

Madison County, Virginia
Application Instructions for Emergency Communications
Training Coordinator/Shift Supervisor

Madison County is accepting applications for the position of Full-time Emergency Communications Training Coordinator/Shift Supervisor to work in the Sheriff's Office/Joint 911 Dispatch Center. Emergency Communications is a 24 hour/365 a year operation. Information on Madison County, the position and the application procedures can be found at <https://www.madisonco.virginia.gov/>. Applications will be received until position is filled. EOE

Following is supplementary information on the position and application instructions for all interested individuals:

Full-time employees are eligible for VRS Retirement, employee health insurance (currently Local Choice-Blue Cross/Blue Shield) benefits, and holiday and vacation/sick paid time off. The current Madison County Personnel Policy is available on the County website. Part-time positions are not eligible for these benefits. The hiring rate will depend upon the qualifications of the individual selected but is anticipated to be in the \$48,478.00 - \$59,677.00/yr. range.

Applicants are to complete a Madison County employment application form and return it to Human Resources Manager, Tillie Strothers, P.O. Box 705; Madison, VA 22727 or to tstrothers@madisonco.virginia.gov or apply online. Resumes (and limited additional relevant documentation) are encouraged and will be accepted but will not be considered a substitute for a completed County application form. General inquiries by the applicant via telephone or in person are discouraged.

The County will give preference to applicants that have appropriate experience and good people skills. Applications will be reviewed on the basis of apparent qualifications.

All applicants are expected to be qualified with applicable experience and certifications and possess a valid driver's license. All applications must be able to pass a drug screening and criminal background investigation.



Emergency Communications Shift Supervisor

Department:	Location:	Job Type:	FLSA Status:	Pay Grade:
Emergency Communications	107 Church St.	Full-Time	Non-Exempt	PS4

General Definition of Work:

Performs difficult skilled human support work supervising staff and assignments for an assigned shift within the Emergency Communications Center, receiving law enforcement, fire and medical service calls, and related work as apparent or assigned. Work is performed under the limited supervision of the Director of Emergency Communications. Continuous supervision is exercised over Emergency Communications Dispatcher.

Qualification Requirements:

To perform this job successfully, an individual must be able to perform each essential function satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable an individual with disabilities to perform the essential functions.

Essential Functions:

- Supervises staff; ensures shift coverage; processes escalated issues and employee concerns; assists with the development of staff schedules.
- Coordinates daily work activities; organizes, prioritizes, and assigns work; monitors and inspects work; assists with complex/problem situations and provides technical expertise.
- Ensures compliance with all applicable codes, laws, rules, regulations, standards, policies and procedures; initiates any actions necessary to correct deviations or violations.
- Assists in developing and maintaining training programs; coordinates continuing education and training opportunities for staff, will assume the role of training coordinator.
- Receives, prepares or completes various forms, reports, correspondence, maintenance forms, lists, training reports, incident reports, citizen/department complaint reports, dispositions, staffing schedule conflicts, or other documents; reviews, completes, processes, forwards or retains as appropriate.
- Operates and maintains a variety of related equipment and machinery including radios, computers, servers, recorders, and related communications equipment and software; utilizes various office equipment; utilizes word processing and spreadsheet programs and performs data entry.
- Verifies and maintains Virginia Criminal Information Network (VCIN) and National Crime Information Center (NCIC) database entries; checks all entries for accuracy and completeness.
- Provides a variety of assistance to management with preparation of plans, reports, and work schedules.
- Performs the work of an Emergency Communications Dispatcher.

- Serves as the Asst. Director of Emergency Communications in their absence. May assume command of the Center in the absence of the Asst. Director and the Director of Emergency Communications.
-

Knowledge, Skills and Abilities:

Thorough knowledge and skill in the methods and procedures of operating the communications and radio dispatch systems; comprehensive knowledge of Federal and State regulations governing transmission by radio and teletype; ability to assess training needs and develop necessary training programs; thorough knowledge of the geography of the County and surrounding area; skill in written and oral communication and reading maps instructions and providing advice and directions; ability to assign, instruct and review the work of subordinates; ability to operate all communications equipment; ability to listen and communicate effectively through clear speech and hearing; ability to deal courteously with the public under stressful conditions; ability to assign, instruct, and review the work of subordinates; ability to establish and maintain effective working relationships with associates, local and State officials, public safety command officers, and the general public.

Education and Experience:

High school diploma or GED and considerable experience working in a dispatch or communications center, or equivalent combination of education and experience.

Physical Requirements:

This work requires the frequent exertion of up to 10 pounds of force and occasional exertion of up to 25 pounds of force; work regularly requires sitting, speaking or hearing, using hands to finger, handle or feel and repetitive motions and occasionally requires standing, walking, stooping, kneeling, crouching or crawling, reaching with hands and arms and pushing or pulling; work has standard vision requirements; vocal communication is required for expressing or exchanging ideas by means of the spoken word and conveying detailed or important instructions to others accurately, loudly or quickly; hearing is required to perceive information at normal spoken word levels and to receive detailed information through oral communications and/or to make fine distinctions in sound; work requires preparing and analyzing written or computer data, visual inspection involving small defects and/or small parts, operating motor vehicles or equipment and observing general surroundings and activities; work has no exposure to environmental conditions; work is generally in a moderately noisy location (e.g. business office, light traffic).

Special Requirements:

- Possession of Virginia Criminal Information Network (VCIN) and National Crime Information Center (NCIC) Level A and B upon hire and Emergency Medical Dispatch (EMD) certification within six months of hire.
- Obtain Virginia Department of Criminal Justice Services (DCJS) General Instructor certification within one year of hire.
- Must meet and maintain all training and education requirements for position.
- Valid driver's license in the Commonwealth of Virginia.

County of Madison, Virginia

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

Send this application to:

Madison County

414 N. Main St.

PO Box 705

Madison, VA 22727

Number of attachments

Position number

Application for Employment

Each Application Requires an Original Signature on the Application

Employees of the County of Madison and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____ 2. Department _____
(one per application)

3. Full legal name _____ 5a. Home Phone () _____
Last First Middle

4. Address _____ 5b. Cell Phone () _____

_____ 6. Email _____
City State Zip

7. EDUCATION

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ☐Yes ☐No Date _____

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

8. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐Yes ☐No

a. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ☐ Part-time ☐ Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
Employer _____
Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time ☐ Part-time ☐ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ☐ Part-time ☐ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

9. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. MISCELLANEOUS

- a. Check which shift you will accept: ☐Day ☐Evening ☐Night ☐Rotating ☐Weekends Specify shift hours _____
 b. Check which job status you would accept: ☐Full-time ☐Part-time (specify) _____
 c. Check which employment status you'd accept: ☐Salaried (benefits) ☐Hourly (No benefits) ☐Part-time (No benefits)
 d. Are you willing to accept employment which requires you to travel? ☐No ☐Yes. If yes, ☐During the day only, ☐Occasionally overnight, ☐Frequently overnight.
 e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ☐Yes ☐No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
 f. Are you willing to provide your own transportation if necessary for your employment? ☐Yes ☐No.
 g. For purposes of compliance with Section 2.1-112 of the Code of Virginia, have you ever served in the Armed Forces of the United States during the following dates? (Check the appropriate dates): ☐World War I--4/16/17-4/1/20; ☐World War II--12/7/41-12/31/46; ☐Korean Conflict--6/27/50-1/31/55; ☐Vietnam Conflict--8/5/64-3/7/75; ☐None of the dates shown, but I did serve in the military.
 h. Have you ever been convicted* of a crime or law enforcement violation? ☐Yes ☐No. Provide the following for each conviction:

Date of charge	Offense	Date of conviction	Sentence	City/County & State of Conviction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For additional convictions use plain paper and include the applicant's full name and all information indicated above.

*Convictions include traffic violations, speeding, driving while intoxicated, misdemeanors, felonies, Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Assaults and all other offense on the applicant's record.

11. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Month _____ Day _____ Year _____

12. CERTIFICATION--Each Application Requires an Original Signature on the application

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the County of Madison, Virginia. I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the County of Madison, Virginia to rely upon and use, as it sees fit any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Supplementary Experience Form

Name

Position Applied For

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ☐ Part-time ☐ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
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Address _____	_____
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Full-time ☐ Part-time ☐ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
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Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time ☐ Part-time ☐ Hours/week _____	Your name if different from present _____

Pursuant to Federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- ☐ White (includes Arabian)
- ☐ Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- ☐ Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- ☐ Asian and Asian American (includes Pakistanis, Indians, and Pacific Islanders)
- ☐ American Indians (includes Alaskans)

Check the block for the highest level of education that you have completed (check only one)

- ☐ Less than 8th grade
- ☐ Completed 8th grade
- ☐ Attended high school
- ☐ High school graduate or equivalent
- ☐ Attended college and/or associate degree
- ☐ College graduate
- ☐ Attended graduate school
- ☐ Master's degree
- ☐ Graduate study beyond master's requirements
- ☐ Ph.D. or professional degree

Check the appropriate block:

- ☐ Female
- ☐ Male

Please indicate your date of birth: / /

Position applied for:

How did you find out about this employment opportunity?

- ☐ Newspaper: specify name of newspaper
- ☐ Radio/TV: specify name of Media
- ☐ VEC
- ☐ State Recruit System
- ☐ Agency Bulletin Board
- ☐ Other: Please specify

For office use only: EEO Category: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, HOSPITAL, MEDICAL ASSOCIATION, U.S. ARMED FORCES, MARITIME SERVICE, VETERANS ADMINISTRATION OR

ANY ACADEMIC DEAN, REGISTRAR, GUIDANCE COUNSELOR, OTHER AUTHORIZED PERSON AT A SCHOOL, COLLEGE, BUSINESS, TRADE OR HIGH SCHOOL OR

ANY PAST OR PRESENT EMPLOYER, CREDIT BUREAU OR RETAIL MERCHANTS ASSOCIATION, BANK, FINANCIAL INSTITUTION OR ANY OTHER CREDIT AGENCY OR ANY OTHER STATE OR FEDERAL AGENCY:

I, _____ (_____)
Name Maiden Name

Address _____
Street or Road City or Town State Zip Code

Have applied for employment with the Madison County Sheriff's Office/Joint E911 Dispatch Center, and I am aware that my entire background is to be investigated. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Madison County Sheriff's Office or its agent upon presentation of this release or copy hereof.

I am further aware that this investigation may not begin or be concluded for an undetermined amount of time after the execution of this document and I authorize this document to be recognized as valid until such time as my background investigation has been completed.

Armed Forces Service or Serial Number (if any) _____

Veterans Administration Claim Number (if any) _____

Social Security Number _____

Given under my hand this _____ day of _____, 20_____.

Signature (sign before notary only)

STATE OF VIRGINIA: COUNTY/CITY OF _____

This day _____ personally appeared before me and acknowledged his/her signature of the above statement.

My commission expires on the _____ day of _____, 20_____.

Notary Public