

DISPATCHER – CITY OF STRONGSVILLE, OHIO
GENERAL INFORMATION:
Dispatcher Exam – Saturday, August 17, 2019 – 9:00 a.m.
To be held at Strongsville Rec Center
18100 Royalton Road, Strongsville, Ohio 44136

1. All applications for examination must be made on the application form furnished by the Civil Service Commission. Applications can be picked up beginning Monday, July 8, 2019 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. with the Civil Service Secretary and in the Human Resources Department). Applications may also be downloaded from the City website: www.strongsville.org. beginning July 8, 2019. **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, August 9, 2019. Only the first one hundred (150) applicants to properly complete and return his or her application to the City will be eligible to sit for the examination.**

Applications cannot be mailed, nor do we accept completed applications returned by email or fax.

2. A filing Fee of **\$25.00** must accompany the completed application. The filing fee is **NON-REFUNDABLE** and can be paid by Cash, Credit Card, Cashier Check, Personal Check, or Money Order made payable to the City of Strongsville.
3. Each applicant must be at least 18 years of age on or before the date of the examination.
4. Each applicant must be a high school graduate or GED and must present his/her high school diploma or GED certificate to the City of Strongsville Human Resources Department at the time that the application is returned. The diploma or GED certificate will be copied and returned to the applicant.
5. Each applicant must present his/her driver's license – a copy will be made and returned to the applicant.
6. If there are any questions not answered, please contact the Civil Service Secretary at 440/580-3166.

TESTING

The testing shall be the Dispatcher Skills Test, consisting of an audio test, and a written examination. The written examination shall be based on a 100 point system. A score of at least seventy (70%) on the written examination is required in order to pass the examination. Every individual who has completed at least three (3) months of service as a dispatcher with the City of Strongsville Emergency Dispatch Center before the date of the written examination and passes the written examination shall receive ten (10) points of extra credit added to that individual's grade on the examination.

Before being appointed, the selected candidate(s) must pass an extensive background investigation as well as a medical and drug screening.

The selected candidate(s) must successfully complete an interview process prior to appointment.

After hiring, applicants must pass tests mandated by the State of Ohio and/or LEADS/NCIC, and must successfully complete an Emergency Medical Dispatch (EMD) course for certification, and must maintain the certification, and must also complete dispatching instructional courses, and an on-the-job training program.

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

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	
<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:				

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
Can you travel if the job requires it?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the use of a motor vehicle? (If required in the performance of job duties)				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or suspended by an employer or resigned in lieu of dismissal?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please explain:				
Do you have supplemental employment that could be a potential conflict with the position you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please explain:				
Are you related to anyone who currently works for the City of Strongsville?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please indicate names of relatives and where they work:				

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	

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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.

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

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

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

Telephone Number

Occupation

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

Telephone Number

Occupation



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

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.