

KNOX COUNTY EMERGENCY COMMUNICATIONS DISTRICT

JOB ANNOUNCEMENT KCECD – 02-05

605 Bernard Avenue, Knoxville, TN 37917 (865)-215-1112

**EMERGENCY COMMUNICATIONS TECHNICIAN I
(9-1-1 CALL PROCESSOR)
ENTRY-LEVEL**

Drug Testing, Hearing/Speech Screening, Psychological Screening, Medical Screening Required for Entry-Level Appointments

PAY RATE: \$9.02/HOUR, \$10.02/HOUR AFTER TRAINING

Applications for **EMERGENCY COMMUNICATIONS TECHNICIAN I** are accepted on a continuous basis. Your application will be screened for the minimum requirements listed below. An actual vacancy may or may not exist at the time you apply. Names of candidates who meet the minimum requirements will be placed on an eligibility register. Your name will remain on the list for a period of one year. If you wish to renew your eligibility, you must notify the Human Resources Specialist of your desire to do so in writing. An official application, including a copy of your high school diploma or GED certificate must be submitted with your application.

RESPONSIBILITIES

Under direction in a centralized communications center, performs duties involving the receipt and processing of calls for both emergency and non-emergency public safety communications services. Operates communications equipment. Receives complaint calls and conducts event analysis of each call. Processes complaint information derived from event analyses. Executes follow-up procedures to ensure proper complaint processing. Provides information to the public and other public safety agencies. Records resource and system errors. Queries databases and other reference materials. Maintains basic administrative records. Maintains awareness of community and communications center events. Performs associated tasks as assigned.

MINIMUM REQUIREMENTS

Unless stated otherwise, applicants must possess and/or meet the following minimum requirements before the application deadline.

Graduation from a standard high school or GED equivalent.

Some work experience involving public contact in customer service, telemarketing or similar contexts. Five points preference will be given to applicants with work experience in the Public Safety field.

Applicants must be 19 years old.

Ability to enter data at a minimum rate of 2,500 key strokes per hour.

APPLICANTS MUST BE WILLING TO WORK VARIABLE SHIFTS, INCLUDING DAYS, EVENINGS, NIGHTS AND WEEKENDS.

Due to the public safety and liability concerns which characterize this job, statements on the job application concerning the applicant's criminal background (including the lack thereof) will be verified.

EXAMINATION

Application materials will be screened for the above-listed minimum requirements. Applicants meeting the minimum qualifications will be scheduled for the selection test battery. The test battery is comprised of public safety communications testing which assesses the applicant's ability to enter data, multi-task ability, information processing and comprehension skills.

APPLICANTS MUST PASS ALL COMPONENTS OF THE SELECTION PROCESS TO BE ELIGIBLE FOR EMPLOYMENT.

KCECD DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, VETERAN STATUS, OR DISABILITY CONDITION IN EMPLOYMENT OPPORTUNITIES.

**KNOX COUNTY EMERGENCY COMMUNICATIONS DISTRICT
JOB DESCRIPTION FOR
EMERGENCY COMMUNICATIONS TECHNICIAN I – CALL PROCESSOR**

JOB SUMMARY

As supervised by the Shift Supervisor, the ECT I is responsible for receipt, analysis, screening, encoding , transfer and/or referral of requests for assistance to the appropriate dispatcher or agency. Call Processor must be able to handle multiple calls with efficiency and professionalism. Must have clear and concise communications skills, deal well with the public and other employees. Assists with hands on training for new call processors in the communications center.

JOB REQUIREMENTS

Knowledge/Skills

Equivalence of a high school diploma and basic word processing (2500 key strokes per hour). Interpersonal/communications skills. Knowledge of Knoxville City/County areas. Must successfully complete a physical examination, psychological examination, drug, speech and hearing screening. Must also pass background check.

JOB FUNCTIONS

Performs pre-operation procedures to prepare themselves for the shift and to exchange information. Answer and receive calls. Conduct an event analysis of each call and record essential information. Transmit/process information derived. Execute follow-up procedures to insure that incidents are properly handled and the information loop is completed.

Must meet EEOC and ADA guidelines as written in job posting.

GENERAL INSTRUCTIONS FOR KCECD APPLICANTS

COMPLETE THE ATTACHED FORMS AND RETURN THEM TO KNOX COUNTY EMERGENCY COMMUNICATIONS DISTRICT, 605 BERNARD AVENUE, KNOXVILLE, TN 37921. AN APPOINTMENT WILL BE MADE FOR YOU TO COMPLETE THE WRITTEN EXAM, IF REQUIRED.

IF YOU HAVE SERVED IN THE ARMED FORCES, YOU MUST SUBMIT A COPY OF YOUR MILITARY DISCHARGE (DD214) WITH THESE FORMS.

YOU MUST SUBMIT A COPY OF ALL RELEVANT EDUCATION DIPLOMAS/TRANSCRIPTS WITH THESE FORMS.

IN ACCORDANCE WITH THE IMMIGRATION REFORM & CONTROL ACT OF 1986, ANYONE EMPLOYED BY KCECD MUST FURNISH TO KCECD WITHIN THREE DAYS OF EMPLOYMENT

ONE OF THE FOLLOWING.....

A state driver's license with a photograph, or information including name, sex, date of birth, height, weight, and eye color.

ID card issued by federal, state, or local government agencies, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address.

U.S. Military card or draft card

Voter's registration card.

AND ONE OF THE FOLLOWING.....

U.S. Social Security Card (other than a card stating it is not valid for employment)

A birth certificate issued by state, county, or municipal authority bearing a seal or other certification.

U.S Citizen ID card.

Unexpired Immigration and Naturalization Service Employment Authorization Form

OR.....

In the absence of the documents on the list above, one may submit one document from the following list:

U.S. Passport

Certificate of U.S. Citizenship

Certificate of Naturalization (INS Form N-550 or N-570)

Unexpired foreign passport with attached employment authorization

Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

APPLICATION HINTS

- ASSURE THAT ALL INFORMATION, INCLUDING PHONE NUMBER, IS CORRECT.
- ASSURE THAT YOU HAVE INCLUDED THE POSITION TITLE YOU ARE APPLYING FOR AND THE DATE APPLICATION WAS SUBMITTED.
- REVIEW THE MINIMUM QUALIFICATIONS. CONTACT MELISSA WEAVER, STANDARDS & COMPLIANCE SPECIALIST, 865-215-1112 WITH ANY QUESTIONS.
- ATTACH ALL RELEVANT DOCUMENTS TO THE APPLICATION.
- IF YOU HAVE HELD MORE THAN THREE EMPLOYMENT POSITIONS, PLEASE FOLLOW APPLICATION FORMAT AND PROVIDE INFORMATION ON SEPARATE SHEETS OF PAPER.
- DESCRIBE JOB TASKS CLEARLY AND SPECIFICALLY, BEING AS BRIEF AS POSSIBLE.
- A RESUME CANNOT BE SUBSTITUTED FOR AN APPLICATION.
- RETURN RESUME BY HAND TO KCECD OR MAIL TO:

MELISSA WEAVER
STANDARDS & COMPLIANCE SPECIALIST
KCECD
605 BERNARD AVENUE
KNOXVILLE, TN 37921
PHONE (865) 215-1112

KNOX COUNTY EMERGENCY COMMUNICATONS DISTRICT

APPLICATION FOR EMPLOYMENT

605 Bernard Avenue, Knoxville, TN 37921
Telephone: 865-215-1112

TITLE OF POSITION APPLIED FOR: _____ DATE: _____

FIRST NAME MIDDLE INITIAL LAST NAME

ADDRESS CITY STATE ZIP CODE

HOME TELEPHONE BUSINESS TELEPHONE SOCIAL SECURITY

DRIVER'S LICENSE NUMBER _____ STATE _____ TYPE _____

ARE YOU AT LEAST 19 YEARS OF AGE? _____
(KCECD REQUIRES EMPLOYEES TO BE AT LEAST 19 YEARS OF AGE)

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, MISDEMEANOR OR VIOLATION OF ANY LAW, ORDINANCE, OR POLICE REGULATION (EXCLUDING TRAFFIC VIOLATIONS)? _____

IF YES, EXPLAIN FULLY WHAT, WHERE AND RESULTS (I.E. PAID FINE, SERVED JAIL SENTENCE, ETC.)
CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT. THE TIME, SEVERITY,
AND PERTINENCE OF THE CONVICTION TO THE JOB WILL BE CONSIDERED.

EDUCATION

NAME	LOCATION	MAJOR	DEGREE/HRS	YEAR
HIGH SCHOOL	_____			
DIPLOMA	_____	GED	_____	
TECHNICAL SCHOOL	_____			
COLLEGE	_____			
GRADUATE SCHOOL	_____			

VETERANS ONLY

Was your discharge other than "Honorable" or "Under Honorable" conditions? _____

If yes, explain fully: _____

Branch of Service: _____ Date Enlisted: _____ Date of Separation: _____

Did you receive a medical discharge? _____

If yes, what is your disability rating? _____

You must submit a copy of your discharge (DD214) with the application.

AN EQUAL OPPORTUNITY EMPLOYER

BEGIN WITH YOUR CURRENT MR MOST RECENT EMPLOYER AND PROVIDE THE INFORMATION REQUESTED. ATTACH ADDITIONAL SHEETS AS NECESSARY.

COMPANY NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

JOB TITLE: _____ SUPERVISORS NAME: _____

JOB DUTIES: _____

EMPLOYMENT DATES: _____ ANNUAL SALARY: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR EMPLOYER? _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

JOB TITLE: _____ SUPERVISORS NAME: _____

JOB DUTIES: _____

EMPLOYMENT DATES: _____ ANNUAL SALARY: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR EMPLOYER? _____

COMPANY NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

JOB TITLE: _____ SUPERVISORS NAME: _____

JOB DUTIES: _____

EMPLOYMENT DATES: _____ ANNUAL SALARY: _____

REASON FOR LEAVING: _____

MAY WE CONTACT YOUR EMPLOYER? _____

ADDITIONAL SKILLS OR QUALIFICATIONS: _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY JOB? _____

IF YES, PLEASE EXPLAIN _____

REFERENCES

NAME ADDRESS PHONE

1. _____

2. _____

3. _____

READ AND SIGN: These answers are true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration from employment or my immediate discharge if I am hired, regardless of when discovered. I authorize the Knox County Emergency Communications District to make a thorough investigation of all statements contained in this application, my past employment, education, and job-related activities, and I release from all liability all persons, companies, and corporations supplying such information. I understand that drug testing is required for entry-level appointments.

SIGNATURE: _____ DATE: _____

THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE

AUTHORITY TO RELEASE INFORMATION AND RECORDS

(please print clearly)

To: Any person having knowledge of my conduct or activities; or any past or present employers; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organizations; or any dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic, or Sanitarium, or any Department or Agency of a City, County, or State Government, or the Federal Government.

I, _____, hereby authorize the Knox County Emergency Communications District, or its duly authorized representative, to conduct a background check position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Knox County Emergency Communications District, or its agents, and I release all persons providing information to the Knox County Emergency Communications District from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represent myself for this purpose. Information to be reviewed may include un-deleted DD Forms 214 and drug/alcohol related information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Print or Type Complete Name

Social Security Number (for identification)

Print or Type Complete Current Address

Area Code and Telephone Number

Signature

Date

KNOX COUNTY EMERGENCY COMMUNICATIONS DISTRICT (KCECD)

To assist with Federal and State recordkeeping guidelines, we would appreciate your compliance in completing the voluntary information below. This information is confidential and will not affect your consideration for employment. If you choose to complete this sheet, please remove it and return it separately of your application.

Today's Date: / /
(MM) (DD) (YY)

Date of Birth: / / Sex: Male Female
(MM) (DD) (YY)

Race: (check one)

- White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- Black (All persons having origins in any of the Black racial groups of Africa)
- Hispanic (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Other Spanish culture or origin, regardless of race)
- Asian or Pacific Islander (All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the 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 a cultural identification through tribal affiliation or community recognition.)

Employment Status: (check one)

- Current KCECD employee
- Not a KCECD employee
- Former KCECD employee

Type of Employment Desired: (check one)

- Permanent Full-Time
- Permanent Part-Time
- Temporary Full-Time
- Temporary Part-Time
- Any