

**DISPATCHER – CITY OF STRONGSVILLE, OHIO**  
**LATERAL TRANSFER**  
**GENERAL INFORMATION:**

1. The City is accepting applications to be placed on a Lateral Transfer Eligibility List for full time Dispatchers. All applications must be made on the application form furnished by the Civil Service Commission. Applications can be picked up beginning Friday, June 22, 2018 from the City of Strongsville, 16099 Foltz Parkway, Strongsville, Ohio 44149 (applications available Monday thru Friday 8:00 a.m. to 4:30 p.m. in the Human Resources Department). Applications may also be downloaded from the City website: [www.strongsville.org](http://www.strongsville.org). beginning June 22, 2018. **Completed applications must be returned in person to the Civil Service Secretary or the Human Resources Department located at 16099 Foltz Parkway, Strongsville, Ohio 44149 between the hours of 8:00 a.m. to 1:00 p.m. and from 2:00 p.m. to 4:30 p.m. Monday through Friday, no later than Friday, July 20, 2018. Applications cannot be mailed, nor do we accept completed applications returned by email or fax.**
2. Each applicant must be at least 18 years of age and have a valid driver's license.
3. Each applicant must present his/her driver's license – a copy will be made and the original returned to the applicant.
4. Each applicant must be currently working or have worked within twenty-four (24) months prior to the filing of the application as a Public Service Dispatcher. Public Service Dispatcher means work for a police, fire or EMS service for a governmental entity.
5. Each applicant must have at least five hundred (500) hours of work as a Public Service Dispatcher prior to the filing of this application.
6. Each applicant must submit a resume.

If there are any questions not answered, please contact the Civil Service Secretary at 440/580-3166.

Before being placed on a Lateral Transfer List, every applicant shall submit to an oral interview before a panel consisting of the Director of Public Safety, the Human Resources Director, the Police Chief and Fire Chief and/or their designee. In addition to the above a supervisor in the Dispatcher Center may also attend the interview and give input as to whether or not it would be appropriate for that applicant to be placed on the Lateral Transfer List. In the oral interview process the panel may consider the following factors among other job related factors deemed appropriate by the panel.:

- The reason the applicant has been separated from or wishes to leave the applicant's former or current employment.
- The type of dispatching equipment and operating systems the applicant has experience with in the past.
- Any certifications in dispatching obtained by the applicant.
- The results of any background check.
- The results of any drug screening test.
- The results of any polygraph examination and/or voice test analysis.
- The results of any psychological or medical examination.

If the panel determines that the applicant meets the criteria for the Lateral Transfer List and successfully completes the oral interview process and would be an appropriate applicant to be placed on the Lateral Transfer List considering job related factors, the panel shall place that applicant on the list, complete the list, and certify the list to the Civil Service Commission. (There will be no ranking of the candidates on the list. The Commission shall then certify the list.

Shift rotation, work on holidays and rotating days off are standard and required for this position.

*David R. Knowles, Chairman, Civil Service Commission*  
*City of Strongsville is an Equal Opportunity Employer*

# City of Strongsville Pre-employment Application/Lateral Transfer

You must complete this form to apply for employment. Answers must be complete and legible.  
Applications lacking sufficient information will not be processed

***The City of Strongsville is an Equal Opportunity Employer and provider of ADA services***

## Applicant Information

Applicant's Name (Last, First, M.I.)			Position/Department Interested in Employment	
Street Address			Area Code/Telephone No.	
City	State	Zip Code	Alt. Telephone No./Mobile No.	
E-mail Address			County	Referral Source
Are you a citizen of the United States or an alien authorized to work in the United States on a full or part-time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:				
Have you ever been employed by the City of Strongsville before?		If yes, when?	Driver License No./State <b>(attach copy)</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are any of your employment records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide names:				
Are you at least eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Education and Training

Check all Applicable boxes.	School	Grade Completed
<input type="checkbox"/> Elementary		
<input type="checkbox"/> High School Graduate/GED		
	College & Major	Date of Completion
<input type="checkbox"/> Associates Degree		
<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> Master's Degree		
<input type="checkbox"/> Other		

## Occupational Licenses, Registration, Certificates

License/Certificates Issued By	Field/Trade/Specialization	License/Certification No.	Issue Date	Expiration Date

Please list all dispatching equipment and operating systems with which you have had experience:

A)
B)
C)
D)
E)

Please list any and all certifications in dispatching you have obtained:

A)
B)
C)
D)

Can you travel if the job requires it?  Yes  No

Do you have the use of a motor vehicle? (If required in the performance of job duties)  Yes  No

Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?  Yes  No

If Yes, please explain:

Do you have supplemental employment that could be a potential conflict with the position you are applying for?  Yes  No

If Yes, please explain:

Are you related to anyone who currently works for the City of Strongsville?  Yes  No

If Yes, please indicate names of relatives and where they work:

**Current Employer and/or Public Service Dispatcher employer within the past twenty-four (24) months**

\_\_\_\_\_ ,  
Name of Employer

Employed from \_\_\_\_\_ to \_\_\_\_\_

**Public Service Dispatcher employer(s) totaling at least Five Hundred (500) hours of work:**

<u>Name</u>	<u>Dates of Employment</u>
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

Attach a copy of your resumé

**Employment History**

Please list below all work-related experience, starting with the most recent employment and working backwards. Provide a detailed description of regularly assigned ongoing duties for each job. Additional sheets may be attached if necessary. **Please attach a current resume (if available) to this application.**

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	
Business Address		Starting/Current Salary	Telephone No.
Description of job duties and give approximate percentage of major duties		Reason for leaving	

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:
Employer		Supervisor Name and Title	

Business Address	Beginning/Ending Salary	Telephone No.

Description of job duties and give approximate percentage of major duties	Reason for leaving

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:

Employer	Supervisor Name and Title

Business Address	Beginning/Ending Salary	Telephone No.

Description of job duties and give approximate percentage of major duties	Reason for leaving

Classification	Job Title	Dates of Employment (Month & Year)	
		From:	To:

Employer	Supervisor Name and Title

Business Address	Beginning/Ending Salary	Telephone No.

Description of job duties and give approximate percentage of major duties	Reason for leaving

**Special Skills:** List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. and any other skills which add to your qualifications.

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Do you have computer skills? Please list software programs you have used:

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Do we have permission to contact your present employer?  Yes  No

Do we have permission to contact your previous employer?  Yes  No

Date available for employment:

**References (List three PROFESSIONAL references who may be contacted)**

Name and Address (Number, Street, City, State and Zip Code)	Telephone Number	Occupation

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*The City of  
Strongsville*

The City of Strongsville will not discriminate against any individual or group because of race, gender, sexual orientation, religion, age, height, weight, genetic information, national origin, color, marital status, political beliefs or disability. Applicants with a disability who may need an accommodation to complete the pre-employment application or participate in the interview process should make such a request to the City of Strongsville Human Resource Department.

**Visit our Internet site [www.strongsville.org](http://www.strongsville.org)**

### Applicant Certification

I certify that all information above is true and complete and I agree and understand that any falsification of material facts will result in forfeiting any rights to consideration for employment with the City of Strongsville. I understand that if accepted by the City of Strongsville, my employment is voluntarily entered into and I am free to resign at any time. Similarly, the City of Strongsville is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract, and that if hired I will be an employee at will, subject to discharge without cause unless otherwise specified by law.

Applicant Signature

Date

**CITY OF STRONGSVILLE  
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to the questions below are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL: Sex**

Male  Female

**OPTIONAL: Please select your age group.**

Under 18

18-25

26-39

40-54

55-69

70+

**OPTIONAL: Race/Ethnicity**

**WHITE:** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**BLACK or AFRICAN AMERICAN:** All persons having origins in any of the Black racial groups of Africa.

**HISPANIC or LATINO:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**ASIAN:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

**NATIVE HAWAIIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

**AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**OTHER:** Please self define. \_\_\_\_\_

**OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?**

Yes  No

**OPTIONAL: Are you a veteran?**

Yes  No

**OPTIONAL: If you answered Yes to the previous question, please indicate if one or more of the following apply.**

**MILITARY STATUS:** The performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

**DISABLED VETERAN:** A person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**DESERT STORM/SHIELD VETERAN:** A person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

**VIETNAM ERA VETERAN:** A person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.