

KLAMATH 9-1-1 COMMUNICATIONS DISTRICT
9-1-1 Call-Taker
Supplemental Questionnaire

Name: _____ Date: _____

Please complete the following questionnaire and return it with your employment application.

1. Please place a check on the appropriate line to indicate your response to each of the following statements or questions.
2. If you require reasonable accommodations to answer yes to any of the conditions below, please identify the item and explain the required accommodation on the back of this form.
3. The following conditions are a requirement of the position vacancy, and therefore **MUST** be met for consideration.

WORKING ENVIRONMENT

How many words per minute can you keyboard? (Minimum requirement 30 WPM) _____

Sit for long periods of time? (Normal shift is 8 hours, but can be 12 hours) YES _____ NO _____

Wear a headset? (Continuously for the entire duty shift) YES _____ NO _____

Work in a room with subdued lighting? YES _____ NO _____

Have your work evaluated and constructively critiqued on a regular basis? YES _____ NO _____

Work at a rapid pace over which you have little control? YES _____ NO _____

Work rotating shifts as assigned? (Days of the week and hours of the day, including holidays)
YES _____ NO _____

Work mandatory overtime with minimal notice? YES _____ NO _____

Working in emergency services structured breaks, including lunch, are only taken when the emergency call volume allows. Can you work your entire shift under those circumstances?
YES _____ NO _____

Deal courteously with irate callers, and not take it personally? YES _____ NO _____

Be able to accept that your action or inaction could result in the loss of human life?
YES _____ NO _____

This District is an Equal Opportunity Provider."