

CONSOLIDATED DISPATCH AGENCY
PSCO Personal Information Questionnaire

A. Name:

Address:

Phone:

Email:

Social Security Number:

Date of Birth:

B. Yes No Have you ever had your name changed? If yes:

Previous Name(s):

Date and location of change:

Reason for change:

C. Yes No Have you ever previously applied to the Consolidated Dispatch Agency?

If yes, which position

Date (Month/Year)

D. How did you hear about this position?

Depending upon when they were last used and the circumstances surrounding the event, the use of illegal drugs will not necessarily remove you from the application process. **However, failing to disclose the use will automatically preclude your employment with the CDA.**

| | |
|------------|-----------|
| YES | NO |
|------------|-----------|

QUESTIONS

1. Have you read and/or received the [CDA PSCO Application Hiring Process overview document](#)?
2. Have you ever at any time in your life purchased or sold illegal drugs?
3. Have you ever at any time in your life used, possessed, or experimented with other people's prescription drugs or shared prescription drugs?
4. Have you ever at any time in your life used, possessed or experimented with marijuana, THC (Delta 8, Delta 9, other variations), hashish, speed, cocaine, ecstasy, heroin, LSD, steroids, GHB, Meth, etc.?
5. If you have prior law enforcement experience, did you have any disciplinary action(s)?
6. Have you ever at any time in your life been denied law enforcement certification or had your certification revoked for cause?
7. Have you ever served in the military?
8. If YES on #7, did you receive an "honorable" discharge?
9. Have you ever had a record sealed or expunged? If so, provide the date in the detail section below.

NOTE: If you answered "YES" to questions 2-6 or 9 above or if you have any concerns about whether or not you qualify for a position with the CDA, provide an explanation (including dates, if applicable) below.

| Question. No. | Explanation/Detail |
|----------------------|---------------------------|
|----------------------|---------------------------|

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Public Safety Communications Operator Applicant Job Requirement Questionnaire

A Public Safety Communications Operator (PSCO) must perform a variety of tasks and deal with issues that are not compatible to all people. In the past, many people have accepted the job of PSCO without fully realizing the requirements of the job. Below is a list of things that a PSCO must be willing to do, and will be required to do as necessary. CAREFULLY consider whether YOU are prepared to do ALL of these things.

Click on the square in the "YES" column if you are willing to do it or in the "NO" column if you are unwilling to perform that particular requirement.

| YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I may be assigned to work any shift, including nights, weekends, and holidays |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I may be assigned to the night shift for several years before eligibility for the day shift |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be working all holidays, unless they fall on my regular days off |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be issued uniforms to wear daily |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand it is imperative that I report to work on time to relieve the previous shift. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have access to reliable transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that, when emergency situations occur, I may work for long periods of time without breaks |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that, when emergency situations occur, I may have to stay beyond the end of my shift |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I may have to work overtime to cover staffing shortages |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that during an emergency, I may have to work on my days off, or work hours that are different from my normal shift |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I will be required to report to work during catastrophic events such as hurricanes |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the PSCO training program is intensive and may last over a year |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that, as a PSCO call-taker, it is my responsibility to assist – and to calm when necessary: <ul style="list-style-type: none"> • Callers who are intoxicated and who use abusive and offensive language • Callers whose primary language is not English or who are young children • Callers who are upset, hysterical, suicidal, concerned, stressed, angry, or afraid |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand it is my responsibility to ask questions of callers to determine what is needed to assist them |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I will be required to help resolve conflicts that may involve the deaths of individuals, including children |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be working in a fast-paced, stressful environment |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be required to monitor up to five computer monitors for long periods of time |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be required to operate a multi-line telephone system |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand I will be required to communicate over a public safety radio and that my transmissions will be monitored and reviewed and could be utilized in criminal trials |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand it will be imperative for me to maintain confidentiality of Department records and sensitive situations that I encounter during my workday |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I must conduct myself ethically and morally on and off duty |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I may be subpoenaed to testify in court as to situations encountered during my workday |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the decisions I make on duty affect the lives and the property of others |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that shift work and overtime will have an effect upon my personal life |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that I will need to schedule other responsibilities, such as college classes or a second job, around my work schedule |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that the starting rate of pay for a PSCO is \$ <u>21.88</u> per hour |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that it might take from 30 to 90 days to complete the steps in the hiring process |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that PSCOs are hired in groups for purposes of the training |

IF YOU ANSWERED "NO" TO ANY OF THESE QUESTIONS, YOU SHOULD NOT APPLY FOR THE POSITION OF PUBLIC SAFETY COMMUNICATIONS OPERATOR. You cannot be considered for a PSCO position unless you are willing to perform/accept ALL of the above listed items.

Signature: _____

Date: _____



Consolidated Dispatch Agency Personal History Statement



NAME (Last, First, Middle)

CITIZENSHIP DATA

1. Are you a U.S. Citizen? Yes No
2. Did you obtain U.S. Citizenship by naturalization? Yes No N/A
3. If yes, Naturalization Date: Location: Number:

MILITARY EXPERIENCE

1. Have you ever served in the U.S. Armed Forces? Yes No
2. If yes, Branch of Service: Dates of Service:
3. Type of Discharge:

Include a DD214 – Member 4 Copy (with characterization of discharge) for each tour of duty.

4. While in the military service, were you ever reprimanded, convicted or adjudicated guilty of any offense under the Uniform Code of Military Justice? If yes, explain in detail:

PERSONAL CHARACTER BACKGROUND

With respect to **illegal drugs**, including but not limited to marijuana, THC (Delta 8 and 9, other variations), hashish, speed, cocaine, heroin, ecstasy, mushrooms, PCP, LSD, steroids, prescription drugs not prescribed to you, etc.

1. Have you ever used, possessed or experimented with illegal drugs? Yes No
2. Have you ever purchased illegal drugs? Yes No
3. Have you ever sold (as defined as criminal statutes) illegal drugs? Yes No
4. If yes to any of the above, list the type of drug, the frequency of use, sale, purchase and/or possession of each drug. **List the month and year of the last time used, sold, purchased and/or possessed. If the frequency, month and year are not listed, the application will not be processed.**

| | | |
|-----------|---------------|------------------|
| Drug Type | Last Use Date | Frequency of Use |
|-----------|---------------|------------------|

| | | |
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| Drug Type | Last Use Date | Frequency of Use |
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| | | |
|-----------|---------------|------------------|
| Drug Type | Last Use Date | Frequency of Use |
|-----------|---------------|------------------|

5. When was the last time anyone used illegal drugs/illegal controlled substance in your presence? N/A

6. What was the illegal drug or substance and under what circumstances was it used in your presence? N/A

7. Have you ever committed a crime, **WHETHER ARRESTED OR NOT** that would constitute a felony or first-degree misdemeanor? **If "YES", explain and enclose any related documents you may have (i.e., police reports, arrest affidavits, court dispositions, etc.).** Yes No

Crime(s), Date(s) Occurred, Details, Disposition - if more space is needed, attach separately.

8. Have you ever been arrested or charged with any criminal violation, including notices to appear? **If YES, explain and enclose any related documents you may have(i.e., police reports, arrest affidavits, court dispositions, etc.).** Yes No

Crime(s), Date(s) Occurred, Details, Disposition - if more space is needed, attach separately.

9. Have you ever had a criminal record or an arrest sealed or expunged? **If YES, provide related court documents.** Yes No

Location City/State

Special Note: Criminal records sealed under Florida Statutes (as well as most other states) may be available for inspection by a Criminal Justice Agency for the purpose of employment.

10. Have you ever been dismissed, asked to resign or had ANY disciplinary action taken against you from any employment or position you have ever held? If YES, explain in detail. Yes No

11. Have you ever quit a job without giving 2 weeks' notice? If yes, how many times? Yes No

12. Have you ever been under investigation by the Consolidated Dispatch Agency, a law enforcement agency or any employer? If yes, when, which agency/employer and explain the reason and outcome.
Yes No

EMPLOYMENT INFORMATION

List ALL of your employment for the last seven (7) years, beginning with the most recent and explain gaps in employment, so that all time is accounted for. If additional space is needed, please include on a separate document.

1. Employer & Address:

Supervisor's Name & Phone Number:

Dates of Employment (Month/Year) – From: To:

Position/ Responsibilities:

Reason for Leaving:

2. Employer & Address:

Supervisor's Name & Phone Number:

Dates of Employment (Month/Year) – From: To:

Position/ Responsibilities:

Reason for Leaving:

3. Employer & Address:

Supervisor's Name & Phone Number:

Dates of Employment (Month/Year) – From: To:

Position/ Responsibilities:

Reason for Leaving:

4. Employer & Address:

Supervisor's Name & Phone Number:

Dates of Employment (Month/Year) – From: To:

Position/ Responsibilities:

Reason for Leaving:

PERSONAL REFERENCES

Provide three (3) personal references, not including family members or spouse/partners.

1.

First & Last Name / Phone Number / Address

2.

First & Last Name / Phone Number / Address

3.

First & Last Name / Phone Number / Address

You must sign & date pages 5 & 6 in the presence of a notary, do not sign prior. If the documents are not notarized upon application submission, you will need to schedule an appointment with agency staff to complete the notarization process.

AFFIDAVIT

All statements and information given in this application are true to the best of my knowledge. I hereby authorize the Consolidated Dispatch Agency to conduct such investigations as are necessary to determine my fitness for a position with the Consolidated Dispatch Agency. In the event that I become employed, I understand that any information found to be materially incorrect may constitute grounds for dismissal.

Signature _____ Date _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by
_____.

Notary's Signature _____

Notary's Name _____

NOTARY SEAL

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



AUTHORITY FOR RELEASE OF INFORMATION NON-SWORN APPLICANT (Background Investigation Waiver)

To: Concerned Person or Authorized
Representative of Any Organization,
Institution or Repository of Records

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: TALLAHASSEE LEON COUNTY CONSOLIDATED DISPATCH AGENCY

ADDRESS: 911 EASTERWOOD DRIVE TALLAHASSEE, FL 32311

I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Tallahassee Leon County Consolidated Dispatch Agency bearing this release to obtain any information pertaining to my employment, education, academic achievement, residence, personal information, work performance, background investigations, polygraph examinations any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, driver license and driver history records, detentions, probation and parole records, or any police reports or other police records in which I may be named or any reason, in including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of the Tallahassee Leon County Consolidated Dispatch Agency in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any tie 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 copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military records to release information or copies from my military personnel and related medical records, including a copy of my DD214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: Tallahassee Leon County Consolidated Dispatch Agency.

Section 768.095, F. S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under Chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature

Date

AFFIDAVIT

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

_____.

Notary's Signature

Notary's Name

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



Thank you for your interest in employment at the Consolidated Dispatch Agency (CDA). As part of our hiring process, we require all candidates to provide the following social media disclosures, in addition to documentation verifying your educational qualifications and military experience (if applicable):

1. Social Media Account Information – All Platforms and Usernames (Please list below)

2. Copy of High School Diploma/GED
3. Copy of College Transcripts (if applicable)
4. Copy of DD214 – Version Member Copy 4 (if applicable)
5. Personal Information Questionnaire (2-pages, to be completed with application)
6. Personal History Statement (5-pages, to be completed with application)

***PLEASE NOTE, TWO PAGES MUST BE NOTARIZED.**

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNLESS ALL REQUESTED DOCUMENTATION AS LISTED ABOVE, IS PROVIDED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

(This section to be completed by ASO)

| Documentation | Provided | Note(s) if Needed |
|------------------------------------|-----------------|--------------------------|
| Social Media Accounts | | |
| High School Diploma/ GED | | |
| College Transcripts | | |
| DD214 | | |
| Personal Information Questionnaire | | |
| Personal History Statement | | |