



Job Announcement  
Town of West Yellowstone  
Position: **Public Safety Telecommunicator/Dispatcher**

The Town of West Yellowstone is seeking applications to fill the position of a full-time Public Safety Telecommunicator (911 Dispatcher). Applicants must be 18 years of age, be willing to work all assigned shifts and be able to type at least 35 words-per-minute. This position entails a 40-hour workweek that may include regular night, evening, weekend and holiday shifts and may be subject to call out and overtime. This position performs dispatch duties under general supervision of the 911 Communications Center Manager and Police Chief.

**Wage: \$ 26.36-\$29.53 (DOE) + \$1.00 per hour after successful completion of the first six months of the one-year probation.**

Benefits include: vacation leave, sick leave, paid holidays, contributory health, dental and vision insurance and membership in Montana Public Employees Retirement System (PERS)

For application form, detailed position description and qualifications, please visit [www.townofwestyellowstone.com](http://www.townofwestyellowstone.com) or contact West Yellowstone Town Hall, 440 Yellowstone Ave/Box 1570 West Yellowstone, MT 59758 (406)-646-7795. Complete application materials are available online at [www.townofwestyellowstone.com](http://www.townofwestyellowstone.com).

All applications must be submitted to the West Yellowstone Town Hall. Applications will be accepted until position is filled. Applications that are incomplete or unsigned will not be considered in the selection process. Women, minorities and individuals with disabilities are encouraged to apply. Town is an EEO/ADA employer. The Town Council has enacted a Drug and Alcohol-Free Workplace Policy. This policy includes pre-employment, random and for cause drug and alcohol testing. A copy of this policy is available for review at the Town Office.

Application process requires typing and ten-key testing. Testing can be done at West Yellowstone Social Services or any Montana Job Service office. Calling prior to visiting the Social Services Office is recommended, please call (406) 646-7311 to set up an appointment.

All applicants are encouraged to read the full position description for other responsibilities and essential functions. This is a regular, full-time position. Selected applicant must successfully complete a one-year probationary period. This position is contingent upon annual budgetary consideration by the Town Council.

For those not selected, applications may be retained for up to one year for consideration of future openings.

## **Application procedure**

Please provide the following:

1. A cover letter addressing qualifications for the position
2. A completed and signed Town of West Yellowstone Application ([www.townofwestyellowstone.com](http://www.townofwestyellowstone.com))
3. A current resume
4. Typing test certification from Social Services (or other approved location)
5. Signed Information Release Form

### **Submit to:**

West Yellowstone Town Hall  
440 Yellowstone Avenue  
PO Box 1570  
West Yellowstone MT 59758  
(406) 646-7795



## Town of West Yellowstone, Montana

<b>Position Title</b>	<b>Public Safety Telecommunicator/Dispatcher</b>
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### General Statement of Duties

Monitor radios, answer and respond to emergency and non-emergency telephone calls, dispatch appropriate personnel and equipment

### Distinguishing Features of the Position

The principal function is to receive non-emergency and emergency requests for assistance from the general public. The work is performed under the supervision and direction of the Chief of Police and the 9-1-1 Communications Center Manager, but considerable leeway is granted for the exercise of independent judgement and initiative. The nature of the work performed requires the employee to establish and maintain effective working relationships with Town, county, state, and federal law enforcement officers, fire and medical personnel, other Town employees, and the general public. The principal duties are performed in a general office environment at the 9-1-1 Communications Center.

### Examples of Essential Work (Illustrative Only)

- Receive emergency service calls from the general public requesting law enforcement, fire, medical, or search & rescue service, respond to radio transmissions, voice instructions, and telephone conversations simultaneously, monitor and dispatch appropriate personnel to calls under stressful conditions and strict time constraints;
- Communicate effectively with local, county, state, and federal agencies;
- Communicate accurate information to both the caller and field units in a clear and concise manner utilizing various communication techniques with persons who may be disagreeable, angry, frightened or stressed;
- Learn, operate, and maintain proficiency on multiple computer systems and programs;
- Determine the appropriate level of response on all requests for medical assistance and provide life-

- saving instructions to 9-1-1 callers using established protocols and procedures;
- Simultaneously monitor multiple computer screens and telephone lines and immediately access each;
- Enter, update, maintain, and retrieve confidential information using Computer Aided Dispatch and Records Management System (CAD/RMS) software and provide the information to law enforcement personnel;
- Answer non-emergency calls from the general public, answer routine questions regarding directions, civil, criminal, and traffic laws, direct calls to police staff, other Town departments, or other agencies as appropriate;
- Perform a variety of complex confidential records management duties;
- Perform job duties thoroughly, follow personnel and department policies and procedures, show respect, tact, and courtesy in dealings with other employees and the general public, behave in a manner that does not hinder other employees from completing their duties, act in a manner that is safe and follow the Town's safety procedures at all times, and establish and maintain effective relationships with supervisors, law enforcement, fire and medical personnel, and the general public;
- Prepare correspondence and respond to requests for information or records;
- Keep Communications Center Manager and Chief of Police fully and accurately informed concerning major incidents, potential problems, and suggestions of improved ways of addressing problems;
- Receive monies and lost & found items, provide receipts, and record relevant information.

### Required Knowledge, Skills, and Abilities

- Ability to learn and retain substantial knowledge of law enforcement, fire and emergency medical dispatch policies and procedures;
- Knowledge of the geographic area served;
- Ability to remain calm in stressful situations and communicate clearly in a multitasking environment;
- Learn job-related material primarily through observation, structured lectures, and training. Understand and follow written and oral instructions and correctly use these instructions while performing work duties;
- Knowledge of FCC rules and regulations and the ability to operate radio frequencies, multi-lined telephone system, paging systems, and video monitors simultaneously;
- Maintain sensitive or confidential personal and criminal justice information utilizing appropriate procedures;
- Willing to attend off-site training programs, courses, and conferences as part of initial training or continuing education which may require occasional overnight travel;
- Flexibility to work nights, weekends, holidays, overtime, and be subject to short-notice "call in" shifts as required;
- Work with minimal oversight, supervision, or direction;
- Demonstrate appropriate levels of initiative and independent judgement;
- Prioritize emergency situations based on severity and available resources;
- Type at the rate of 35 wpm;
- Maintain standards of confidentiality for records and communications.

### Acceptable Experience and Training

- High School diploma AND;
- At least 1-3 years of increasingly responsible experience as a public safety dispatcher or in a field requiring contact with the general public, customer service, retail, or fast-paced office environment;
- OR any combination of experience and training which provides the equivalent scope of knowledge, skills, and abilities necessary to perform the work.

### Required Special Qualifications

- Possess or have the ability to obtain emergency first-aid and CPR certifications;
- Possess or have the ability to obtain CJIN II and Criminal History certification;
- Be or become a Notary for the State of Montana within twelve (12) months of hire;
- Completion of the Public Safety Communicator Basic course and Emergency Medical Dispatch (EMD) certification at MLEA within one (1) year ;
- Offers for employment are conditional upon satisfactory response to appropriate post conditional offer process;
- Pre-employment and periodic random alcohol & drug screening is required.

### Essential Physical Abilities

- Clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to permit the employee to communicate effectively;
- Vision or other powers of observation, with or without reasonable accommodation, to enable the employee to efficiently operate computers and read and understand written information;
- Personal mobility, dexterity, and physical reflexes, with or without reasonable accommodation, to enable the employee to work in a stationary position, operate computers, telephones, and other common office equipment.

**Acknowledgement**

By signing this statement, I, the employee, acknowledge my respective job description has been received and that I have read this document and understand what is expected from me as a Public Safety Communicator for the Town of West Yellowstone, MT.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: Public Safety Communicator

Effective Date of Employment: \_\_\_\_\_

Attest:

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_



# EMPLOYMENT APPLICATION

## TOWN OF WEST YELLOWSTONE, MT

P.O. BOX 1570  
West Yellowstone, MT 59758  
info@townofwestyellowstone.com

### Notice To Applicants

We welcome you as an applicant for employment. It is the policy of the Town of West Yellowstone to consider applicants for all positions without regard to race, ancestry, color, religion, creed, sex, national origin, age, marital status, political beliefs, veteran/military, genetic information, sexual preference, or the presence of a non-job related medical condition or physical/mental disability or any other legally protected status unless related to a bona fide occupational requirement. A separate application, resume and other supporting documentation must be submitted for each job vacancy as required by the job posting.

POSITION APPLIED FOR: \_\_\_\_\_

DEPT: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

List other names, if any, used on employment or education records: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

No      Yes      If yes, please explain:

Are you 18 years or older?  No      Yes

Please provide the earliest date that you are available for work?

Have you ever been convicted of a felony?  Yes  No      Yes      If yes, describe in full – give dates:

*[Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements]*

Have you ever worked for or are you currently working for the Town of West Yellowstone?

If yes, please give dates:      From: \_\_\_\_\_      To: \_\_\_\_\_

Department: \_\_\_\_\_      Prior position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have any relatives working for the Town?  Yes       No

If yes, please give their name(s): \_\_\_\_\_

### EDUCATION

#### High School:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate?  Yes  No

Diploma or GED: \_\_\_\_\_

#### College:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

List Diploma or Degree: \_\_\_\_\_

#### Other (specify):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Last year completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

List Diploma or Degree: \_\_\_\_\_

### SPECIAL SKILLS

Special Skills Relating to The Position You Are Applying For: (clerical skills, heavy equipment operating skills, etc.):

### DRIVER LICENSES

Do you have a valid Driver's License?  Yes  No State: \_\_\_\_\_

Number: (optional) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a Commercial Driver's License? \_\_\_\_\_ If yes, specify: Type: \_\_\_\_\_

Class: \_\_\_\_\_ Tank: \_\_\_\_\_

Endorsements: Hazardous Material: \_\_\_\_\_ Passenger: \_\_\_\_\_

Airbrakes: \_\_\_\_\_ Other (specify): \_\_\_\_\_

### OTHER LICENSES or CERTIFICATES (CPA, Water Treatment, Boiler Operator, etc.)

Name of Licensing Agency: \_\_\_\_\_ Address: \_\_\_\_\_



Type of License: \_\_\_\_\_ Endorsement/Restriction (if applicable): \_\_\_\_\_

Date Licensed: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Name of Licensing Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Type of License: \_\_\_\_\_ Endorsement/Restriction (if applicable): \_\_\_\_\_

Date Licensed: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Name of Licensing Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Type of License: \_\_\_\_\_ Endorsement/Restriction (if applicable): \_\_\_\_\_

Date Licensed: \_\_\_\_\_ Date Expires: \_\_\_\_\_

### EMPLOYMENT HISTORY

**Instructions:** Begin with your present or most recent job and list your work experience with emphasis on experience that is relevant to the position for which you are applying. Include military service and any volunteer work which has provided experience that would help you qualify. If the space below is not adequate, you may respond to this section on a separate sheet of paper. **This information must be completed even if a resume is submitted.**

**NOTICE TO APPLICANTS:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references and for verification.

May we contact your current employer?  Yes  No

**CURRENT EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## EMPLOYMENT HISTORY

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PAST EMPLOYER:** \_\_\_\_\_ Address: \_\_\_\_\_

Date Employed:

From: \_\_\_\_\_ To: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe work performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## REFERENCES

List three (3) references, excluding relatives, who have knowledge of your ability to perform this job:

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

1. As an applicant for a position with the Town of West Yellowstone, I am required to furnish information which this agency may use in determining my qualifications. I hereby expressly authorize release of any and all information which you, as a previous employer or employment reference, may have concerning me, including information of a confidential or privileged nature. I hereby release any organization, company, institution or person furnishing the information requested. I authorize the use of duplicated copies of this document to serve as the original.
2. I acknowledge that I may have to submit to a drug and alcohol test prior to employment if required by the Town of West Yellowstone Drug-Free Workplace and Pre-Employment Drug Testing Policy. I further acknowledge that a negative drug test result and remaining drug free are conditions of my employment.
3. For the purpose of in-house security, I consent to a background and security investigation prior to employment.
4. I certify that the foregoing answers, and all supplemental documents are correct and that false information may disqualify me from employment with the Town of West Yellowstone, and may result in dismissal if employed. I understand that employment may be contingent upon satisfactory completion of a physical examination showing that I can adequately perform job-related functions. If employed by the Town of West Yellowstone, I will abide by the Town's Policies, Practices, and Procedures.

**I have read and agree with the above statements. If applying on-line, I authorize electronic submission of this document to serve as the original.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EMPLOYMENT PREFERENCE ACTS

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

If you are claiming preference under the **Veterans' Public Employment Preference Act** or the **Persons with Disabilities Public Employment Preference Act**, complete the following. The appropriate documentation must be attached to claim employee preference. Veteran's Employment preference provides the addition of 5 percentage points or 10 percentage points to the applicant's score when a numerically scored selection procedure is used. Contact your local Job Service for details on veterans' preference. Contact your local Montana Vocational Rehabilitation Services Office, Department of Public Health and Human Services (PHHS) for details on obtaining persons with disabilities preference certification.

If you claim Preference, **documentation must be attached**. Please check which attachments you have included:

- DD-214                       PHHS Disability Certificate                       Other

To claim **Veterans' Employment Preference**, you must be a U.S. Citizen and (check ONE of the boxes below):

- A Veteran, if**
1. You have been separated under honorable conditions, **AND** have served more than 180 consecutive days of active federal military duty other than for training in the Army, Air Force, Navy, Marines, or Coast Guard or were a member of the reserves who served on federal military duty during a period of war or in a campaign or expedition for which a campaign badge is authorized.
  2. You are or have been a member of the Montana Army or Air National Guard who has satisfactorily completed a minimum of 6 years' service in armed forces, the last 3 of which have been served in the Montana Army or Air National Guard.

- A Disabled Veteran, if**
1. You have been separated under honorable conditions from military duty, **AND**
  2. You have an established Armed Forces service-connected disability **OR** are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veterans Affairs or military department, **OR** you have received a Purple Heart.

**The spouse of a disabled veteran** if the veteran's disability prevents him/her from working.

**The un-remarried surviving spouse of a veteran or disabled veteran.**

- A Mother of a Veteran, if**
1. THE VETERAN died under honorable conditions while serving in the Armed Forces, OR THE VETERAN has a service-connected, permanent, and total disability, **AND**
  2. YOUR SPOUSE is totally and permanently disabled, **OR** YOU are the un-remarried widow of the father of the veteran.

To claim **Montana Persons with Disabilities Employment Preference** you must be (check ONE of the boxes below):

- A person with a disability** certified by PHHS, **OR**
- The **spouse** of a totally (100%) disabled person certified by PHHS **AND have** resided continuously in Montana for at least 1 year immediately before applying for employment

SIGNATURE (typed): \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

## APPLICANT SURVEY

Title VII of the U.S. Civil Rights Act requires the State of Montana to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” This is also a requirement of the Montana Human Rights Act and state and federal laws providing employment opportunities for veterans and persons with disabilities. The following survey helps to fulfill these requirements.

This applicant survey will be separated from your application. The Town of West Yellowstone is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary. Refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will be used only in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual

Position Closing Date: \_\_\_\_\_

Male

Female

Are you 18 years or older?  Yes  No

Name: \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

### HOW DID YOU FIRST LEARN OF THIS POSITION?

Newspaper ad or journal ad

Telephone Job Line

Job Service

Career / Job Fair

Female, minority or handicapped referral organization

A friend / employee

Posted in Town Hall

Town of West Yellowstone Website

Other (specify) \_\_\_\_\_

**RACE / ETHNICITY** – Please check the **ONE** box that best describes your race/ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins regardless of race.
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**MILITARY STATUS** – Please check the **ONE** box that best describes your military status.

- No Military Service
- Inactive Reserve
- Vietnam Veteran
- Active Reserve
- Retired
- Other Veteran
- DISABLED VETERAN

**DISABILITY STATUS**

- DISABLED PERSONS' EMPLOYMENT PREFERENCE

