



EAST HANOVER POLICE

POLICE DISPATCHER

The East Hanover Township Police Department is currently accepting applications for the position of full time Police Dispatcher. Police Dispatchers are emergency communications professionals who are called upon to ensure the successful transmission of information from callers in distress to responding emergency service personnel. Their work involves providing accurate and timely information to police officers, firefighters, EMT's and dispatching the appropriate personnel to incidents and emergencies through a two-way radio communication system. As well as assisting the public who enter police headquarters. Applicants must possess excellent oral and written communication skills. Must be able to distinctly speak the English language. Be able to operate standard office computer equipment. Must be able to work under direct police supervision and possess the ability to multi-task. And have the ability and willingness to establish and maintain effective working relationships with Township personnel, associates, and the general public.

Qualifications:

- Must be at least 18 years of age
- High School Diploma or equivalent
- Resident of the State of New Jersey
- Valid New Jersey Driver's License
- Must be able to work rotating shifts, nights, weekends, and holidays
- EMD Cert. or Basic Telecommunicator Cert. preferred but not necessary

Job offer is contingent upon passing:

1. Criminal background check.
2. Psychological examination.
3. Medical examination.
4. Drug screening.

This is a full time position with rotating shifts and a starting salary of \$38,500. Applicants must print out and complete the preliminary application, and provide their resume. Once completed, drop off both documents at the Police Department located at 2 Deforest Ave. East Hanover, NJ 07936. Interviews will be scheduled based upon successful completion and submission of these materials.

Preliminary applications and resumes will be accepted through JULY 13, 2018.

****Preliminary application can be found below****



PRELIMINARY APPLICATION
Full Time Police Dispatcher

Date: _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____ DRIVER`S LIC.#: _____

TELEPHONE #: _____ SOCIAL SECURITY #: _____

CELL#: _____

Have you ever been arrested or convicted of a crime, disorderly persons offense, petty disorderly persons offense or motor vehicle violation which has not been expunged? _____

If yes, give details below.

DATE	PLACE	CHARGE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a United States citizen? Yes ___ No ___

Are you able to read, write & speak the English Language? Yes ___ No ___

Do you read, write or speak a second language? Yes____No____

If yes, what language?_____

Education
(Check your education level)

High School Diploma or GED:_____

Some College:_____

Associates Degree:_____

Bachelor's (BA or BS):_____

Master's and above:_____

EMPLOYMENT

Are you presently a Police Dispatcher?__If "YES", complete below. If "NO", go to #5.

1. At what police agency are you presently employed?

(Name) _____

(Address)_____ (Phone #)_____

(Dates of Service)_____

(Immediate Supervisor)_____

2. Do you have any departmental or criminal charges pending against you? If so, list details:

3. Have you ever been employed by any other police agencies? If so, list below.

(Name) _____

(Address)_____ (Phone #)_____

(Name) _____

(Address)_____ (Phone #)_____

4. List all Dispatch related training you have received:

DATE(S)	PLACE	CERTIFICATE EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Employer (non-police)

(Name) _____
(Address) _____
(Phone #) _____ (Date of hire) _____
(Position held) _____

MILITARY SERVICE

Branch _____ Date Entered _____ Current Status _____
**If discharged under less than honorable conditions, describe circumstances regarding discharge on an attached sheet*

REFERENCES

List the names of three persons, not related to you, whom you have known for at least one year who are most familiar with your work ability and training.

(Name) _____
(Address) _____ (Phone #) _____
(Name) _____
(Address) _____ (Phone #) _____
(Name) _____
(Address) _____ (Phone #) _____

Please read the Applicant's Statement below and complete the attached Release Authorization. Sign and return to this department with your application. If you are chosen to continue with the hiring process you will be contacted by the East Hanover Police Department in the near future.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts requested is basis for Township refusal to process this application further or, in the event of employment, cause for dismissal.

Further, I understand that my employment is subject to the personnel policies, rules, regulations, applicable employment contracts and labor agreements, ordinances of the Township of East Hanover and laws of the State of New Jersey and the United States.

I release former employers and others from any liability that might arise from disclosure of information.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment contracts, labor agreements or personnel policies, any employment relationship with this organization is an "at will" nature. This means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Township Committee.

Signature of Applicant: _____ Date: _____

RELEASE AUTHORIZATION

To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Educational and other Institutions and Agencies without exception:

I, _____, am making application for appointment
(Applicant's Name)

to the East Hanover Township Police Department. As a result, an investigation is being conducted to determine my eligibility. Therefore, you are authorized to release to the East Hanover Township Police Department or its representative any and all information, documentary or otherwise pertaining to me that they may request.

I hereby release, discharge and exonerate the _____
(Agency providing information)

its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records and other information or the investigation made by the East Hanover Township Police Department.

A photocopy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Witness: _____