department  
Classification: Non-exempt  
Reports to: Communication Supervisor

**General Description:** Working under the supervision of the Communication Supervisor, or in the Supervisor's absence, working under the direction of the Shift Lead, the Telecommunicator receives and dispatches emergency and routine calls for police, fire, ambulance, and other emergency services by performing the duties described herein and other duties as assigned. This job has no supervisory responsibilities.

## **Education and Basic Requirements:**

1. Have a current Basic Telecommunications Certification from the Texas Commission on Law Enforcement Standards and Education or obtain such Certification within one (1) year.
2. Be at least 18 years old.
3. High school diploma or general education degree (GED).
4. Not be currently dealing with a criminal allegation.
5. Not of been convicted of a Class B offence or above.

**Qualifications:** The requirements listed below are representative of the knowledge, skills, and/or abilities required of the individual to enable him/her to perform the job successfully.

1. Basic knowledge of radio transmission procedures, law enforcement organizations and operations, and basic medical life support procedures.
2. Ability to obtain and properly communicate information over two-way radio equipment and other means of communication in an effective, efficient manner.
3. Ability to remain calm and function effectively, professionally and courteously under frequent, sometimes prolonged periods of high stress in a busy communications office.
4. Ability to solve practical problems and deal with a variety of concrete variables in situations where limited standardization exists.
5. Ability to effectively manage multiple calls and critical tasks simultaneously.
6. Ability to communicate effectively and professionally, both orally and in writing.
7. Ability to follow City and Department policies and procedures and supervisors' directions.
8. Good judgment and the ability to solve problems and assist co-workers and others with solutions to problems.
9. Good interpersonal skills and the ability to get along well with the public, co-workers and others.
10. Ability to work overtime and attend meetings as needed and be flexible so as to handle other assignments by supervisors.
11. Maintain required certifications.
12. Knowledge of Internet software and the use of database software programs.
13. Ability to type at least 25 words per minute with no more than 9 errors using Career Step Typing Test.
14. Ability to analyze and interpret a variety of sometimes complex instructions and information furnished in written, oral, diagram, or schedule form.

**Physical and Mental Requirements:** The physical demands described herein are representative of those that must be met by an employee, with or without reasonable accommodation, to successfully perform the essential functions of this job.

1. The ability to understand, learn, remember and communicate information about the job.
2. The ability to understand the meaning of and use and speak words clearly and effectively in the English language.
3. Good speaking, hearing and listening skills, that is, the Telecommunicator must be able to speak clearly, and hear and understand spoken words from the public, co-workers, and supervisors.
4. Good motor coordination skills, that is, the Telecommunicator must be able to coordinate his or her eyes, hands and fingers rapidly and accurately in order to handle precise movements such as typing and in response to visual, auditory and other stimuli; make/use repetitive hand motions over an

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extended period, as when typing; good close and peripheral vision, depth perception and the ability to adjust focus.

5. Sit, stand and/or remain upright for extended periods of time in one room without being able to leave the work area.
6. Work under pressure/stress and under deadlines in order to respond to co-workers and the public.
7. Occasionally lift and/or move objects weighing up to 25 pounds.
8. The employee is frequently required to use hands to finger, handle, or feel and reach with hands and arms. The employee is occasionally required to stand; walk; sit and stoop, kneel, crouch, or crawl.
9. Ability to read and interpret records such as reports, procedure manuals and instructions; write routine reports and correspondence.

**Essential Job Duties:** Following City and Department policies and procedures and the instructions of his or her supervisor, a Telecommunicator must be able to perform the following essential job duties, with or without reasonable accommodation.

1. Receive incoming calls and communications from telephone, teletype, two-way radios, 9-1-1 system, TDD, faxes and take appropriate action, such as recording information, providing information, or dispatching an officer, ambulance, fire truck or wrecker to an emergency scene.
2. Maintain radio contact with mobile police and fire units and other law enforcement and fire department agencies; relay information to personnel in the field and efficiently and effectively coordinates responses to emergencies; handles non-emergency requests/inquiries.
3. Question callers to determine the location and seriousness of the emergency and the type of response required.
4. Make contact with appropriate departments for after-hours calls including but not limited to street light outage, water leaks, dead or stray animals, road and street sign damage and roadway damage.
5. Maintain logs of all radio communications and criminal histories, enter information into computer system regarding stolen property, warrants, missing persons and other information.
6. Maintain current records of emergency numbers of business, alarm companies and other important numbers, which may be needed, in an emergency.
7. Respond promptly to callers needs; direct walk-in traffic to the appropriate person; communicate effectively with callers, supervisors, co-workers and others (internally and externally) in order to provide, exchange, or verify information, answer inquiries, address issues, or resolve and/or report problems or complaints.
8. Complete tasks accurately and promptly while conserving City resources.
9. Use good judgment and make good decisions in matters related to the job.
10. Follow City and Department policies and procedures and the instructions of the supervisor.
11. Treats others respectfully; promotes harmony; contributes to a positive team spirit and shows respect and sensitivity for diversity and cultural differences; adapts to a changing environment.
12. Assist others; be helpful, cooperative and courteous, and demonstrate a good attitude in all dealings with the public, co-workers and others.
13. Report in a timely manner all issues, concerns and questions to the supervisor or others as appropriate, in the chain of command and communicate issues and events effectively with other shifts.
14. Take up matters affecting me and my position with the immediate superior and through proper channels.
15. Be punctual and in attendance on a regular basis.
16. Demonstrate initiative and diligence in the prompt and proper completion of all job duties, whether or not listed in this Job Description.
17. Safeguard City property and recognize and report needed repairs.
18. Work safely, follow safety rules and training, and maintain a clean, safe working environment.
19. Maintain confidentiality with regard to all City business.
20. Perform other duties as assigned.

**ACKNOWLEDGMENT:**

I acknowledge that I have read and understand this Job Description. If I have any questions about this Job Description or my job duties, I will discuss those questions with my supervisor immediately.

This Job Description describes essential duties and qualifications considered necessary to perform the job successfully. The statements made in each section of this Job Description are not all inclusive and the

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City of Converse  
**AUTHORIZATION TO RELEASE INFORMATION and WAIVER**  
(“Authorization and Waiver”)

- I. By signing below, I hereby authorize my prior employers to release any and all information relating to my employment and/or association with them to the City of Converse and its representatives and/or agents. A facsimile or copy of this Authorization has the same force and effect as an original document.
- II. I further release and hold harmless my previous employers, the City of Converse and its employees, officials, representatives and/or agents from any and all liability that may result from the release and/or use of such information.
- III. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.
- IV. The information referred to in paragraph I above concerning me, includes but is not limited to information relating to my reputation, education, previous or current employment, financial condition, criminal history, driving record, and credit history/status. This information will be used to assist the City of Converse in determining my qualifications and fitness for a job with the City of Converse.
- V. This Authorization and Waiver is continuing and the City of Converse, its representatives and/or agents, may obtain such information and reports at any time throughout my employment for the purposes set forth above, including the evaluation of my eligibility for employment or continued employment.

**Acknowledgement and Agreement**

By signing below, I acknowledge that I have read this *Authorization and Waiver* and agree to its terms.

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

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

Drivers License: State Issued \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Personal email address: \_\_\_\_\_

Primary phone: \_\_\_\_\_

**NOTARY PUBLIC**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Sworn and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Commission Expires: \_\_\_\_\_

