

DIVE TEAM MEMBER

Oneida County is accepting applications for the Countywide Dive Team. Hourly wage of \$15/hour and mileage reimbursement.

Qualified applicants shall have the desire and ability to assist in dive rescue water response and recovery operations. Team members are expected to work within the Incident Command System under the direction of an Incident commander. Members shall take part in monthly trainings, attend related meetings, and maintain or obtain the appropriate certifications for public safety divers.

Complete job descriptions and application are available at the Job Service Office at the Riverwalk Center, 100 W Keenan St., Rhinelander, WI 54501 (715) 365-2697 or at www.co.oneida.wi.gov or www.oneidasheriff.org Completed applications are due at 4:30 p.m. on Tuesday, July 15, 2008 at the Job Service Office.

EOE/AA

**Oneida County
Job Description**

Job Title: Dive Team Member
Department: Sheriff
Reports To: Dive Team Leader
LTE Status:
Prepared By:
Prepared Date:
Approved By:
Approved Date:
Reviewed Date:

SUMMARY This position is responsible for the protection of life and property through mitigation of incidents involving water rescue and recovery. Direct supervision is received from the Team Leader. Assigned duties are performed in accordance with state statutes and the Guidelines of Operations for the County Dive Team.

ESSENTIAL DUTIES AND RESPONSIBILITIES The following duties are normal for this position.

Respond to calls for service from the public and assist in the mitigation of incidences that involve water rescue and recovery.

Conduct an assessment of a incident scene and rapidly identify the immediate hazards that may affect the Public and Response Personnel.

Any other duties related to the Dive Team as assigned.

QUALIFICATIONS To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Must maintain minimum membership qualifications as outlined in the Bylaws for the Oneida County Dive Team.

Must be familiar with and able to work within the Incident Command, Unified Command, and National Incident Management Systems.

Must maintain a current physical examination and current Open Water, Advanced Open Water, and Public Safety Dive Certifications.

Must maintain at a minimum a Wisconsin "class D" valid drivers license.

EDUCATION and/or EXPERIENCE Must be trained in Open Water, Advanced Open Water, and Public Safety Diving.

LANGUAGE SKILLS Must have good verbal and written communication skills. The ability to record, deliver information, explain procedures, and follow instructions.

REASONING ABILITY The ability to evaluate situations and make good independent decisions based on practices, rules and procedures.

APPLICATION FOR MEMBERSHIP ONEIDA COUNTY DIVE TEAM

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications, which are incomplete or illegible, will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to corresponding questions.

Position

Check the appropriate box(s) indicating which position you are interested in. If interested in both positions, check both boxes.

- Dive Team Leader
 Dive Team Member

Personal Information

Name in Full (Last, First, Middle)			Social Security Number
Address (Apartment, Street, P.O. Box)			Home Telephone Number ()
City	State	Zip Code	Work Telephone Number ()

Please answer the following questions yes or no	Yes	No
Are you over the age of 18		
Do you have a valid Wisconsin Driver's License		
Do you have a valid driver's license from another state		
Are you a United States Citizen		

Education

Name of School	Location	Dates		Course Pursued	Degree/Diploma
		From	To		
High Schools					
College					
Graduate School					

Diver Training / Certificates

Documentation of training must be provided with this application. Documentation may consist of Technical College certification records, college transcripts, etc...

Please answer the following questions yes or no	Yes	No
Open Water Dive Certificate		
Advanced Open Water Dive Certificate		
Public Safety Dive Certificate		

Additional Dive Training / Certifications	Date Completed	Location Completed

Military Service

Branch of Service	Month/Year Served From To	Active Duty or Reserve	Highest Grade	Skill Specialty or Primary Duty

References

Give three references (not relatives, or present employer; avoid listing members of the clergy).

Name:	Number of Years Acquainted
Address:	
Telephone	

Name:	Number of Years Acquainted
Address:	
Telephone	

Name:	Number of Years Acquainted
Address:	
Telephone	

Applicant Please Read Carefully and Sign Below

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

Certification

All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct, and true to the best of my knowledge.

I understand that if I am employed, false information provided or false statements made as part of this application may be considered as cause for dismissal.

Applicants Signature

Date Signed

Under the provisions of section 19.36, Wisconsin Statutes, I request that my identity as an application for the position of Dive Member not be revealed without my consent or until required by law.

Applicant Signature

Date Signed

Oneida County Dive Team

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized personnel)

I hereby empower an employee of the Oneida County Emergency Management Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following resources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Service system
3. Any banking institution
4. Any place of business (for purpose of obtaining credit or employment data)
5. Credit rating bureaus or institutions maintaining individual credit rating files
6. Any previous employer
7. Present employer
8. Any school, college, university or other educational institution
9. Any office, clinic, sanitarium or hospital where illness, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this Blanket Authorization

1. _____
2. _____
3. _____

Signature (Name in Full)

Date

Address (Street and Number)

City

State

Zip

Witness: _____