

# PORTER COUNTY



## CENTRAL COMMUNICATIONS

Porter County Central Communications  
is an Equal Opportunity Employer

**Porter County Central Communications (PCCC E911) will be accepting applications for the position of Telecommunicator.**

### **Application Guidelines for Positions within PCCC**

PCCC (E911) is a County-wide enhanced 9-1-1 consolidated emergency dispatch center providing vital communications for citizens and public safety agencies in Porter County, Indiana. This position can be both demanding and rewarding. Applicants need not have previous experience to be successful here at PCCC.

The following information is a guideline for applicant qualifications and process overview:

#### **Applicant Prerequisites**

##### **1. Applicant must:**

- Be a citizen of the USA at least 21 years of age
- Be a high school graduate or possess a GED certificate
- Be of good reputation and character
- Not have been found guilty of any felony charges
- Be of good appearance and personality
- Have a good past work record
- Must be willing to work varying shifts, mandatory overtime, weekends and holidays
- Have appropriate strength, agility and endurance, mental alertness, emotional stability, resourcefulness and initiative in handling emergency situations. This shall include non-impaired hearing and speech, with a minimum of 20/40 corrected vision
- Carefully read all departmental Rules and Regulations, Policies and Standard Operating Procedures, and abide by them
- Have touch typing skills of 35 words per minute (wpm)
- Pass FBI criminal history screening and an extensive background investigation
- Have valid Driver's License
- Have valid CPR Certificate or ability to obtain certification within prescribed time after hire
- Ability to obtain necessary certification for Emergency Dispatch Protocol.

(This listing is representative, not all inclusive.)

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2. **Porter County Central Communications Application form** is available:
  1. ONLINE @ <http://www.portercounty911.org/telecommunicator.pdf>
  2. ONLINE @ [www.porterco.org/](http://www.porterco.org/)
  3. EMAIL request: [jgehrels@pc911.porterco.org](mailto:jgehrels@pc911.porterco.org) with "application form" in Subject line.
  4. At 2755 ST RD 49, Valparaiso, IN. The "Records Division counter" will have a supply.
  5. At 155 Indiana Avenue, Porter County Administration Building - Lobby Desk
  
3. **An original copy, with signature, is required to be turned in for consideration.**
  - ✉ E-mail to : [911applications@porterco-ps.org](mailto:911applications@porterco-ps.org)
  - ✉ Mail to: PCCC E911, 2755 ST RD 49, Valparaiso, IN 46383

*A resume' may be attached, but will not be accepted without the **Porter County C-COMM 911** application. Applications will be screened for the required prerequisites.*

### ADDITIONAL INFO:

#### >Criti-Call Testing Process: **Computer based performance skills analysis / approx. 2.5 hours**

*Applicants must successfully pass each segment before proceeding to next segment:*

**(each segment considered "pass/fail")**

- Keyboard – Ability to type (with headphones) 35 wpm
- Data Entry – 4,250 keystrokes per hour (kph) and 1,711 kph (2 modules)
- Call Summarization (multitasking) – 67% minimum
- Memory Recall (numeric) – 66% minimum
- Map Reading – 70% minimum
- Spelling – 70% minimum
- Sentence Clarity – 68% minimum
- Reading Comprehension – 57% minimum

*The remaining modules also determine place ranking after the Criti-Call Skills testing:*

**(not considered "pass/fail")**

- Decision Making
- Call Summarization
- Cross Referencing Module 1 and 2
- Character Comparison
- Memory Recall
- Prioritization
- Probability

#### >Extensive Background Investigation

# ***PORTER COUNTY***



# ***CENTRAL COMMUNICATIONS***

## *Employment Application*

Porter County Central Communications  
2755 State Road 49 Valparaiso, IN 46383  
[911applications@porterco-ps.org](mailto:911applications@porterco-ps.org)  
Fax: (219) 464-1320

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**INSTRUCTIONS:** TYPE OR LEGIBLY PRINT THIS APPLICATION. SIGN AND DATE THE APPLICATION.  
AN INCOMPLETE APPLICATION MAY BE A BASIS FOR YOU NOT BEING CONSIDERED.

### GENERAL INFORMATION

Position Applying for:

How Did You Learn About Us?

Advertisement                      Relative  
Employment Agency              Walk-In  
Friend                                  Other

Date of Application

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Primary Phone:

Secondary Phone:

Email

Social Security Number

Have you ever filed an application with us before?      Yes      No      If yes, give date:

Are you currently employed?      Yes      No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      Yes      No

Are you available to work:      Full Time      Part-Time      Shift-Work      Temporary

Are you currently on "Lay-off" Status and subject to recall?      Yes      No

Can you travel if the job requires it?      Yes      No

Have you been convicted of a felony within the last 7 years?      Yes      No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, explain:

## EMPLOYMENT HISTORY

List your work experience for at least the last 10 (ten) years including self-employment, military service, volunteer work and periods of unemployment. If you do not have 10 years of working history, provide the maximum you have.

MOST RECENT EXPERIENCE		
Employer:		Total Years
Address:		Total Months
Position	Number of Employees Supervised	From (mo/yr)
Supervisor	Phone:	EXT:
Specific Duties:		To (mo/yr)
		Hours Worked Each Week
		Starting Salary
		Final Salary
		May We Contact?
		Yes      No
Reason for leaving or considering change:		

Employer:		Total Years
Address:		Total Months
Position	Number of Employees Supervised	From (mo/yr)
Supervisor	Phone:	EXT:
Specific Duties:		To (mo/yr)
		Hours Worked Each Week
		Starting Salary
		Final Salary
		May We Contact?
		Yes      No
Reason for leaving or considering change:		

Employer:		Total Years
Address:		Total Months
Position	Number of Employees Supervised	From (mo/yr)
Supervisor	Phone:	EXT:
Specific Duties:		To (mo/yr)
		Hours Worked Each Week
		Starting Salary
		Final Salary
		May We Contact?
		Yes      No
Reason for leaving or considering change:		

## EDUCATION

Name and address of school	Course of Study	Year(s) Completed	Diploma Degree
Elementary School			
High School			
Undergraduate Study			
Graduate Professional			
Other (Specify)			

**Indicate any foreign languages you can speak, read and/or write as well as level of fluency.**

Language	Speak	Read	Write

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

**Describe any job-related training received in the United States Military.**

**List professional, trade, business or civic activities and offices held.  
You may exclude membership which would reveal gender, race, religion,  
national origin, age, ancestry, disability, or other protected status**

**ADDITIONAL INFORMATION**

**Other Qualifications**

**Summarize special job-related skills and qualifications acquired from employment or other experience.**

**Specialized Skills  
Check  
Skills/Equipment  
Operated:**

Servers

Desktop Computer

Typewriter

MS Office

PBX System

Calculator

Fax

Other (List)

**State any additional information you feel may be helpful to us in considering your application.**

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.      Yes      No

### REFERENCES

**List at least 3 references**

1. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Address

2. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Address

3. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Address

4. \_\_\_\_\_  
Name Phone Number

\_\_\_\_\_ Address



## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" Nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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**Signature of Applicant**

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**Date**



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## CENTRAL COMMUNICATIONS

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ hereby authorize any person, agency, partnership or corporation having any information concerning my EDUCATION RECORD, EMPLOYMENT RECORD, MILITARY RECORD, BUREAU OF MOTOR VEHICLES DRIVING RECORD OR POLICE RECORDS FROM ANY AND ALL POLICE AGENCIES, to release such information to Central Communications 911. This information is to be used for possible employment with Central Communications 911 and will not be available for public inspection.

I hereby release such persons, agency, partnership or corporation from any liability, which may be incurred in releasing this information to the Central Communications 911, including liability under any Federal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number/State

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness