

**COLUMBIA COUNTY - BOARD OF COUNTY COMMISSIONERS
SUPPLEMENTAL QUESTIONNAIRE - 9-1-1 DISPATCHER/CALL TAKER**

Name _____

Date _____

Please complete the following questions and attach the questionnaire to your County employment application at the time of submission. This supplement questionnaire will be evaluated as part of the screening process for the 9-1-1 Dispatcher/Call Taker position. The scoring for this position will be based on the information you provide on this form as well as your application. This supplemental questionnaire must be fully completed. Please do not reference your resume or application in your answers. All answers must be legible and in black ink.

1. At what speed do you type accurately? _____wpm
2. a) Are you available to work weekends? ___ yes ___ no
b) Are you available to work all three shifts (day, swing and graveyard)? ___ yes ___ no
3. Do you have experience operating a computer? ___ yes ___no
If yes, how many years _____? Months _____? How many hours per week? _____

a) Describe this experience include type of computer (personal computer or mainframe) and use of computer (retrieval, data entry, etc.)

b) Describe any college or high school computer course work, listing classes taken and Credits or semester hours earned.

4. Do you have telephone work experience? ___ yes ___ no
If yes, did/does this experience involve the operation of a multi-line telephone system?
___ yes ___ no
How many years? _____ months? _____ How many hours per week? _____

Describe this experience including type of equipment, and number of telephone lines.

5. Describe any high pressure, fast paced, multi-tasked work experience you have. Describe this experience.

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CONTINUED – Page Two

6. Do you have experience involving public contact? ___ yes ___ no
If yes, how many years? _____ months? _____ How many hours per week? _____
a) Describe this experience.

b) Describe any stressful emergency situations you encountered on a regular basis during this public contact experience (either in-person or on the telephone).

7. Do you have experience in a public safety communications center? ___ yes ___ no
If yes, how many years? _____ months? _____ How many hours per week? _____
Describe this experience.

8. Describe any experience or training you have in the following areas:

a) Police/law enforcement

b) Fire

c) Emergency medical services

9. Do you have knowledge of the highways, main streets, landmarks, major buildings, and geographical areas of Columbia County? ___ yes ___ no
Briefly explain.

This information on this form is true and accurate to the best of my knowledge. I acknowledge that any falsehoods or misrepresentations of facts will be grounds for disqualification from consideration and/or employment.

Signature

Date

12/96