

PRINTED NAME

Supplemental Questionnaire

This information is provided to help you carefully consider both the positive and negative aspects of a dispatching job before you decide to apply for a position. This is a fast-pace work environment that requires quick thinking, problem solving, and excellent public relation skills.

However, the job has some demands that you may find less appealing. The job factors listed below describe aspects of the job, which you may not be aware of. If any of these conditions are unacceptable to you, this may not be the best job for you, and we urge you to consider alternative employment choices that may better fit your individual needs and interests.

PLEASE READ THE INFORMATION AND PLACE A CHECK IN THE BOX NEXT TO EACH STATEMENT TO INDICATE THAT 1) YOU HAVE READ IT AND 2) ARE WILLING TO WORK IN THE SITUATION AS DESCRIBED. THE INFORMATION IS CONSIDERED PART OF THE SELECTION PROCESS.

NG ENVI	RONMENT
1.	There will be times that you will be unable to leave your work site during you shift, depending on the workload.
2.	You may be unable to schedule your own lunch or breaks and you may be required to eat at your workstation.
3.	You will be unable to smoke inside the building.
4.	Employees may experience periods of very slow activity followed by periods of very intense activity. You must be able to fully concentrate and focus your attention no matter what is happening at the time.
5.	There is little control over the workload or pace.
6.	You must be able to accept a daily critique of your job performance and modify your actions accordingly.
7.	You must be able to work in a small, confined work area for your entire shift.
SCHEDU	<u>LE</u>
8.	You will be required to work shifts, weekends and/or holidays regularly
9.	There is the potential that you may be required to work all holidays in a given time period. For instance, your workdays may fall on Thanksgiving, Christmas, and New Year's Day.
10.	You may be required to change your work shift and/or days off or cancel holiday plans with minimal notice.
11.	There may be times you will be mandated to work overtime. You may be required to stay late or come in on your time off.
OR SER	<u>VICE</u>
12.	You must respond courteously, calmly and effectively to telephone calls when someone is rude, drunk, irrational, confused, using obscene language, and/or screaming at you.
13.	You must respond effectively to telephone calls when a violent or highly emotional situation is taking place.
AKING O	R DISPATCHING
14.	You must efficiently handle multiple tasks at one time.
15.	You must make quick, logical, accurate decisions; one or more person's safety may depend on your ability to do this.
16.	You must answer and respond to telephone calls in which the caller is difficult to understand.
17.	You will be required to wear a headset for your entire shift.
18.	You must keep calm during critical incidents. This means that you must also keep your voice modulated and somewhat monotone to convey a sense of calm.
19.	You must attend mandated meetings, even if they are on your normal days off.
	1. 2. 3. 4. 5. 6. 7. SCHEDU 8. 9. 10. 11. 20R SER 12. 13. AKING O 14. 15. 16. 17. 18.

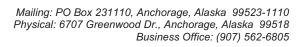
SIGNATURE

DATE



Mailing: PO Box 231110, Anchorage, Alaska 99523-1110 Physical: 6707 Greenwood Dr., Anchorage, Alaska 99518 Business Office: (907) 562-6805

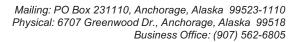
APPLICANT INFORMATION										
Name (Last)		(First)			(Middle Initial)		e Initial)	Home Telephone () -		
Address (Mailing Address)	(City)		(Sta	ate)	(Zip)		Other Telephone			
								() -		
E-Mail Address		Are you leg	ally entitled to work in the U.S.?				.? 🗌 Yes 🗌 No			
POSITION	(D				01:10					
Position Or Type Of Employmen		Shift: ☐ Full-Time								
					Part-Time					
Are you able to perform the esse	ntial functions of	the job yo	u are applyii	ng	(Rotating shift work to be determined by					
for, with or without reasonable accommodation? Yes No						shift availability)				
Salary Desired			Date Available							
EDUCATION AND TRAINING										
High School Graduate Or General If no, list the highest grade comp		D) Test Pa	assed? 🗌 Y	es 🗌	No					
College, Business School, Militar	y (Most recent fir	rst)								
			edits Earned							
	Dates Attended Month/Year	Quarte				duate Degree & Year	Degree	Major		
Name and Location				er er	Gradu		or Subject			
		Semes	\ I	пу)						
	From				☐ Yes	S				
	То				☐ No					
	From				☐ Yes	S				
	То				☐ No					
	From				☐ Yes	S				
	То				☐ No					
Occupational License, Certificate or Registration			r	Where	Issue	ed		Expiration Date		
Languages Read, Written or Spo Other Than English	ken Fluently									
Have you ever been convicted	of a felony? \	es I	No							
SPECIAL SKILLS (List all pertin	ent skills and equ	uipment th	at you can o	perate))					
						· · ·				





WORK EXPERIENCE (Most Recent First)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Of Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Last Salary
		Company is an
		Supervisor
Reason For Leaving	May We Contact This	Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Of Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Last Salary
		Supervisor
		Oupervisor
Reason For Leaving	May We Contact This	Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Of Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Last Salary
		Supervisor
		Supervisor
Reason For Leaving	May We Contact This	Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		· · · · · · · · · · · · · · · · · · ·
Job Title	Number Of Employees Supervised	To (Month/Year)
Specific Duties		
		Hours Per Week
		Last Cala
		Last Salary
		Supervisor
		Super visor





1-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
2-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
3-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
certify the information contained in this applicatements reported on this application may be	cation is true, correct, and complete. I understa e considered sufficient cause for dismissal.	nd that, if employed, false
Signature of Applicant	Date	