

**** Contact the agency below to set up a time to turn the application in.
An assessment will be scheduled at that time ****

**Rapides Business Career Solutions Center
Workforce Professional Assessment Facilitator
5610 B Coliseum Blvd
Alexandria, La 71303
PH: 318-767-6030**

Rapides Parish Communications District

4216 Ellis St
Alexandria, La 71302

Pre-Employment Inquiry

I, _____ the undersigned, agree and acknowledge that I am an applicant for employment with the Rapides Parish Communications District.

I hereby authorize a review and full disclosure of all information and records concerning myself to the Rapides Parish Communications District relative to educational background, employment and pre-employment records, including background reports, efficiency ratings, financial information, criminal and traffic arrest or convictions and any other factors that would be pertinent to my suitability for employment.

I hereby authorize any agency or individual questioned by the Rapides Parish Communications District about my background to release any and all information deemed pertinent by the Rapides Parish Communications District. I hereby release the Rapides Parish Communications District and any other agency or persons from any liability in connection with furnishing such information.

I further understand that I may be required to submit to a physical exam if I am offered employment and hereby authorize review and full disclosure of all information and records concerning myself to the Rapides Parish Communications District relative to my medical and psychiatric treatments and/or consultation.

I further understand that all information obtained as a result of this investigation shall be confidential and in the event my application is rejected, that reason for said rejection shall not be revealed.

Applicant Name (print): _____

Signature: _____

DOB: _____ SS#: _____

Witness: _____

DATE APPLICATION RECEIVED: _____

RAPIDES PARISH COMMUNICATIONS DISTRICT

4216 ELLIS STREET
ALEXANDRIA, LA. 71302

APPLICATION FOR EMPLOYMENT

NAME: _____ AGE: _____ SEX: _____
(LAST) (FIRST) (MIDDLE)

OTHER NAMES USED: (MAIDEN, MARRIED) _____

STREET ADDRESS: _____

CITY: _____ PARISH: _____ STATE: _____ ZIP: _____

PHONE NO(S): BUSINESS: () _____ HOME (Cell) _____

HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____

DATE & PLACE OF BIRTH: _____

SOCIAL SECURITY #: _____ U S CITIZEN: _____

DRIVER'S LICENSE #: _____ DL STATE: _____ EXPIRES: _____

POSITION APPLIED FOR: _____ FULL TIME: _____ PART TIME: _____

MARRIED: _____ SINGLE: _____ DIVORCED: _____ WIDOWED: _____ SEPERATED: _____

.....
SPOUSE'S NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

DATE AND PLACE OF BIRTH: _____

STREET ADDRESS: _____

PLACE OF EMPLOYMENT: _____ # OF YEARS: _____

PHONE NO(S): BUSINESS: () _____ HOME () _____

FAMILY RECORDS
(INCLUDE CHILDREN, FATHER, MOTHER, BROTHERS AND SISTERS)

NAME	RELATIONSHIP	AGE	PRESENT ADDRESS	OCCUPATION

MILITARY SERVICE: BRANCH: _____ ACTIVE: _____ INACTIVE: _____

DATE ENTERED: _____ DATE SEPERATED: _____

SERIAL NO: _____ RANK AT TIME OF SEPERATION: _____

TYPE OF DISCHARGE: _____ SERVICE AWARDS OR DECORATIONS: _____

MEMBER OF NATIONAL GUARD OR RESERVE: () YES () NO

EMPLOYMENT

LIST ALL EMPLOYERS FOR THE LAST FIVE (5) YEARS BEGINNING WITH THE PRESENT OR MOST RECENT:

MAY YOUR PRESENT EMPLOYER BE CONTACTED ? () YES () NO

NAME & ADDRESS OF COMPANY: _____ _____ _____ FAX #: _____ TELEPHONE #: _____ REASONS FOR LEAVING: _____ _____ _____	EMPLOYED FROM _____ TO _____ POSITION HELD: _____ [] F/TIME [] P/TIME NAME OF SUPERVISOR: _____ BEGINNING SALARY \$ _____ MO. _____ ENDING SALARY \$ _____ MO. _____ DESCRIPTION OF DUTIES _____ _____ _____
NAME & ADDRESS OF COMPANY: _____ _____ _____ FAX #: _____ TELEPHONE #: _____ REASONS FOR LEAVING: _____ _____ _____	EMPLOYED FROM _____ TO _____ POSITION HELD: _____ [] F/TIME [] P/TIME NAME OF SUPERVISOR: _____ BEGINNING SALARY \$ _____ MO. _____ ENDING SALARY \$ _____ MO. _____ DESCRIPTION OF DUTIES _____ _____ _____
NAME & ADDRESS OF COMPANY: _____ _____ _____ FAX #: _____ TELEPHONE #: _____ REASONS FOR LEAVING: _____ _____ _____	EMPLOYED FROM _____ TO _____ POSITION HELD: _____ [] F/TIME [] P/TIME NAME OF SUPERVISOR: _____ BEGINNING SALARY \$ _____ MO. _____ ENDING SALARY \$ _____ MO. _____ DESCRIPTION OF DUTIES _____ _____ _____
NAME & ADDRESS OF COMPANY: _____ _____ _____ FAX #: _____ TELEPHONE #: _____ REASONS FOR LEAVING: _____ _____ _____	EMPLOYED FROM _____ TO _____ POSITION HELD: _____ [] F/TIME [] P/TIME NAME OF SUPERVISOR: _____ BEGINNING SALARY \$ _____ MO. _____ ENDING SALARY \$ _____ MO. _____ DESCRIPTION OF DUTIES _____ _____ _____
NAME & ADDRESS OF COMPANY: _____ _____ _____ FAX #: _____ TELEPHONE #: _____ REASONS FOR LEAVING: _____ _____ _____	EMPLOYED FROM _____ TO _____ POSITION HELD: _____ [] F/TIME [] P/TIME NAME OF SUPERVISOR: _____ BEGINNING SALARY \$ _____ MO. _____ ENDING SALARY \$ _____ MO. _____ DESCRIPTION OF DUTIES _____ _____ _____

RESIDENCE

LIST YOUR PLACES OF RESIDENCE FOR THE PAST FIVE (5) YEARS BEGINNING WITH YOUR PRESENT OR MOST RECENT:

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

STREET ADDRESS: _____

 CITY: _____ STATE: _____
 ZIP: _____

REFERENCES

(DO NOT LIST RELATIVES OR FORMER EMPLOYERS)

NAME	RELATIONSHIP	AGE	PRESENT ADDRESS	OCCUPATION

SPECIAL SKILLS / TRAINING / HOBBIES:

PLEASE LIST THE LANGUAGES (INCLUDING SIGN) THAT YOU CAN SPEAK, READ OR WRITE:

LANGUAGE	SPEAK	READ	WRITE

PLEASE LIST ANY SKILLS OR TRAINING YOU MAY HAVE IN ONE OR MORE OF THE FOLLOWING:

EMT, CPA, RADIO COMMUNICATIONS, COMPUTER PROGRAMMER, AND OTHERS.

HAVE YOU EVER BEEN CONVICTED, FORFEITED COLLATERAL, OR ARE YOU NOW UNDER INVESTIGATION FOR ANY CRIMINAL OFFENSE? _____ IF YES, PLEASE EXPLAIN: _____

ARE YOU NOW ON PROBATION OR PAROLE? _____ IF YES, PLEASE EXPLAIN: _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE RAPIDES PARISH COMMUNICATIONS DISTRICT ? _____ IF SO, LIST THEM BY NAME: _____

EDUCATION AND JOB RELATED SKILLS OR COURSES

CIRCLE HIGHEST LEVEL COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

TYPE OF SCHOOL	NAME AND LOCATION	DATES ATTENDED	DEGREE REC'D / MAJOR
HIGH SCHOOL			
COLLEGE / UNIVERSITY			
BUSINESS / TRADE SCHOOL			

PLEASE LIST MEMBERSHIPS IN BUSINESS, CIVIC, OR FRATERNAL ORGANIZATIONS:

LIST HERE ANY OTHER QUALIFICATIONS YOU MAY WISH CONSIDERED IN YOUR APPLICATION:

I HAVE RECEIVED AND REVIEWED A COPY OF THE JOB CLASSIFICATION FOR THE POSITION WHICH I AM CURRENTLY APPLYING FOR. _____ (PLEASE INITIAL)

IS THERE ANY REASON YOU MIGHT NOT BE PHYSICALLY CAPABLE OF PERFORMING THE DUTIES AS DESCRIBED IN THE JOB CLASSIFICATION RECEIVED? _____

AS A PART OF YOUR APPLICATION YOU MUST COMPLETE THE ATTACHED PRE-EMPLOYMENT PHYSICAL EXAMINATION QUESTIONNAIRE.

AS AN EMPLOYEE WITH THE RAPIDES PARISH COMMUNICATIONS DISTRICT, YOU WILL BE REQUIRED TO SERVE A PROBATIONARY PERIOD, DURING WHICH TIME YOUR SUPERVISOR WILL EVALUATE YOUR PERFORMANCE AND ABILITIES. IF YOUR PERFORMANCE IS NOT SATISFACTORY, YOU MAY BE DISCHARGED AT ANY TIME WITHIN THE SPECIFIED PERIOD. ANY MISREPRESENTATION OR OMISSION OF FACTS IN THIS APPLICATION OR HEALTH SERVICE MEDICAL RECORD WILL BE SUFFICIENT CAUSE FOR DENIAL OF EMPLOYMENT OR FOR DISMISSAL IF EMPLOYEED. YOUR PREVIOUS EMPLOYERS WILL BE CONTACTED FOR WORK HISTORY VALIDATION. A PHYSICAL EXAMINATION WILL BE REQUIRED PRIOR TO ANY FINAL COMMITMENT. A COPY OF YOUR BIRTH CERTIFICATE MAY BE REQUIRED AFTER EMPLOYMENT.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT I MAY BE REQUIRED TO WORK DIFFERENT HOURS THAN THOSE INITIALLY ASSIGNED AND THAT MY WORK AREA MAY ALSO BE CHANGED BASED ON THE NEEDS OF THE RAPIDES PARISH COMMUNICATIONS DISTRICT.

I AGREE TO AND UNDERSTAND THE ABOVE STATEMENTS. I HEREBY CERTIFY THAT ALL THE INFORMATION INCLUDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND AUTHORIZE ALL PERSONS WHO MAY HAVE INFORMATION RELEVANT TO THIS INVESTIGATION TO DISCLOSE IT TO THE RAPIDES PARISH COMMUNICATIONS DISTRICT OR ITS AGENTS, AND I RELEASE ALL PERSONS FROM LIABILITY ON ACCOUNT OF SUCH DISCLOSURE.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

SECURITY BACKGROUND CHECK: DATE _____

COMMENTS: _____

CRIMINAL BACKGROUND CHECK: DATE _____

COMMENTS: _____

DRIVERS LICENSE CHECK: DATE _____

COMMENTS: _____

APPLICATION REVIEWED BY: _____
NAME POSITION DATE

COMMENTS: _____

APPLICATION APPROVED BY: _____
NAME POSITION DATE

SECTION III

3.1 CLASSIFICATION PLAN

3/9/2022

THE EXECUTIVE DIRECTOR SHALL ADMINISTER A CLASSIFICATION PLAN FOR THE COMMUNICATIONS DISTRICT BASED ON ANALYSIS OF THE DUTIES AND RESPONSIBILITIES OF ALL POSITIONS. SPECIFIC CLASSIFICATIONS SHALL INCLUDE, JOB TITLE, NATURE OF WORK, EXAMPLES OF DUTIES AS WELL AS SKILLS REQUIRED, ENTRY LEVEL PAY AND ADDITIONAL QUALIFICATIONS, IF ANY ARE REQUIRED ABOVE THOSE STATED BELOW (MINIMUM QUALIFICATIONS).

EACH EMPLOYEE SHALL BE PROVIDED A COPY OF THE CLASSIFICATION PLAN AND ALL AMENDMENTS THERETO. OFFICIAL JOB TITLES SHALL BE USED IN ALL PERSONNEL AND PAYROLL MATTERS.

AN EMPLOYEE MAY SUBMIT A WRITTEN REQUEST TO THE EXECUTIVE DIRECTOR TO HAVE THEIR CURRENT POSITION REVIEWED FOR POSSIBLE RE-CLASSIFICATION.

MINIMUM EMPLOYMENT STANDARDS

FOLLOWING ARE MINIMUM STANDARDS APPLICABLE TO ALL EMPLOYMENT POSITIONS:

- A. HIGH SCHOOL GRADUATE OR EQUIVALENT (GED)
- B. AGE REQUIREMENT - MINIMUM OF 18
- C. MUST BE ABLE TO MONITOR AUDIBLE INFORMATION FROM MULTIPLE SOURCES (TELEPHONE, RADIO AND CO-WORKERS) IN AN OPEN SPACE AND/OR NOISY ENVIRONMENT.
- D. ABILITY TO MULTI-TASK; SIMULTANEOUS TYPING (RAPID KEYBOARDING), TALKING ON THE RADIO, ANSWERING MULTIPLE TELEPHONE CALLS, AND SWITCHING BETWEEN COMPUTER SCREENS AND APPLICATIONS.
- E. COLOR VISION ADEQUATE TO DETERMINE VARIOUS CONSOLE LIGHTING ARRANGEMENTS AND ABLE TO SEE WITHIN NORMAL VISUAL RANGE WITH OR WITHOUT CORRECTION.
- F. READ, INTERPRET, UNDERSTAND AND FOLLOW WRITTEN AND ORAL INSTRUCTIONS AND/OR INFORMATION IN ENGLISH
- G. ABILITY TO SPEAK CLEARLY, CONCISELY AND WITH A PROFESSIONAL COURTEOUS VOICE INFLECTION
- H. REQUIRES PHYSICAL ABILITY TO WORK IN A CONFINED OFFICE SPACE/EMERGENCY DISPATCH CENTER SETTING; STAND OR SIT FOR PROLONGED PERIODS OF TIME; OCCASIONALLY STOOP, BEND, KNEEL, CROUCH, REACH, AND TWIST; PUSH, PULL, LIFT AND/OR CARRY LIGHT TO MODERATE WEIGHTS; REQUIRES A SENSE OF TOUCH, FINGER DEXTERITY, AND GRIPPING WITH HANDS AND FINGERS.

- I. FREE FROM ANY PHYSICAL, MENTAL OR FUNCTIONAL INSTABILITY WHICH MAY TEND TO IMPAIR EFFICIENT PERFORMANCE OF DUTY OR WHICH MIGHT ENDANGER THE LIVES OF OTHERS.
- J. SHALL NOT HAVE BEEN CONVICTED OF ANY FELONY
- K. MUST LIVE WITHIN 35 MILES OF THE RPCD CENTER
- L. MUST BE A REGISTERED VOTER IN THE STATE OF LOUISIANA
- M. ABLE TO TYPE A MINIMUM OF 30 WPM
- N. DEAL TACTFULLY WITH THE GENERAL PUBLIC AS WELL AS MAINTAINING AN EFFECTIVE WORKING RELATIONSHIP WITH CO-WORKERS AND LAW ENFORCEMENT, FIRE AND EMS OFFICIALS.
- O. WILLINGNESS TO WORK ON WEEKENDS, HOLIDAYS AND AT ODD OR IRREGULAR HOURS (SHIFTWORK)
- P. HEAR IN THE NORMAL AUDIO RANGE WITH OR WITHOUT CORRECTION
- Q. ABILITY TO WORK UNDER PRESSURE; EXERCISING GOOD JUDGEMENT AND COMMON SENSE WHILE MAKING SOUND DECISIONS IN EMERGENCY SITUATIONS.
- R. ABILITY TO TRANSITION FROM PERIODS OF MENTAL AND PHYSICAL INACTIVITY TO PERIODS OF INTENSE AND STRESSFUL MENTAL AND PHYSICAL ACTIVITIES AT A MOMENTS NOTICE
- S. LEARN AND ADHERE TO COMPUTER AIDED DISPATCH (CAD) SYSTEMS AND OTHER RELATED TECHNOLOGY.
- T. LEARN AND REMEMBER LOCATIONS AND COMMON PLACE NAMES OF HIGHWAYS, MAJOR STREETS, COMMERCIAL AND PUBLIC BLDGS, ETC. READ AND INTERPRET VARIOUS MAPPING DEVICES AND RELAY PERTINENT INFORMATION.
- U. ABILITY TO WEAR A HEADSET