



MECCA 911 Telecommunicator Application

Name:

Date:

The main objective of a MECCA Telecommunicator is to receive requests for help and/or assistance, no matter how great or how slight, and determine which public safety agency shall be utilized to provide the requested assistance. It must be realized that any of the requests received have the possibility of being a life-threatening situation. A Telecommunicator must:

- * Have the ability to express thoughts concisely and meaningfully with an effective speaking voice, good diction, good telephone and radio etiquette, and in writing when necessary;
- * Have the ability to deal tactfully, courteously, and skillfully within the human relation aspect and with other problems which may arise involving communication center personnel, public safety agency personnel, and the general public;
- * Have the ability to think and act quickly and effectively in emergency situations, and when necessary, handle several communications simultaneously, yet function with accuracy, speed, and emotional control;
- * Have the ability to work in a tobacco free environment at a full-time position in close quarters with infrequent breaks, and sometimes long and strenuous hours.

The position for which you are applying will expose you to information that, by requirement of state and federal law, must be kept strictly confidential. For this reason, applicants must be willing to submit to a complete background investigation for consideration of employment. Before hiring, you will be required to read and sign a privacy act statement.

Once you have completed the application, please return it in person, via email, or mail to:

MECCA 911
Attention: Communications Director
74 Mon General Drive
Morgantown, WV 26505

There are two pre-employment phases you must successfully complete to be placed on the list of eligible applicants from which MECCA 911 administration hires new telecommunicators

Phase One: A computer based test consisting of spelling, number recognition, map reading, concentration, dexterity and other skills as well as the ability to type 30 errorless words per minute

Phase Two: An in-person interview with members of MECCA administration

You will be notified by telephone or mail once a testing date has been determined. In the interim, should you have any questions, please feel free to contact MECCA administration at 304-599-6332 extension 3. Thank you for your interest in working at MECCA 911

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Applicant Data Sheet

Full Name:

Last	First	Middle
------	-------	--------

Address:

Street Address

City	State	Zip
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Addresses from previous 5 years, with dates:

Telephone:

Home	Cell
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Social Security Number:

Email:

Driver's License Number:

State:

Date you can begin work:

Are you a US citizen?	Yes	No
Are you a US military veteran?	Yes	No
Are you a member of the National Guard Reserve?	Yes	No
Have you ever filed an application with Monongalia County?	Yes	No

If yes, when and which department?	
Have you ever been employed with Monongalia County?	Yes
If yes, dates of employment and which department?	

If you answer yes to any of the following questions, please provide details on the reverse side of this page.

A yes answer does not automatically disqualify you from employment.

Have you ever been discharged or asked to willfully resign?	Yes	No
Have you ever been convicted of a crime? <i>Excludes minor traffic violations</i>	Yes	No
Do you object to inquiry of your present employer regarding your character, work record, abilities, or qualifications?	Yes	No
Are you on lay off and subject to recall?	Yes	No

Education

Highest grade completed:

High School

Name

Address

Certification

College

Name

Address

Certification

Business/Vocational

Name

www.english-test.net

Address

www.english-test.net

Certification

www.english-test.net

Additional Training/Military Experience:

Name

Address

www.english-test.net

Certification

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Additional Skills/Licenses/Certifications:

Work History

Employer:

Phone:

Address:

Business Type:

Supervisor:

Job Title:

Final Pay

Reason for Leaving:

Duties Performed

Employer:

Phone:

Address:

Business Type:

Supervisor:

Job Title:

Final Pay

Reason for Leaving:

Duties Performed

Employer:

Phone:

Address:

Business Type:

Supervisor:

Job Title:

Final Pay

Reason for Leaving:

Duties Performed

Employer: _____

Phone: _____

Address:

Business Type:

Supervisor:

Job Title:

Final Pay

Reason for Leaving:

Duties Performed

References

Name:

Phone:

Title/Relationship

Name:

Phone:

Title/Relationship

Name:

Phone:

Title/Relationship
