

Grant County Regional Dispatch

Communications Director

Employment Application

Name: _____

Preferred Name: _____

Phone Number: _____

E-mail Address: _____

Position closes: Friday, October 1st @ 5 pm

Applications should be returned to Grant County, County Manager's Office, 1400 Hwy 180 West, Silver City.

READ the following information before completing this application:

- All information contained on this application is subject to verification.
- A background investigation is required of successful applicants.
- Any omission, misstatements, or falsifications will be cause for rejection of this application, elimination from further completion, removal of your name from an eligibility list or discharge from employment.
- Information provided on this application and during the application process may be subject to public disclosure pursuant the New Mexico Inspection of Public Records Act, NMSA (1978) § 14-2-1, *et seq*
- The information provided by you on this application will used to determine your qualifications for employment.

Communications Director

The attached documents must be filled out completely and returned to the County Manager's Office. The County Manager's office is located in the Grant County Administration Building. This is a *summary of instructions* and you must complete every question for the specific job you are applying.

1. The **application** should be filled out completely. All applications taken by this entity are by law public record and will be handled as such. Make sure that you sign and date the application.
2. Read the **Position Specifications** carefully. All items must be read and answered whether you *can or cannot* perform duties.
3. You are welcome to attach copies of any relevant training or coursework to your application.
4. **Attach a copy of your driver's license.**
5. **Attach a letter of interest and resume**
6. Please attach a copy of your military release DD 214 form if identifying as a Veteran.

Title: **Communications Director**
FLSA: At-Will / Exempt position / Exempt from Bargaining Unit
Reports to: **Grant County Regional Dispatch Authority Board**
Salary: Commensurate upon experience and qualifications
Position Closes: **Friday, October 1, 2021 @ 5 pm**

Job Summary:

Under the general direction of GCRDA Board provide overall administrative direction for County and Municipal communications programs, services and facilities. Coordinate departmental operations with local, state, and national groups as well as County and Municipal departments. Formulate and implement policy and procedures for the department in accordance with county, municipal, state, federal, and other applicable requirements. Develop training and provide supervision to all GCRA staff. Establish quality control criteria for communications programs and services.

Qualifications Required:

1. Bachelor's degree or equivalent years of experience with emphasis in telecommunications or related field
2. Experience in project management related to telecommunications systems, three (3) years of which must have been in management capacity including the supervision of staff.
3. Experience with emergency management and Public Safety Dispatching, E-911 trunked land mobile radio communication.
4. Ability to supervise 24-hour per day public safety communications center.
5. Must possess a valid NM driver's license

Preferred Qualifications:

- Experience with Collective Bargaining Unit
- Ability to communicate in Spanish

Benefits:

- Paid vacation, sick leave and paid holidays - PERA retirement plans
- Health, vision and dental insurance paid at 100% for full-time employees and a 100% for their dependents up to the age of 26.

Communication Director Supplemental Questions

I understand that in order for my application to receive consideration in the selection process, I must complete the following Supplemental Questions and provide concise but detailed answers.

1. Which best describes your level of education?

High School Diploma or GED
 Associate's Degree
 Bachelor's Degree
 Master's Degree
 Doctorate

2. Bachelor's degree or equivalent years of experience with emphasis in telecommunications or related field

Yes No

If you answered "Yes" to the question above, attach a copy of your diploma

3. Possess experience in project management related to telecommunications systems, three (3) years of which must have been in management capacity including the supervision of staff.

Yes No

If you answered "Yes" to the question above, include the names of the employers where you gained the experience in the employment section of the application

4. Experience with emergency management and Public Safety Dispatching, E-911 trunked land mobile radio communication.

Yes No

If you answered "Yes" to the question above, include the names of the employers where you gained the experience in the employment section of the application

5. Ability to supervise 24-hour per day public safety communications center.

Yes No

6. Experience with Collective Bargaining Unit

Yes No

If you answered "Yes" to the question above, include the names of the employers where you gained the experience in the employment section of the application

Essential Duties:

The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

(Please use your initials to indicate whether you are or are not capable of performing each duty listed below, with or without reasonable accommodation.)

Yes No

- _____ _____ Formulate and implement departmental policies and procedures.
- _____ _____ Direct the administrative and personnel functions of the department.
- _____ _____ Oversee departmental accounting, requisitioning, budget control and other fiscal matters.
- _____ _____ Present and justify department budget before the GCRDA Board.
- _____ _____ Plan, promote, coordinate, organize, and administer communications programs under the jurisdiction of the GCRDA.
- _____ _____ Confer with other local, state entities regarding communications projects and programs.
- _____ _____ Attend meetings or public hearings and reviews legislation that impacts the department.
- _____ _____ Coordinate with public safety officials and/or departments on the quality of communications programs and services.
- _____ _____ Develop and coordinate work/shift schedules and training requirements for GCRDA staff personnel.
- _____ _____ Maintain payroll and overtime records to include overtime scheduling and authorizing use of annual leave.
- _____ _____ Responsibilities as defined in the Joint Powers Agreement (JPA).
- _____ _____ Performs other related duties as assigned.

Knowledge/Abilities

(Please use your initials to indicate whether you are or are not capable of performing each duty listed below, with or without reasonable accommodation.)

Yes

No

- | | | |
|-------|-------|--|
| _____ | _____ | Principles and practices of dispatch |
| _____ | _____ | Principles of customer service and public relations |
| _____ | _____ | Effective communication principles and practices including verbal and written communication; to include public relations and public speaking. |
| _____ | _____ | Modern office procedures, methods, and equipment including computers, computer applications such as word processing, spreadsheets, and statistical databases. |
| _____ | _____ | Principles and practices of governmental budget preparation and administration. |
| _____ | _____ | English usage, spelling, grammar, and punctuation. |
| _____ | _____ | Principles of business letter writing |
| _____ | _____ | Principles of supervision, training, and performance evaluation. |
| _____ | _____ | Coordinate the activities and planning with other public and private agencies. |
| _____ | _____ | Maintain knowledge of current Federal, State and local rules and regulations and industry best practices and maintains professional certifications through such means as attending seminars, reviewing professional publications, taking classes and participating in professional development activities. |
| _____ | _____ | Maintains a department that is progressive, modern and fully compliant with all applicable government standards and regulations in its approach to delivering services. |
| _____ | _____ | Effectively work with, advise and inform Regional Dispatch Authority Board, employees, legislative bodies, citizen's boards, the media and the general public. |
| _____ | _____ | Maintain the discipline and respect of subordinates. |
| _____ | _____ | Motivate, direct and coordinate a multi-disciplinary staff to achieve Department and Regional Dispatch Authority Board goals. |

- _____ _____ Maintain the discipline and respect of subordinates
- _____ _____ Plan, initiate, and implement long-term improvement programs in administration, training, and operations.
- _____ _____ Interpret, explain and enforce department policies and procedures.
- _____ _____ Communicate logically and clearly both orally and in writing, and follow oral and written instructions.
- _____ _____ Develop department goals, lead process improvement, and customer satisfaction initiatives.
- _____ _____ Exercise independent judgment and initiative with minimal supervision
- _____ _____ Work as a team player and be willing to deliver superior customer service to both internal and external customers.

Working Conditions/Physical Demands:

Work is performed in an office or conference room setting. The area is normally adequately lighted, heated and ventilated. Level floors are carpeted or tiled. Travel is required to attend various meetings or to provide office visits in connection with job responsibilities.

This travel is normally performed in a motorized vehicle with automatic and power controls, over improved roads or streets. There may be some commercial travel, usually by air.

The noise level in the work environment is quiet in the office and can be loud in the confinement areas; work is subject to frequent fluctuations and may be performed in stressful or physically dangerous situation.

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. (Please use your initials to indicate whether you can or cannot perform the following duties with or without reasonable accommodations)

Yes No

- _____ _____ Frequent bending
- _____ _____ Frequent reaching
- _____ _____ Frequent lifting, pushing, pulling or carrying items waist high, weighing up to 10 pounds.
- _____ _____ Occasional lifting, pushing, pulling or carrying items waist high, weighing up to 20 pounds.
- _____ _____ Occasional climbing; involves stairways
- _____ _____ Coordinated use of eyes, ears, hands and feet to operate a motorized vehicle
- _____ _____ Good vision and hearing

Conditions of Employment:

(Please use your initials to indicate whether you can or cannot successful adhere to the following conditions of employment with or without reasonable accommodations:

Yes No

_____ _____ Successfully pass a post-offer of employment Drug & Alcohol Analysis.

_____ _____ Satisfactorily pass an employment background investigation.

_____ _____ Must not have any felony convictions or convictions involving immoral or unethical characteristics.

Employee Declaration:

I have read the above Position Specifications (**Communications Director**) and I understand the demands and expectations of the position described and to the best of my knowledge, I believe I can perform these duties with or without reasonable accommodation.

Signature: _____

Date: _____

Grant County Regional Dispatch APPLICATION FOR EMPLOYMENT

Grant County considers applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

PLEASE PRINT

Last Name: _____	First Name: _____	Middle Initial: _____
Mailing Address: _____	City: _____	State: _____ Zip Code: _____
Phone Numbers: Main: _____	Alternate: _____	
Social Security Number _____		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

Have you ever filed an application with Grant County before? ___ Yes ___ No
If yes, give date _____

Have you ever been employed with Grant County ___ Yes ___ No
If yes, give date _____

Are you currently employed? ___ Yes ___ No

If yes, may we contact your present employer? ___ Yes ___ No

Are you prevented for lawfully becoming employed in the U.S. because of Visa or Immigration Status? ___ Yes ___ No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available to work? _____

Are you currently on "lay-off" status and subject to recall? ___ Yes ___ No

Can you travel if the job required it? ___ Yes ___ No

Do you have any relatives working for Grant County? If so, list names and relationships.
___ Yes ___ No

Education:

	Name and Address of School	Course of Study	Credit Hours Completed	Diploma or Degree
High School				
Undergraduate College or University				
Graduate/ Professional				
Technical/ Vocational				
Other				

Indicate any other language, other than English, you can speak, read and/or write

	FLUENT	WELL	FAIR
SPEAK			
READ			
WRITE			

Describe any training that you receive in the United States Military that may assist you in the position for which you have applied.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. **If your employment experience history is not complete, your application will be rejected.**

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

Employer	Dates Employed From To		Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title			
Reason for Leaving	Supervisor:		

If you need additional space, please continue on a separate sheet of paper and attach it to the end of the application.

List of any professional, trade, business or civic activities.

Applicant Statement:

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- | |
|---|
| <ol style="list-style-type: none"> 1. I certify that answers given herein are true and complete to the best of my knowledge 2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. 3. I understand that the submission of this application does not indicate an offer of employment nor does it establish any obligation on behalf of Grant County, 4. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all employee policies of Grant County. |
|---|

Signature of Applicant:	Date:
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Authority to Release Information

I hereby grant permission to **Grant County Regional Dispatch** to conduct a thorough historical background investigation on me. The purpose for the investigation is to construct a record of my personal and professional history to ensure I meet the requirements of the position and duties I have been hired to perform. I understand the investigation will be conducted by a licensed private investigation firm contracted by this company or Grant County.

I hereby grant the investigator bearing this release, or copy thereof, for a period of 90 days of its date, to obtain any information in your files pertaining to any employment history, educational, motor vehicle report, arrest or conviction of myself on any civil or criminal matter. I hereby direct you to release such information upon the request of this bearer.

Should there be any questions as to the validity of this release, you may contact me as indicated below.

Please print clearly

Full Name _____

Social Security # _____

Date of Birth _____

Current Address _____

Telephone Number () _____

Driver's License Number: _____ State of License _____

Expiration Date: _____

Applicant Signature _____

References

Please provide five (5) personal and/or professional references:

Name: _____

Phone Number: _____

Type: Personal Professional

Name: _____

Phone Number: _____

Type: Personal Professional

Name: _____

Phone Number: _____

Type: Personal Professional

Name: _____

Phone Number: _____

Type: Personal Professional

Name: _____

Phone Number: _____

Type: Personal Professional



Communications Director Voluntary Information

To further our commitment to equal opportunity employment, Grant County Government requests applicants to provide the following information. This information will be used for statistical purposes only by authorized personnel.

How did you hear about current Grant County employment opportunity?

Newspaper Radio Station Facebook
 Grant County Website Grant County Employee Other

Date of Birth: _____

Gender: Male Female

Citizenship: U.S. Citizen Legal Alien Other

Ethnicity – Please check only one choice which best describes your race/ethnicity:

- White (Non-Hispanic Origin)
All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic
All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Black (not of Hispanic origin)
All persons having origins in any of the Black racial groups of Africa.
- Asian or Pacific Islander
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian / Alaskan Native
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.