

EMAIL ADDRESS : \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT  
SOUTH BAY REGIONAL PUBLIC COMMUNICATIONS AUTHORITY**

4440 W Broadway, Hawthorne, California 90250  
Tel 310/973-1802 Fax 310/978-0892 www.rcc911.org

**AN EQUAL OPPORTUNITY EMPLOYER**

<b>IMPORTANT INSTRUCTIONS:</b> A. Please print clearly in ink, or type. B. Answer all questions completely and accurately. C. Incorrect or false statements are cause for rejection or dismissal.		<b>FOR OFFICE USE ONLY</b>  _____ _____	
APPLICATION FOR (Please give exact position title) _____			
APPLICANT'S FULL NAME		TELEPHONE	
		HOME: (____) _____	
LAST	FIRST	MIDDLE	OFFICE: (____) _____
PRESENT ADDRESS			
STREET		CITY	STATE
DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		REFERRED BY:	
NUMBER _____ CLASS _____			
WOULD YOU HAVE DIFFICULTY WORKING SHIFT WORK OR WEEKENDS? YES <input type="checkbox"/> NO <input type="checkbox"/> WOULD YOU HAVE DIFFICULTY WORKING OVERTIME? YES <input type="checkbox"/> NO <input type="checkbox"/> DO YOU HAVE ANY PHYSICAL LIMITATION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE POSITION APPLIED FOR: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, please explain _____ CAN YOU, AFTER EMPLOYMENT, SUBMIT A BIRTH CERTIFICATE OR OTHER PROOF OF U.S. CITIZENSHIP OR PROOF OF PERMANENT RESIDENT ALIEN STATUS: YES <input type="checkbox"/> NO <input type="checkbox"/> HAVE YOU EVER WORKED FOR S.B.R.P.C.A.: YES <input type="checkbox"/> NO <input type="checkbox"/> DO YOU HAVE RELATIVES WORKING FOR S.B.R.P.C.A.: YES <input type="checkbox"/> NO <input type="checkbox"/> WERE YOU EVER DISCHARGED, REJECTED DURING PROBATION, OR HAVE YOU RESIGNED UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES FROM ANY EMPLOYMENT: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, please explain _____ A. HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE YES <input type="checkbox"/> NO <input type="checkbox"/> YOU MAY OMIT (1) Traffic violations for which the fine imposed was \$30 or less. (2) Any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law. (3) Any incident that has been sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45. B. HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED: YES <input type="checkbox"/> NO <input type="checkbox"/> If your answer to A or B is YES, list all offenses giving date, location, nature, and disposition for each. Use additional sheets, if necessary.			

<b>EDUCATION</b> Circle Last Grade of School Completed <b>1 2 3 4 5 6 7 8 9 10 11 12</b>				DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF NOT, HAVE YOU PASSED A G.E.D. TEST? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF SCHOOL - LOCATION			DATE LEAVING				
NAME AND LOCATION OF COLLEGES OR TRADE SCHOOLS ATTENDED	DATES ATTENDED	CREDITS COMPLETED	MAJOR SUBJECT OR COURSE	UNITS IN MAJOR	DEGREE OR CERTIFICATES		
	FROM TO	SEM. UNITS QTR. UNITS					
	FROM TO						
	FROM TO						
	FROM TO						
	FROM TO						

**CONTINUED ON OTHER SIDE**

**EXPERIENCE** (Do not substitute a resume)

Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service and periods of unemployment. Give details on the experience, which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. Also, list and volunteer experience, which you feel, helps you meet the requirements of the job for which you are applying. Show actual time (number of hours/days, number hours/weeks) spent in such experience with "Volunteer" in the space following salary.

DATES		EMPLOYERS		DUTIES
MONTH AND YEAR		NAME OF FORMER EMPLOYER		YOUR TITLE
FROM				DUTIES
TO		ADDRESS		-----
TOTAL MOS. WORKED	HRS PER WEEK	CITY, STATE, AND ZIP CODE		-----
MONTHLY SALARY		IMMEDIATE SUPERVISOR'S NAME		-----
\$				REASON FOR LEAVING
MONTH AND YEAR		NAME OF FORMER EMPLOYER		YOUR TITLE
FROM				DUTIES
TO		ADDRESS		-----
TOTAL MOS. WORKED	HRS PER WEEK	CITY, STATE, AND ZIP CODE		-----
MONTHLY SALARY		IMMEDIATE SUPERVISOR'S NAME		-----
\$				REASON FOR LEAVING
MONTH AND YEAR		NAME OF FORMER EMPLOYER		YOUR TITLE
FROM				DUTIES
TO		ADDRESS		-----
TOTAL MOS. WORKED	HRS PER WEEK	CITY, STATE, AND ZIP CODE		-----
MONTHLY SALARY		IMMEDIATE SUPERVISOR'S NAME		-----
\$				REASON FOR LEAVING
MONTH AND YEAR		NAME OF FORMER EMPLOYER		YOUR TITLE
FROM				DUTIES
TO		ADDRESS		-----
TOTAL MOS. WORKED	HRS PER WEEK	CITY, STATE, AND ZIP CODE		-----
MONTHLY SALARY		IMMEDIATE SUPERVISOR'S NAME		-----
\$				REASON FOR LEAVING
MONTH AND YEAR		NAME OF FORMER EMPLOYER		YOUR TITLE
FROM				DUTIES
TO		ADDRESS		-----
TOTAL MOS. WORKED	HRS PER WEEK	CITY, STATE, AND ZIP CODE		-----
MONTHLY SALARY		IMMEDIATE SUPERVISOR'S NAME		-----
\$				REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO  REASON \_\_\_\_\_

ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO THE JOB APPLIED FOR \_\_\_\_\_

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AUTHORIZE SBRPCA TO INVESTIGATE MY QUALIFICATIONS, EMPLOYMENT RECORD OR CHARACTER THROUGH INQUIRIES TO ANY SOURCE MENTIONED IN THIS APPLICATION, UNLESS OTHERWISE STATED IN THIS APPLICATION, AND I UNDERSTAND AND AGREE THAT ANY MISSTATEMENTS OR OMISSIONS OF MATERIAL FACT HEREIN MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO EMPLOYMENT WITH SBRPCA.

APPOINTMENT TO ANY POSITION IS SUBJECT TO YOUR MEETING ALL OF THE MEDICAL AND SECURITY REQUIREMENTS OF THIS AGENCY. YOU WILL NOT BE ENTITLED TO ANY COMPENSATION IF YOU DO NOT MEET THESE REQUIREMENTS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# COMMUNICATIONS OPERATOR

## Supplemental Application Form

This supplemental application form is part of the examination process. You must complete this supplemental application form and submit it with the application at the time you file.

Experience has shown that many applicants for Communications Operator-Trainee positions consider only the positive aspects of the job while ignoring some its less attractive features. As a result, when new employees encounter negative job features they sometimes react by leaving the job well before training is completed (sometimes in only a few months). Early resignations which result from a lack of accurate job knowledge contribute to a much higher than desirable attrition rate among Communications Operators.

While there are many satisfying, rewarding aspects to the Communications Operator-Trainee position, there is no question that Communications Operators make significant contributions to the welfare and safety of their fellow citizens. It is important for all applicants to carefully consider both the negative and positive features of a new career before deciding to test for the position.

The job factors listed below are features of the Communications Operator-Trainee position. If any of these factors present problems for you, we strongly suggest that you consider alternative employment choices which may better fit your career goals.

Place a check on the line by each statement indicating that you have read and thought about each factor.

### WORKING ENVIRONMENT

- \_\_\_\_\_ 1. Be unable to physically leave worksite (i.e., walk around, use the restroom, get coffee, etc) at any time other than specifically authorized breaks and a 30-minute lunch.
- \_\_\_\_\_ 2. Be unable to schedule your own lunch or rest breaks.
- \_\_\_\_\_ 3. Be unable to smoke or eat at your console or workstation at any time.
- \_\_\_\_\_ 4. Work at a small, confined work area in a room with low lighting and little neutral lighting.
- \_\_\_\_\_ 5. Have a very limited opportunity to socialize with your fellow workers during your work shift.
- \_\_\_\_\_ 6. Work within an organization structured on a "military" model (i.e. conform to grooming standards and work through a highly structured "chain of command".)
- \_\_\_\_\_ 7. During the academy and a 15-month probationary period, be regularly reminded of errors and mistakes in order to meet performance standards.
- \_\_\_\_\_ 8. Work at a rapid pace over which you have little control.
- \_\_\_\_\_ 9. Maintain intense concentration and attention for extended periods of time.
- \_\_\_\_\_ 10. Receive a daily rating of your job performance including criticism.

### WORK SCHEDULE

- \_\_\_\_\_ 11. Be required to work either 12-hour shift.
- \_\_\_\_\_ 12. Be required to work weekends on a regular basis.
- \_\_\_\_\_ 13. Work Thanksgiving Day, Christmas Day, New Year's Day, any or all holidays.
- \_\_\_\_\_ 14. Have no choice about which shift you are assigned to work or which days you work.
- \_\_\_\_\_ 15. Occasionally fail to receive consecutive days off.
- \_\_\_\_\_ 16. Have to arrange for reliable transportation to work.
- \_\_\_\_\_ 17. Be prepared to work immediately when your shift begins. Tardiness is unacceptable and is cause for severe disciplinary action.
- \_\_\_\_\_ 18. During on-the-job training, have to work the same shift days and hours as your trainer.
- \_\_\_\_\_ 19. Change work shift, days off or cancel holiday plans on short notice.

### CALL TYPES

- \_\_\_\_\_ 20. Answer telephone calls and someone screams at you.
- \_\_\_\_\_ 21. Answer telephone calls and the caller directs obscene language at you.
- \_\_\_\_\_ 22. Answer and respond to telephone calls where the caller is drunk, irrational or confused.
- \_\_\_\_\_ 23. Answer and respond to calls when a violent crime is in progress.
- \_\_\_\_\_ 24. Answer and respond to telephone calls in which the caller is almost impossible to understand.
- \_\_\_\_\_ 25. Make quick decisions on which one or more person's safety is at stake with limited information.
- \_\_\_\_\_ 26. Tell people who expect police, fire or local government service that their problems do not require dispatching someone.
- \_\_\_\_\_ 27. Handle life threatening emergency situations over the radio, involving police officers and firefighters, while maintaining a professional demeanor.

With my signature below, I state that I have read and considered each factor listed.

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SIGNATURE

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DATE