New Hire/ Termination Packet (Rev. 9/18)



**Notice of Employment Form**

Notice of Employment must be sent to the ESCB **within 30** **days** of hire or termination.

**Non-Disclosure of Confidential 9-1-1 Information Form**

Employee must sign this form pursuant to MRSA 25 § 2929

65 - 625 CMR Chapter 1: Standards for Establishing a Statewide Enhanced 911 System

**Training Request Form**

All required training must be completed within 12 months of hire date, with the exception of NG911, which must be done within 90 days of hire. If several people are taking classes on the same dates, then multiple courses can be checked on a single form.

**NG911 Logon Credentials (PSAPs Only)**

Supervisors requesting NG911 logon credentials for their employee(s) may use this form or submit a request by email to 911Training.PUC@Maine.Gov . **A middle initial is required for NG911** (If there is no middle name/initial then indicate so by writing N/A in that field). Please list any other agencies an employee works for to ensure calls go to the proper PSAP (Agents will be given multiple logons if they work for more than one agency).

STATE OF MAINE

PUBLIC UTILITIES COMMISSION

 Mark A. Vannoy Harry Lanphear

 Chairman Administrative Director

 R. Bruce Williamson

 Randall D. Davis

 COMMISSIONERS

**Public Safety Dispatcher**

**NOTICE OF EMPLOYMENT / TERMINATION (rev. 9/18)**

Forward to the ESCB **within 30** days of employment or termination.

Please fill out either the EMPLOYMENT or the TERMINATION information, as applicable.

Name (Applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden/previous Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle)

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (mm/dd/yyyy) (required by statute)

Official Agency E-mail Address for this Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example:JDoe@mainepd.org)

**EMPLOYMENT DATE:** Click or tap to enter a date. ***or* TERMINATION DATE:** Click or tap to enter a date.

**EMPLOYMENT / TERMINATION LEVEL:**

[ ]  Full Time Dispatcher [ ]  Part Time Dispatcher\*\*

Has this employee had basic training for full-time public safety dispatching OUT OF STATE? [ ] Yes [ ] No

If the agency is requesting a waiver of the basic school for this individual, please forward the Waiver Application Packet to the Emergency Services Communication Bureau (ESCB)

Has this employee had training in Emergency Medical Dispatch (EMD)? [ ]  Yes [ ]  No

If Yes, what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Maine EMS Office for license application process.

\*\*Is applicant otherwise employed w/your agency ? if so, what position? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e. also full-time law enforcement, part-time corrections, other)

TERMINATION: (If termination due to Conviction or Professional Misconduct, please note in comments) Type of

Termination (Please check) [ ] Resigned [ ]  Discharged [ ]  Retired [ ]  Deceased [ ]  Other

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form MUST be signed by the DEPARTMENT HEAD and submitted to the**

**ESCB, 18 SHS, Augusta, ME 04333 or faxed to 207-512-5950**

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Phone: 207-877-8068 or 207-287-1598 or Fax: 207-512-5950 (training office)***

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**NONDISCLOSURE OF CONFIDENTIAL 9-1-1 INFORMATION (rev.09/18)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that all information

 (print name)

contained in any database, report, audio recording or other record of the Emergency Services Communication Bureau (hereafter referred to as the Bureau) or a Public Safety Answering Point (hereafter referred to as PSAP) is considered "confidential information" to include:

A. The names, addresses and telephone numbers of persons listed in E-9-1-1 databases;

B. Names, addresses and telephone numbers that are omitted from a telephone utility directory list at the request of a customer;

C. Personally identifying information of a caller to a public safety answering point;

D. Personally identifying information of and any medical information about a person receiving emergency services through the E-9-1-1 system; or

E. Personally identifying information of any 3rd party, including, but not limited to, a minor, given during a telephone call to a public safety answering point.

I further understand that confidential information may not be utilized for commercial purposes and may not be disclosed in any manner except as follows, and in accordance with agency policy:

A. to public or private safety agencies for processing emergency calls and providing emergency services;

B. to a criminal justice agency, as defined in Title 16, section 803, subsection 4, for the purposes of the administration of criminal justice, as defined in Title 16, section 803, subsection 2, and the administration of juvenile justice, as defined in Title 15, section 3308- A, subsection 1, paragraph A, related to an E-9-1-1 call; and

C. to designees of the Bureau Director for the purpose of system maintenance and quality control.

I further understand that knowingly disclosing confidential information or disclosing audio recordings of emergency calls to the E9-1-1 system in violation MRSA Title 25 § 2929, is a Class E crime and may also result in disqualification for public safety answering point employment as found in Bureau personnel security clearance and data security standards for PSAPs. (65-625 CMR Chapter 1)

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 (signature of employee) (employing agency) (date)

REFERENCE: MRSA 25 § 2929

65 - 625 CMR Chapter 1: Standards for Establishing a Statewide Enhanced 911 System

**Emergency Services Communication Bureau**

**SHS 18 – Augusta, ME 04330**

**APPLICATION FOR IN-SERVICE TRAINING (REV. 9/18)**

 Fax Completed Form to 207-512-5950

*Recommended: Double Click on line and type information - Clicking Box will apply a check mark*

[ ] **ETC\*** Date: \_\_\_ Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] **EMD\*** Date: \_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Medical ProQA Date: \_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] **EFD\*** Date: \_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Fire ProQA Date: \_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] **NG911\*** Date: \_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] ED-Q Universal Date: \_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] EMD-Q Day Date: \_\_\_

[ ] EFD-Q Day Date: \_\_\_ Special Accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] AQUA Date: \_\_\_

[ ] \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ Allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  *Enroll in Next Available Session Dates*

 1st 2nd  3rd  4th 5th

First Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Meals (B/L/D): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Lodging (Y/N): \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Agency Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_



**NG911 USER ACTIVATION/DEACTIVATION FORM**

*(Form Fillable – Please type info after fields)*

Today’s Date: Click or tap to enter a date.

PSAP Name: Choose an item.

Requestor Name:

Requestor Title:

Status Request: Choose an item.

User: First Name:

 Middle Initial:

 Last Name:

Email Address (for ERC alerts):

Role Requested: Choose an item.

Action Requested: Choose an item.

Date to Perform Request: Click or tap to enter a date.

**ESCB USE ONLY**:

[ ]  APPROVED

[ ]  DENIED

ESCB NAME:

ESCB TITLE: