

Below are state requirements to be a Public Safety Dispatcher. The Loudon County E-911 Center has further requirements which will be received in the training cycle.

Requirements for public safety dispatchers:

(a) Regardless of agency or governmental jurisdiction, each 911 or public safety dispatcher who receives an initial 911 call from the public or other emergency aid request by telephone or radio is subject to the training and course of study requirements established by the emergency communications board established by § 7-86-302.

(b) The emergency communications board established by § 7-86-302 is the sole authority to implement this section.

(c) Except as provided in subsection (e), beginning July 1, 2000, all public safety dispatchers who receive requests for emergency aid by telephone or radio, or who dispatch emergency aid resources by radio or other telecommunication device shall have successfully completed a course of study approved by the committee created pursuant to § 58-2-201 [repealed].

(d) Except as provided in subsection (f), in addition to the requirements of subsection (c), any such person shall:

(1) Be at least eighteen (18) years of age;

(2) Be a citizen of the United States;

(3) Be a high school graduate or possess equivalency;

(4) Not have been convicted or pleaded guilty to or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor or controlled substances;

(5) Not have been released or discharged under other than an honorable or medical discharge from any of the armed forces of the United States;

(6) Have such person's fingerprints on file with the Tennessee bureau of investigation;

(7) Have passed a physical examination by a licensed physician; and

(8) Have a good moral character as determined by a thorough investigation conducted by the employing agency.

(e) All public safety dispatchers subject to the provisions of this section employed after July 1, 2000, shall have six (6) months from the date of their employment to comply with the provisions of this section.

(f) Notwithstanding other provisions of law to the contrary, the law in effect prior to May 1, 1994, relative to public safety dispatchers shall apply to any person who had more than five (5) years of continuous employment as a public safety dispatcher on May 1, 1994.

Employment Applications May Be Returned In Person To:

Loudon County E911

500 John Paris Drive

Loudon TN 37774

Phone 865-458-9081

All new dispatchers must go through extensive training, and not all can make it.

REFERENCES

Please list three or four persons, other than relatives or former employers who have knowledge of your character and/or abilities:

Name	Mailing Address	Years Known	Phone

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and/or Substantive Volunteer Work:

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) yes no

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) yes no

Name and Address of Current or Most Recent Employer: _____

Phone Number: _____

Your Supervisor: _____

Your Job Title/Responsibilities: _____

Date Hired: _____ Date Left: _____

Reason for Leaving: _____

Starting Salary: _____ Ending Salary: _____

May we contact this employer?: (circle) yes no

***** IMPORTANT - READ CAREFULLY BEFORE SIGNING *****

In consideration of my hire and, if hired, of my continued employment, I agree that any claim or lawsuit relating to or arising out of my employment with Loudon County must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. I agree that claims based upon repeated or multiple occurrences of the same conduct (e.g., pay issues) do not extend the deadline established in this paragraph.

Applicant Signature

Date

***** IMPORTANT*****

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for termination if discovered at a later date.

I waive any right of privilege, privacy, and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant Signature

Date