

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
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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, 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>14.97</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
Public Safety Communications Operator Application
PERSONAL HISTORY STATEMENT**

Name _____
(Last) (First) (Middle)

I. Citizenship Data

- A. **Yes** **No** Are you a U.S. citizen?
- B. **Yes** **No** Did you obtain U.S. citizenship by naturalization?
- C. Naturalization: Date _____ Location _____, _____ Number _____

II. Military Experience

- A. **Yes** **No** Have you ever been in the United States Armed Forces?
- Branch of Service _____ Dates of Service _____ to _____
- Type of Discharge _____
- B. **Yes** **No** 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: _____

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

III. Personal Character Background

- A. With respect to **illegal drugs**, including but not limited to marijuana, hashish, speed, cocaine, heroin, ecstasy, mushrooms, PCP, LSD, steroids, prescription drugs not prescribed to you, etc.:
- Yes** **No** Have you ever used, possessed or experimented with illegal drugs?
- Yes** **No** Have you ever purchased illegal drugs?
- Yes** **No** Have you ever sold (as defined in criminal statutes) illegal drugs?

If "YES" to any of the above, list the type of drug, the frequency of use, sale, purchase and/or possession of each drug.

Please list the month and year of the first and 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) (Date-Last Use) (Frequency of Use)

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

What illegal drug was it and under what circumstances did you see the illegal drug used?

N/A _____

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

(Crime) (Date Occurred) (Details of Offense)

(Crime) (Date Occurred) (Details of Offense)

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

(Offense) (Date of Arrest) (Arresting Agency) (Disposition)

(Explanation)

(Offense) (Date of Arrest) (Arresting Agency) (Disposition)

(Explanation)

E. **Yes** **No** Have you ever had a criminal record or an arrest record sealed or expunged? If "YES", list date _____
Location: City _____ State _____

SPECIAL NOTE: Criminal records sealed under Florida Statutes as well as most states' laws may be available for inspection by a Criminal Justice Agency for the purpose of employment.

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

G. **Yes** **No** Have you ever quit a job without giving sufficient notice? If "YES", how many times? _____

H. **Yes** **No** Have you ever been under investigation by the Consolidated Dispatch Agency or **any law enforcement agency**? If "YES", what agency and explain in detail:

IV. Employment Information

List **all** of your employers beginning with most recent.

Employer _____ Address: _____

Telephone Number _____ Supervisor's Name _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for leaving:

Employer _____ Address: _____

Telephone Number _____ Supervisor's Name _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for leaving:

Employer _____ Address: _____

Telephone Number _____ Supervisor's Name _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for leaving:

Employer _____ Address: _____

Telephone Number _____ Supervisor's Name _____

Dates of Employment: From: _____ To: _____

Responsibilities:

Reason for leaving:

If necessary, attach additional pages for additional employers.

V. Residential Information

List **all** addresses you have had for the **last ten (10) years** and the dates lived at each address. **List the name and phone number of the landlord or management company for each rental property.** Attach additional sheets if necessary.

1. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)

If rented, Landlord's name _____ Phone: _____

2. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)

If rented, Landlord's name _____ Phone: _____

3. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)

If rented, Landlord's name _____ Phone: _____

4. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)

If rented, Landlord's name _____ Phone: _____

5. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)

If rented, Landlord's name _____ Phone: _____

6. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____ - -

7. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____ - -

8. Dates: from _____ to _____

Address _____
(Including City, State, and Zip Code)
If rented, Landlord's name _____ Phone: _____ - -

VI. Personal References

Please provide at least three personal references.

Name _____ Address: _____

Telephone Number _____

Name _____ Address: _____

Telephone Number _____

Name _____ Address: _____

Telephone Number _____

Name _____ Address: _____

Telephone Number _____

PRINT ALL PAGES. YOU MUST SIGN & DATE PAGES 6 AND 7 IN THE PRESENCE OF A NOTARY. THIS CAN BE ACCOMPLISHED IN THE ADMINISTRATIVE OFFICE OF THE CDA WITH THE NOTARY ON STAFF. CALL 606-5851 TO SCHEDULE A NOTARY APPOINTMENT.

Most common disqualifiers

Making any false statement of fact, being deceptive by statement or omission on the Personal History Statement, or by any other means, in any part of the selection process will result in you being permanently disqualified with the Consolidated Dispatch Agency.

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 THE POSITION OF PUBLIC SAFETY COMMUNICATIONS OPERATOR. IN THE EVENT THAT I AM EMPLOYED, I UNDERSTAND THAT ANY INFORMATION FOUND TO BE MATERIALLY INCORRECT MAY CONSTITUTE GROUNDS FOR DISMISSAL.

Date _____ Signature _____

STATE OF _____
COUNTY OF _____

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

Notary's Signature

NOTARY SEAL

Notary's Name

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

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:

ADDRESS:

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, 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, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, 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 a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers 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 or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time 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 record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

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

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me this

day of, year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced