



**Application for:**

## **Public Safety Communications Operator**



**Mailing Instructions:**

Tallahassee Police Department  
ATTN: Recruiting  
234 East Seventh Avenue  
Tallahassee, FL 32303

Recruiter: (850) 891-4391/4254

Email:

[Oscar.Brannon@talgov.com](mailto:Oscar.Brannon@talgov.com)

URL: <http://www.talgov.com/tpd>



**An Equal Opportunity Employer**

## QUALIFICATIONS

- ❖ Must be a U.S. citizen
- ❖ High School diploma or equivalent recognized certificate
- ❖ Two years experience in radio transmitting, with at least one working in emergency services, **OR**
- ❖ Two-year college degree **OR** 60 semester hours (90 quarter hours) from an accredited college or university with a “C” average or better in each class, **OR**
- ❖ Certified law enforcement officer with eighteen months law enforcement experience, **OR**
- ❖ Three years of full-time public contact work that included customer service, **OR**
- ❖ 30 semester credit hours from an accredited college AND a minimum of two years full-time customer service type work experience
- ❖ Achieve a minimum score of 80% on *CritiCall* computer test
- ❖ Pass polygraph, psychological screening, background investigation, and interview with Communications supervisors.

## EMPLOYEE BENEFITS AND INFORMATION

The Tallahassee Police Department Communications Section has 61 full time positions, several of which become vacant each year. The employees and supervisors in Communications do not have police powers, but persons with prior law enforcement experience are encouraged to apply. The Communications Center contains multiple interacting units: Call Takers, Teletype Operators, and Radio Dispatchers (Police and Fire). After six weeks of classroom training, a new employee receives on-the-job training in each unit from designated co-workers who provide one-on-one instructions. After all positions are learned, the new employee serves a probationary period.

All applicants must submit the completed application package along with the following documents:

- a. Copy of high school diploma or G.E.D. and College transcript if applicable.
- b. Military Record – DD214 (Member 4 Copy) showing type of military discharge.
- c. All male applicants between the ages of 18 – 26 must submit a copy of their Selective Service Registration or Exemption card.

The following is a brief description of duties and benefits for a Communications Operator:

**Salary:** Communications Operators are included within the City’s Pay Band I, which ranges from a minimum of \$11.82 per hour to a maximum of \$27.17. The base starting pay for a Communications Operator is \$13.97 per hour up to \$16.87 per hour depending upon experience.

Time and a half is paid for all hours worked over 40 per week. Employees also receive a “Flexbucks” allowance of \$164.00 per month, which can be applied toward insurance premiums or taken as additional salary.

**Merit Increases:** Employees are evaluated annually. Merit pay raises may be awarded based on performance.

**Hours:** 40 hours per week. All employees may be required to work overtime depending upon current staffing levels.

**Leave:** Personal leave: 10 hours earned monthly  
Sick leave: 4 hours earned monthly. After 2 years, employees are also eligible for 1200 hours of catastrophic leave for use in the case of extended illness or disability.  
Holiday leave: 10 paid holidays per year; generally, holidays are scheduled workdays.

**Uniforms:** Uniforms are provided/ordered at the time of hire.

**Insurance:** The City provides two choices of health care benefits (Capital Health Plan or Blue Cross/Blue Shield) and pays a portion of their premium. Optional insurance plans available include dental, legal, eye care, accidental death, dread disease, intensive care, and life insurance.

**RETIREMENT CREDITS  
CITY OF TALLAHASSEE**

(NON-SWORN PERSONNEL-30 YEAR/AGE 55 RETIREMENT)

**Buying Previous Retirement Years**

(Available after 5 years tenure with City of Tallahassee)

**Example #1**

<b>Years Tenure</b>	<b>% Accrual/year</b>	<b>Total%</b>
Work 25 years	2¼%	56¼%
Buy 5 years from previous retirement plan	2%	10%
Full Retirement benefits		66¼%

**Example #2**

<b>Years Tenure</b>	<b>% Accrual/year</b>	<b>Total%</b>
Work 31 years, 40 days	2¼%	70%
Buy 5 years from previous retirement plan	2%	10%
Full Retirement benefits		80%

**Example #3(For Military Personnel)**

(Example: 10+ years in military with war zone experience)

<b>Years Tenure</b>	<b>% Accrual/year</b>	<b>Total%</b>
Work 20 years	2¼%	45%
Buy 5 years as "wartime" benefit	2%	10%
Buy up to 5 years non-wartime military retirement	2%	10%
Full Retirement benefits		65%

NOTE: Military personnel with no service in war zone have the same benefits as Options #1 & #2 above

**Example #4(For Military Personnel)**

(Example: 10+ years in military with war zone experience)

<b>Years Tenure</b>	<b>% Accrual/year</b>	<b>Total%</b>
Work 26 years, 8 months	2¼%	60%
Buy 5 years as "wartime" benefit	2%	10%
Buy up to 5 years non-wartime military retirement	2%	10%
Full Retirement benefits		80%

NOTE: Military personnel with no service in a war zone have the same benefits as Examples #1 & #2 above

**NOTE: Maximum Retirement percentage is 80%**

Dear Applicant:

Thank you for responding to our advertisement for Public Safety Communications Operator (PSCO). It is one of the most challenging jobs in law enforcement. This position includes duties and responsibilities that regularly involve high pressure and stressful situations. It is not an easy job, and it is not a job for everyone.

Please carefully review all of the enclosed information about this job. We are providing this information to help you decide whether or not this is the type of work you want to do. It is not unusual for new PSCOs to resign within the first few months of hire because they did not carefully consider whether or not they could meet all of the requirements. It is important to understand both the nature of the work and the requirements. Becoming a Public Safety Communications Operator is a commitment to the Tallahassee Police Department and to the community we serve.

The primary function of the Communications Center is to receive administrative and emergency calls from the public and to deploy the appropriate field units or refer the citizens to the proper agency. There are four primary work areas within Communications. They are call taker, police radio dispatcher, fire dispatcher, and teletype operator. Each position requires extensive classroom and on the job training.

Place yourself in the role of a 911 Operator. An Operator could be responsible for handling the following situations during one single half hour of their shift.

- 8:01 p.m. A man calls - his eight-month-old daughter has stopped breathing - the dispatcher immediately relays the call to the ambulance service.
- 8:04 p.m. A man calls and is extremely angry that his car has been towed away - the dispatcher determines the location from which the car was towed and refers the caller to the appropriate towing company. The man calls the dispatcher a "lousy @#& of a \*+?# crook" and hangs up.
- 8:06 p.m. A woman calls from a phone booth - She has just witnessed a hit and run accident, there are serious injuries involved - the dispatcher asks her the street location, and gets additional information while emergency units are dispatched.
- 8:08 p.m. A man calls - His apartment has been burglarized and some very expensive antiques are missing - He is very anxious to retrieve his possessions - The dispatcher relays the information to an area patrol car to take the report on a time available basis.
- 8:10 p.m. A woman calls - She hears a family disturbance in the apartment next door - there are screams - it sounds like the man is threatening to kill his wife - The dispatcher takes her information and immediately relays the call to a patrol car.
- 8:14 p.m. The man whose car was towed calls again - Still extremely angry about being towed - tells the dispatcher to #\$@\$% up the short end of a &? \$#! and hangs up again.
- 8:17 p.m. A senior citizen calls - She is living alone and believes there is a prowler outside trying to break in. She is very frightened - The dispatcher keeps the caller on the line and attempts to calm her while a patrol car is dispatched.
- 8:21 p.m. A woman calls - Her fourteen-year-old daughter has not returned home from school. She is worried that something might have happened to her. The dispatcher relays the call to a patrol officer to take the report.
- 8:26 p.m. A teenager calls - He was frying bacon, left the pan on the burner and forgot to turn it off. The kitchen is on fire. The dispatcher quickly relays the call to the fire department.
- 8:30 p.m. A woman calls - Sounding extremely despondent; she says she has taken an overdose of pills. Her voice fades - There is no response. The dispatcher quickly relays the call to the ambulance and nearest police unit.

Carefully consider the situations that are represented above. Could you handle the responsibility of dealing with critical situations like these? Would you be able to remain calm and not get upset by the stress? Could

you handle the fast pace? Could you handle the pressure of correctly making decisions that will affect the well being and lives of others? Could you deal with not knowing how the incidents turn out?

The Communications section is operational 365 days a year, 24 hours a day. This necessitates a shift type work schedule. Currently the shifts we operate on are as follows:

7:00 A.M. – 3:00 P.M. Dayshift  
3:00 P.M. – 11:00 P.M. Afternoon Shift  
11:00 P.M. – 7:00 A.M. Midnight Shift

Assignments to the shifts are based on seniority and shift bid results. However, management has discretion in this decision. Currently, we bid for shifts twice a year. The shifts last six months, with days off changing every 28 days. The first six weeks of orientation and training is conducted in the classroom during normal business hours. During the training process, you will be assigned to a shift where a trainer is available and your days off will be the same as your trainer. You will have a different trainer for each of the four positions. There are trainers on each shift. Training can take from 7 months to a year to complete. Therefore, your schedule must be flexible to accommodate your training needs.

We hope that this information helps you to develop a better understanding about this vital link between Police/Fire services and the community. If you are still interested in being considered for the position of a PSCO, please complete the attached applications.

As vacancies occur within our section, we will review all applications on file in an attempt to identify the best-qualified individuals for continuance in the selection process. Applicants will be evaluated on prior experience and training, and a criminal history check will be conducted. When positions are available, persons who have passed the initial screening will be given a conditional offer of employment, subject to the results of a polygraph examination, a psychological examination, and a background investigation conducted by the Police Department's Recruiting Office. During the polygraph examination, candidates will be questioned about their drinking and gambling habits, any arrests and convictions, any thefts of merchandise or money, serious undetected crimes, their reasons for applying, falsifying their application, usage of illegal narcotics, their financial status, and any traffic offenses. Candidates who pass the examinations and background investigation will be considered for an interview with the Communications Center supervisors. During the interview, the candidates' oral communication and problem solving skills will be measured.

Again, thank you for submitting your application. We appreciate your interest in employment with the Tallahassee Police Department. If you have any questions, please contact the Employee Resources Recruiting Section.

Generally, unsuccessful candidates may reapply after a period of six months unless disqualified from the application process based upon a criminal act.

Sincerely,

Jeanine C. Gauding  
Communications Supervisor  
Tallahassee Police Department

## Job Requirements for Public Safety Communications Operator

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.

Double click on the square you wish to place an "X" in, 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 may be assigned to the afternoon shift for several years before eligibility for day shift
<input type="checkbox"/>	<input type="checkbox"/>	I understand I will be working <b>all</b> 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:
<input type="checkbox"/>	<input type="checkbox"/>	Callers who are intoxicated and who use abusive and offensive language
<input type="checkbox"/>	<input type="checkbox"/>	Callers whose primary language is not English or who are young children
<input type="checkbox"/>	<input type="checkbox"/>	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 police radio and that my transmissions will be monitored by any number of private citizens, including the media
<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 as a Police Department employee, 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 \$_____ per hour <span style="color: red;">Contact a Recruiter for salary info.</span>
<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: \_\_\_\_\_

# PERSONAL HISTORY STATEMENT

## Public Safety Communications Operator Tallahassee Police Department

Date \_\_\_\_\_  
(Office use only)

### I. Current Personal Data

**A. Full Name**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)

Address: \_\_\_\_\_  
(Number) (Street) (APT. #)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Best Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B.** Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**C.** Yes  No  Have you ever had your name changed? If yes:

Previous Name(s): \_\_\_\_\_

Date and location of change: \_\_\_\_\_

Reason for change: \_\_\_\_\_

**D.** Yes  No  Have you ever previously applied to the Tallahassee Police Department? If yes, which position \_\_\_\_\_ Date (Month/Year) \_\_\_\_\_

### II. Employment References

List chronologically **ALL** employments, including part-time employments, beginning with your current or most recent employer. Please include the full address (city/state/zip code)

1. Name of Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_

Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_  
 Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
  
3. Name of Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_  
 Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
  
4. Name of Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_  
 Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
  
5. Name of Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_  
 Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_
  
6. Name of Employer: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_ to \_\_\_\_\_  
 Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_, \_\_\_\_\_  
 Phone # of Employer: \_\_\_\_\_ - \_\_\_\_\_ Fax # of Employer: \_\_\_\_\_ - \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

***\*Attach additional sheets if necessary***

#### IV. Personal Character Background

A. With respect to illegal drugs, including but not limited to marijuana, hashish, speed, cocaine, heroin, LSD, 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 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)

\_\_\_\_\_  
(Drug Type)                      \_\_\_\_\_  
(Date-Last Use)                      \_\_\_\_\_  
(Frequency of Use)

\_\_\_\_\_  
(Drug Type)                      \_\_\_\_\_  
(Date-Last Use)                      \_\_\_\_\_  
(Frequency of Use)

B. Yes  No  Have you ever committed a crime, **WHETHER ARRESTED OR NOT** that would constitute a felony or first-degree misdemeanor? If **yes**, specify the crime(s), when it (they) occurred, and provide details:

\_\_\_\_\_  
(Drug Type)                      \_\_\_\_\_  
(Date-Last Use)                      \_\_\_\_\_  
(Frequency of Use)

\_\_\_\_\_  
(Drug Type)                      \_\_\_\_\_  
(Date-Last Use)                      \_\_\_\_\_  
(Frequency of Use)

C. Yes  No  Have you ever been arrested or charged with any criminal violation, (including Notices to Appear, passing worthless bank checks, etc)? 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)

D. Yes  No  Have you ever had a criminal record or an arrest record sealed or expunged?

If yes: \_\_\_\_\_                      Location: \_\_\_\_\_,  
(Date)                      (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.



## VI. Residential Information

List **all** addresses you have had for the last ten (10) years and the dates lived at each address.  
Attach additional sheets if necessary.

1. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

2. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

3. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

4. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

5. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

6. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

7. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

8. Dates: from \_\_\_\_\_ to \_\_\_\_\_

Street Address (street name, apt/ste. #, city, state, zip code): \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

## VII. Skills

In your own words, explain how you qualify for this position.

\_\_\_\_\_

**PRINT ALL PAGES. YOU MUST SIGN & DATE PAGES 12 & 13 IN THE PRESENCE OF A NOTARY. MAIL THEM ALONG WITH ANY REQUIRED DOCUMENTS TO THE ADDRESS ON THE FRONT COVER OF THIS APPLICATION.**

For our information, how were you made aware of the opening for Public Safety Communications Operator with the Tallahassee Police Department?

**Who/What/Location**

- Recruiter/Job Fair \_\_\_\_\_
- Acquaintance/Officer \_\_\_\_\_
- Job Advertisement \_\_\_\_\_
- Internet/Website \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Other \_\_\_\_\_

**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 City of Tallahassee Police Department.**

**AFFIDAVIT**

ALL STATEMENTS AND INFORMATION GIVEN IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AUTHORIZE THE CITY OF TALLAHASSEE POLICE DEPARTMENT 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 \_\_\_\_\_. The foregoing instrument was acknowledged before me on \_\_\_\_\_ by, \_\_\_\_\_ who is personally known to me or who has produced a \_\_\_\_\_ as identification.

(Date) (Name)  
(Type of identification)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notary's signature  
 Notary's name  
 Notary's title or rank  
 Serial number, if any

\_\_\_\_\_ SEAL

**PRE-EMPLOYMENT INVESTIGATION**  
**AUTHORIZATION for INFORMATION RELEASE**

Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - - \_\_\_\_\_

To Whom It May Concern:

I am an applicant for the position of Public Safety Communications Operator with the Tallahassee Police Department. As provided by state law, a pre-employment background investigation must be conducted to determine my fitness for this position.

In order for the Tallahassee Police Department to conduct a comprehensive investigation, it will be necessary for certain information that might otherwise be confidential to be released to them.

This release authorizes disclosure of records including but not limited to: educational records, pre-employment records, and employment records.

By copy of this form, I hereby authorize the release (including duplication of records) to the Tallahassee Police Department of any and all records concerning me that you may hold.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_: The foregoing instrument was acknowledged before me this \_\_\_\_\_(date) by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (type of verification) as identification.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Notary's signature  
Notary's name  
Notary's title or rank  
Serial number, if any  
\_\_\_\_\_ SEAL