

**Town of Ocean Ridge
Police Department
Position Requirements & Information Summary**

Title: Police Dispatcher/Clerk
Salary: \$37,112

Duties: Performs general work as a Police Dispatcher in a full service 911 PSAP. Performs the work of records clerk/data entry for the Police Department. Shift work required with varying shifts.

Requirements: All applicants must:

Possess a high school diploma or equivalent, General Education Diploma (GED).
Military applicants must present proof of honorable discharge or release.
Be a U.S. citizen.
Be at least eighteen (18) years of age.
Possess a valid driver's license from any U.S. state at time of application provided, prior to appointment, a valid State of Florida Class E, or higher, Driver License is obtained.
Possess, or obtain within twelve months from date of hire, State of Florida 911 Public Safety Telecommunicator Certification.
Pass and maintain Florida Crime Information Certification within six months of date of hire. Be positive and customer service oriented.

Selection:

Applicants meeting the above requirements must successfully pass a Credit check, Computer voice stress analysis (CVSA), Medical examination (including drug testing), Oral interview(s), Complete background investigation.
Preference given for experience and FL 9-1-1 Telecommunicator Certification.

Benefits:

Includes: health, disability and life insurance. Also available: dental and vision plans
Personal Absence Leave
Eleven (11) paid holidays
Paid Vacation Leave based upon tenure
Bereavement leave
Florida Retirement System (FRS)

To Apply:

Interested persons meeting the minimum requirements (see above) must complete and submit the Employment Application for the Ocean Ridge Police Department found on the Town of Ocean Ridge website: www.oceanridgeflorida.com. Deliver the completed application to the Town of Ocean Ridge Police Department, 6450 North Ocean Boulevard, Ocean Ridge, Florida 33435.

Equal Opportunity Employer



Hal C. Hutchins
Chief of Police

The Town of Ocean Ridge Police Department

— Emergency 911 — Business (561) 732-8331 — Fax (561) 732-8676 —

6450 N. Ocean Blvd.
Ocean Ridge, FL 33435-5297

DISPATCHER APPLICATION

APPLICATION FOR EMPLOYMENT INSTRUCTIONS

- This application must be clearly printed in black ink.**
- All information is subject to verification.**
- Any questions which do not pertain to you must be answered with the letters N/A meaning "not applicable".**
- If additional space is needed for any section, or you wish to furnish additional information, attach sheets of the same size as the application (8"x11") and indicate the question to which you are responding. More than one answer may be placed on a separate sheet of paper.**
- If you do not know the whereabouts of persons identified on the application, give an explanation, such as: "Last saw natural father several years ago and have no source of information concerning his whereabouts". If available, provide the last known address and approximate date of this information if current information is unknown.**
- Applications are processed for eligibility only. Successful completion of processing does not guarantee employment. The most qualified applicants will be selected.**
- All documents must be submitted along with the application.**
- Incomplete applications cannot be processed.**
- Processing will not even begin until all documents are submitted and all sections of the application are complete.**
- Expect the background investigation process to take at least sixty (60) days from the time of formal application.**
- Any applicant knowingly providing false information will be subject to immediate disqualification.**
- If you have any further questions regarding this application, please contact us.**
- An Equal Opportunity Employer.**

DOCUMENTS REQUIRED WITH APPLICATION
(DO NOT send originals unless specifically requested to do so)

-Social Security Card.

-Driver's License – All applicants must hold a valid driver's license at the time of application and must possess a valid Florida Driver's License upon employment.

-Certified copy of Birth Certificate issued by the State, County, or Municipal authority bearing a seal or other certification.

(Applicants not born in the United States or Puerto Rico: Your original Naturalization Certificate must be submitted for verification with the Immigration & Naturalization Service. If you are not a naturalized citizen, you must submit your original Alien Registration Card with photograph for copying.)

-Education equivalency.

-Training certification.

-Adoption and/or Legal name Change (If applicable).

-All Marriage Certificates (issued by the State, County or Municipal authority, NOT Church).

-All Final Divorce Decree papers.

-High School Diploma (Certified Transcript and Proof of Accreditation, if non-public school).

-G.E.D. Certificate (scores required if from out of state).

-College Degree(s).

-DD-214 form stating "Honorable Discharge".

-Honorable Discharge Certificate.

-State of Florida 911 Public Safety Telecommunicator Certificate. (Optional)

APPLICANT QUESTIONNAIRE

Ocean Ridge Police Department
6450 North Ocean Blvd.
Ocean Ridge, Florida 33435

Hal C. Hutchins, Police Chief

Position Applied for: _____

Last Name, First Name Middle Name

Social Security # Date of Birth Driver's License # and State

Residence Address (Including Apartment Number)

City County State Zip

Alternative Address (Including Apartment Number)

Residence Phone Number Cellular Phone Number Business Phone Number

Email Address

PERSONAL INFORMATION

Last Name	First Name	Middle Name
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Alias/es, Nicknames, Maiden Name, or other name changes (Include official documents, concerning any changes)

U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Native of U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
Naturalization Cert. #	Court:
Location Date: ___/___/_____ If derived, parent:	

(Enter complete address below including city, county and state)

Date of Birth:			
Place of Birth – City/County/State:			
Height:	Weight:	Eye Color:	Hair Color:
Scars, Tattoos, distinguishing marks: _____			

Answer only those questions below which apply to you

MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>
If married, are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, explain: _____

(Include copy of marriage certificate, separation, and/or divorce decree)

Name of Fiancée:	Date of Birth: ___/___/_____
Address:	
Phone: ()	

Information concerning marriages: (List all marriages)

Date Married: ___/___/_____
Where Performed (City, County, State):

Spouse's Name (wife's maiden name):	
Date of Birth: ___/___/_____	Social Security No.:

Marital Status (Continued):

Name and address of spouse(s) if separated or divorced:

Name:
Address:
Name:
Address:
Name:
Address:

Have you and your spouse ever separated, and if so, explain:

If ever separated, annulled, or divorced, complete the following:

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____
Reason: _____

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____
Reason: _____

Separated ___ Annulled ___ Divorced ___ Date of Order or Decree:
State, Court and Case No.:

Offending party as decreed by law: _____
Reason: _____

DEPENDENTS

List all of your children, stepchildren, and adoptions:

Name:	Date of Birth: ___/___/_____
Complete Address:	
Name:	Date of Birth: ___/___/_____
Complete Address:	
Name:	Date of Birth: ___/___/_____
Complete Address:	
Name:	Date of Birth: ___/___/_____
Complete Address:	
Name:	Date of Birth: ___/___/_____
Complete Address:	

Are you supporting any of your children? ___ **Yes** ___ **No**

If no, explain: _____

Are you responsible for paying alimony? ___ **Yes** ___ **No**

If you are responsible for paying alimony or child support, has legal action every been taken against your for either failing to make payments or delaying payments? ___ **Yes** ___ **No**

If yes, explain: _____

Other Dependents

Name:	Relationship:
Complete Address:	
Percentage of Support Provided:	
Name:	Relationship:
Complete Address:	
Percentage of Support Provided:	

FAMILY:

List in order given, showing relationship, parents, guardians, stepparents, brothers and sisters (even if deceased). Include any others you have resided with or with whom a close relationship existed or exists:

Relationship: Father	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship: Mother (Maiden Name)	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship:	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

Relationship: Father	
Name:	Date of Birth: ___/___/_____
Address:	Phone No.: ()

RESIDENCES

List all residences for the past ten years, beginning with your present address. List the name, address, and phone number of present and prior landlord, if applicable. If "Other" is chosen, explain (i.e. live w/parents, aunt, etc.):

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Date From:	To	Own/Rent/Other:
Complete Address:		
Landlord's Name		Phone: ()
Address:		

Higher Education (Continued):

School:	
Complete Address:	
Dates Attended: _____ to _____	Graduated? ___ Yes ___ No
Credit Hours:	Major:
Degree:	Years Received:

School:	
Complete Address:	
Dates Attended: _____ to _____	Graduated? ___ Yes ___ No
Credit Hours:	Major:
Degree:	Years Received:

Other schools or training (trade, vocational, professional academies, etc.):

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

School:	
Complete Address:	
Dates Attended: _____ to _____	Certificate? ___ Yes ___ No
Courses Studied:	

Foreign Languages

List all foreign languages and rate abilities by entering 1-5 (with 1 rated as excellent):

Language: _____

Reading: _____ Writing: _____ Speaking: _____ Understanding: _____

Language: _____

Reading: _____ Writing: _____ Speaking: _____ Understanding: _____

Social Organizations

List all clubs, civic or fraternal organizations, social networks (i.e. Facebook, Twitter, MySpace) to which you are or have been a member. Please include any screen names, alias, or usernames.

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Organization/Network:	Screen/User Name:
Membership Dates: _____ to _____	Type Organization/Network:

Special Qualifications and Skills:

A. Indicate any type of special license that you possess such a pilot, radio operator, etc. Identify licensing authority and date current license expires.

License: _____ Authority: _____

Expiration: _____

License: _____ Authority: _____

Expiration: _____

Special Qualifications and Skills (Continued):

B. Indicate special skills that you possess such as pilot, radio operator, etc. Identify licensing authority and date current license expires.

C. Typing Skill: Approximate words per minute: _____

D. Indicate any other special qualifications or honors: _____

EMPLOYMENT

What is your occupation or trade? _____

Are you now, or have you ever been engaged in any business as an owner, partner, or corporate member?

___ **Yes** ___ **No**

If yes, explain: _____

Were you discharged, terminated, fired, or forced to resign from any profession because of misconduct or unsatisfactory service? (Except the Military) ___ **Yes** ___ **No**

If yes, explain and complete the following:

Employer's Name: _____

Employer's Address: _____ Phone No. () _____

Name of Supervisor: _____ Approximate Date: _____

Explanation: _____

Have your employer's treated you fairly? ___ **Yes** ___ **No**

If no, explain: _____

Do you have a problem working rotating shifts, weekends and holidays? ___ **Yes** ___ **No**

If yes, explain: _____

Have you had experience with shift work? ___ **Yes** ___ **No**

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

Employer:	
Complete Address & Zip:	
Phone No. ()	Job Title:
Describe Duties:	
Dates of Employment: to	Salary:
Full Time, Part time, other:	Supervisor:
Reason for leaving:	

If yes to either of the above, list the agency below:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Agency:	
Complete Address:	
Phone No: ()	Approximate Date Applied:

Do you object to your present employer being contacted at this time? ___ **Yes** ___ **No**

MILITARY

Have you ever served in the Armed Forces of the United States including R.O.T.C.? ___ **Yes** ___ **No**

(If yes, include a copy of form DD214)

Branch of Service: _____ Company/Division, etc: _____

Service No: _____ Highest Rank: _____

Periods of Active Service: _____ to _____

List all medals and decorations awarded to you: _____

Type of Discharge (Be exact): _____

Has your discharge or separation ever been corrected? ___ **Yes** ___ **No**

If yes, explain: _____

Military (Continued):

Give date and location of entrance to active duty:

Date: _____ Location: _____

Give date and location of discharge:

Date: _____ Location: _____

Are you now, or were you ever a member of the National Guard? ___ **Yes** ___ **No**

State: _____ Regiment: _____ Unit: _____

Rank: _____ From: _____ to _____

Type of Discharge: _____

What is your present draft classification? _____

Date of Classification: _____ Selective Service No: _____

Draft Board No. and Location:

No: _____ Location: _____

Were you ever Court Martialed, tried on charges, or were you the subject of a Summary Court, Deck Court, Captain's Mast, Company punishment, or any other disciplinary action while a member of the armed forces? ___ **Yes** ___ **No**

If yes, explain: _____

List any disciplinary action taken against you in the National Guard or other Reserve Unit: _____

List any other information pertaining to the military not requested: _____

Have you ever served in a military organization of any foreign nation? ___ **Yes** ___ **No**

If yes, explain: _____

DRIVER'S LICENSE

List all states in which you were ever issued a driver's license:

1. _____ 2. _____
3. _____ 4. _____

Current Driver's License Information:

State: _____ Driver's License No.: _____

License Type: _____ Restrictions: _____

Date Issued: _____ Date Expires: _____

Name exactly as Indicated: _____

Can you operate a standard shift transmission? Yes No

Did you ever have a driver's license suspended, revoked or cancelled? Yes No

If yes, provide state, dates of action, length of action and reason:

State: _____ Dates of Action: _____ Length of Action: _____

Reason: _____

Have you ever been refused a driver's license by any state? Yes No

If yes, explain: _____

Has your driver's license ever been restricted due to traffic offense convictions such as business purposes only or placed on probation? Yes No

If yes, explain: _____

Accidents:

Have you ever been involved in a motor vehicle accident? Yes No

If yes, provide complete details for each accident including the street, city, county and state in the location:

Date: _____	Location: _____
Police Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Date:	Location:
Police Report: ___ Yes ___ No	Injury: ___ Yes ___ No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Date:	Location:
Police Report: ___ Yes ___ No	Injury: ___ Yes ___ No
Cause of accident: _____	
Was anyone charged with the violation and what was the court disposition? _____	

Traffic Citations

List below all traffic citations you have received, including parking tickets. (Dates may be approximate. Include street, city and state in location):

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Traffic Citations (Continued):

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Date:	Type of Violation:
Location:	
Penalty/Disposition:	

Do you have any outstanding traffic citations or parking tickets? Yes No

If yes, explain: _____

MOTOR VEHICLE INSURANCE

List all vehicles that you currently own or lease:

Year	Make	Model	Color	Tag No.	State

Do you currently have motor vehicle insurance? Yes No

If no, explain: _____

Does your Florida coverage completely comply with the State's legal requirements? Yes No

If no, explain: _____

If you presently have insurance, provide the following information:

Company:	Policy No.:
Agent:	Address:
Phone No.:	Dates of Coverage: From _____ to _____
Type of Coverage(s):	

Have you ever had insurance coverage withdrawn, revoked, or refused? Yes No

If yes, explain: _____

Have you ever had insurance premiums increased due to traffic record? Yes No

ARREST, DETENTION AND LITIGATION

Have you ever committed a crime, whether arrested or not, that would constitute a felony or misdemeanor?

Yes **No**

If yes, explain: _____

Have you ever been arrested, received a notice to appear, charged, convicted, pled Nolo Contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged? **Yes** **No**

If yes, provide copy of police report, if available. (Include any arrest in which the records were expunged.)

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Crime charged: _____ Date: _____

Police agency: _____ Phone No.: () _____

Complete address: _____

Disposition of case: _____

Have you ever been placed on probation or parole? **Yes** **No**

If yes, explain: _____

Have you ever been reported as a missing person or runaway? **Yes** **No**

If yes, explain (include police dept., address and dates): _____

ARREST, DETENTION AND LITIGATION (Continued):

Have you ever unlawfully sold, delivered, manufactured, smuggled, trafficked, or possessed illegal drugs or drug paraphernalia? **Yes** **No**

If yes, explain in detail: _____

Have you ever been advised of your Miranda Warnings? **Yes** **No**

If yes, explain: _____

If you have been fingerprinted by any law enforcement agency for any reason, give details below:

Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	
Agency:	Date:
Purpose:	

Have you ever had a polygraph or voice stress examination? **Yes** **No**

If yes, explain: _____

Have you ever been the subject of a police investigation? **Yes** **No**

If yes, explain (include police department address and dates): _____

Have you or any of your immediate family been the victim of a crime? **Yes** **No**

If yes, explain: _____

Has any member of your immediate family ever been arrested? **Yes** **No**

If yes, explain: _____

FINANCIAL INFORMATION

Do you have a checking account? Yes No

Name of Bank:	Account No:
Address:	
Average Balance:	

Do you have a savings account? Yes No

Name of Bank:	Account No:
Address:	
Average Balance:	

Do you have life insurance? Yes No

Company Name:
Address:
Value:

Do you have any investments? Yes No

Company Name:
Address:
Value:

Do you own or are you buying a home? Yes No

Mortgage Co:	
Address:	
Mortgage Payment:	Mortgage Balance:

Do you own or are you buying other real estate? Yes No

Name of Bank:	
Address:	
Type of Real Estate:	Monthly Payment:

Financial Information (Continued):

Are you leasing or buying an automobile? ___ Yes ___ No

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Name of Bank:	Account No:
Address:	
Monthly Payment:	Make, Year, Tag No.:

Have you or your spouse ever sued anyone (civil court plaintiff)? ___ Yes ___ No

If yes, explain: _____

Do you have a second mortgage or home equity loan? ___ Yes ___ No

Name of Bank:	Account No.:
Address:	
Monthly Payment:	

What income other than your primary salary do you have at present time? _____

Provide spouses occupation, place of employment, and salary. Include address and phone number.

Name of Business:	Occupation:
Address:	
Phone No.:	Salary:

Do you or your spouse have a financial interest in any business? ___ Yes ___ No

Name of Business:	Phone No.: ()
Address:	
Percentage of Interest:	

Financial Information (Continued):

Have you ever had any property repossessed? ____ Yes ____ No

If yes, explain: _____

List all firms with which you have charge accounts:

Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:
Name:	Account No.:
Address:	Monthly Payment:

DRUG, ALCOHOL, TOBACCO USE

Do you use tobacco products? ____ Yes ____ No

If yes, explain: _____

Are you currently using or have you previously used any illegal drugs? ____ Yes ____ No

If yes, explain: _____

Do you currently drink alcoholic beverages? ____ Yes ____ No

If yes, explain: _____

NEIGHBOR REFERENCES

List a total of four (4) neighbors presently residing on each side, behind, and across from your residence. If residing in an apartment complex, provide information on the apartment manager (name, address and phone number):

Neighbors:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Landlord/Apartment Manager:

Name: _____ Phone No.: () _____

Address: _____

CHARACTER/PERSONAL REFERENCES

List five (5) references that have definite knowledge of your qualifications and fitness for the position for which you are applying, and who have known you for at least five (5) years. (Do not include neighbor references, relatives, former employers, or persons residing out of the United States).

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Name:	Phone No.: ()
Address:	
How Acquainted:	Known How Long:

Are you acquainted with any members of the Town of Ocean Ridge? **Yes** **No**

If yes, whom? (List below)

SUBVERSIVE ORGANIZATIONS

Are you now or have you ever been a member of any communist organization(s) anywhere? **Yes** **No**

Are you now or have you ever been a member of a fascist organization? **Yes** **No**

Are you now or have you ever been a member of any organization, association, movement, group, or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seek to alter the form of government of the United States by unconstitutional means? **Yes** **No**

Are you now or have you ever been affiliated with any organization of the type described above, as an agent, official, or employee? **Yes** **No**

Are you now associated with, or have you associated with any individuals, including relatives, who you know or have reason to believe are, or have been members of any of the organizations identified above? **Yes** **No**

Have you ever been engaged in any of the following activities of any organization of the type described above; contribution(s) to, attendance at or participation in any organizations, social, or other activities of said organizations, or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities? **Yes** **No**

If yes, to any of the answers above, describe the circumstances. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, and include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

CIVIL SERVICE

List below all civil service examinations you have taken. If none, so state. (Exam date may be approximate. Include city and state with agency):

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

Agency:	
Examination Date:	Position Applied For:
Ranking on List:	Present Status:

If you are presently on any eligibility list, give details below. If not, so state:

If you were ever placed on an eligibility list and were not hired, state why:

Were you ever rejected for any civil service position? ___ Yes ___ No

If yes, explain: _____

GENERAL QUESTIONS

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a law enforcement and firefighter capacity or which might require further explanation? **Yes** **No**

If yes, provide details: _____

General Remarks: Any additional information you think is important:

Are you willing to take a polygraph or voice stress examination to verify all information supplied in this application and any other information supplied by you to this Department? **Yes** **No**

If no, provide explanation: _____



The Town of Ocean Ridge Police Department

— Emergency 911 — Business (561) 732-8331 — Fax (561) 732-8676 —

6450 N. Ocean Blvd.
Ocean Ridge, FL 33435-5297

Hal C. Hutchins
Chief of Police

Authorization for Release of Information

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELEASE of information. In connection with any employment opportunity (including contract for services), I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, educational, and other records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

Last Name	First Name	Middle Name
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Social Security #	Sex	Race	Date of Birth
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Driver's License Number	State of Issue
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Current Address (Including Apartment Number)

City	County	State	Zip
------	--------	-------	-----

Applicant's Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by
_____. Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

OCEAN RIDGE POLICE DEPARTMENT- GENERAL ORDER

SUBJECT: JOB CLASSIFICATION/ DISPATCHER	DATE OF ISSUE	EFFECTIVE DATE	Number
	02-29-12	02-29-12	1.09

REFERENCE: CFA 8.02

DISTRIBUTION: ALL

INDEX AS: Dispatcher

CANCELS/AMENDS: G.O. II-8

Job Class/ Dispatcher

Dated : 11-04-91

PURPOSE OF CLASSIFICATION

The purpose of this classification is to answer multiple telephone lines, to communicate effectively with persons requesting emergency and non-emergency police, fire, or EMS assistance, to clearly relay information for dispatch or transfer calls appropriately, and to maintain logs and records of communications activities.

ESSENTIAL FUNCTIONS

The following duties are normal for this position. The omission of specific statements of the duties does not exclude them from the classification if the work is similar, related, or a logical assignment for this classification. Other duties may be required and assigned.

Performs multiple tasks simultaneously; takes appropriate action when presented with a routine call or a stressful life/death situation; remains calm under all circumstances.

Answers incoming telephone calls; receives and transmits information, complaints, and requests for assistance.

Communicates effectively and coherently over law enforcement, fire, rescue, and EMS radio channels; obtains necessary information and dispatches patrol cars, detectives, rescue squads, wreckers, and fire trucks; requests ambulances as needed; conducts investigations on some calls; assigns case numbers to calls.

Maintains conversation with caller to obtain/verify pertinent information and to comfort them until assistance arrives; interacts with highly emotional people who are experiencing death, illness, domestic abuse, child abuse, mental illness, suicide, natural disasters, etc.

OCEAN RIDGE POLICE DEPARTMENT- GENERAL ORDER

Operates teletype NCIC/FCIC and PALMS and other database tools and programs; enters and retrieves information from computer; modifies, locates, maintains, saves, and/or clears files and records within database.

Operates radios; monitors radio channels.

Provides information and addresses to the public and police as requested; maintains information on pursuits; knows location of units at all times.

Updates Town and County locations and phone numbers.

Maintains logs and records of radio activities, police actions, and calls taken by Fire Department; prepares and files a variety of reports.

Notifies appropriate personnel and/or supervisor of critical situations, weather related information, and problems with communications or computer equipment.

Attends training courses as offered by the department or as required by law to maintain applicable Certifications; to remain informed of departmental operations, and to promote improved job performance.

Cooperates with Federal, State, and Local law enforcement agencies and their officers or representatives when activities are related to investigations within Town jurisdiction.

ADDITIONAL FUNCTIONS

Takes and relays messages to officers and supervisors, other divisions, or local agencies; disseminates information to various departments and divisions.

Maintains cleanliness of work area; restocks supplies.

Performs other related duties as required.

MINIMUM QUALIFICATIONS

High school diploma or GED; supplemented by little or no previous experience or training involving dispatching; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job. Must be able to obtain certification as an 911 Public Safety Dispatcher, and become certified by the Florida and National Crime Information Center (FCIC/NCIC) within one year of employment. Must possess and maintain a valid Florida driver's license.

Hal C. Hutchins
Chief of Police