

Ozark-Dale County E-911 Center

Application For Employment

Equal Opportunity Employer



Ozark-Dale County E-911

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Position Applying For:

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-7				Date _____	
Name _____		_____		_____	
Last		First		Middle	
				Maiden	
Present Address _____		_____		_____	
Number		Street		City	
				State	
				Zip	
How Long _____		Social Security No. _____ - _____ - _____			
Telephone (____) _____					
If under 18, please list age _____					
Position applied for (1) _____				Days/Hours available to work	
				No Pref _____ Thur _____	
				Mon _____ Fri _____	
Salary Desired (2) _____				Tues _____ Sat _____	
(Be Specific)				Wed _____ Sun _____	
How many hours can you work? _____ Can you work nights? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Only <input type="checkbox"/> Full Or Part-Time					
When are you available for work? _____					

Type Of School	Name Of School	Location (Complete Mailing Address)	Number Of Years Completed	Major & Degree
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Work Experience Please list your work experience for the **past five years** beginning with you most recent job held. If you were self employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer _____	Name of last supervisor	Employment Dates	Pay or Salary
Address _____		From _____	Start _____
City _____ State _____ Zip Code _____		To _____	Final _____
Phone Number () _____	You Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer _____	Name of last supervisor	Employment Dates	Pay or Salary
Address _____		From _____	Start _____
City _____ State _____ Zip Code _____		To _____	Final _____
Phone Number () _____	You Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If no, who did? _____

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MILITARY	
Have you ever been in the armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now a member of the national guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____	Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past **five years** beginning with you most recent job held. If you were self employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer _____	Name of last supervisor	Employment Dates	Pay or Salary
Address _____		From _____	Start _____
City _____ State _____ Zip Code _____		To _____	Final _____
Phone Number () _____	You Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

APPLICATION FOR EMPLOYMENT

Do you have a drivers license? ☐ Yes ☐ No

What is your means of transportation to work? _____

Drivers license number _____ State of issue _____ Expiration Date _____

☐ Operator ☐ Commercial (CDL) ☐ Chauffuer

Have you had any accidents during the past three years? ☐ Yes ☐ No How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? _____

Computer Skills

Typing ☐ Yes ☐ No _____ WPM

10-key ☐ Yes ☐ No

Word Processing ☐ Yes ☐ No _____ WPM Other _____

Personal Computer ☐ Yes ☐ No Skills _____

Please list two references other than relatives or previous employers

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application sometimes makes it difficult for an individual to adequately summarize a complete backround. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying (certifications of training, etc.).

PLEASE READ CAREFULLY!

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Ozark-Dale County E-911 (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Ozark-Dale County E-911 may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is caused for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and other, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications/

Thank you for completing this application form and for your interest in our business.

1. Are you willing to talk to callers who are emotionally upset? For example: Persons who are angry, frightened, depressed or excited. ☐ Yes ☐ No
2. Are you willing to tolerate abusive or threatening language from callers who, because of their problems, take out their emotions on you? ☐ Yes ☐ No
3. Are you willing to remain emotionally detached in order to respond to situations in a positive, mature and helpful manner? ☐ Yes ☐ No
4. Are you willing to work in close proximity with co-workers? ☐ Yes ☐ No
5. Are you willing to work weekends and holidays? ☐ Yes ☐ No
6. Are you willing to work any shift required for you? ☐ Yes ☐ No
7. Are you willing to work overtime? ☐ Yes ☐ No
8. Are you willing to handle (at times) heavy volume of telephone calls, and radio traffic due to emergencies, resulting in no break or lunch? ☐ Yes ☐ No
9. Are you willing to work in a noisy environment ☐ Yes ☐ No
10. Are you willing to work (for a minimum of 8 hours) in a designated work area with no windows? ☐ Yes ☐ No
11. Are you willing to have all of your calls recorded for evaluation? ☐ Yes ☐ No
12. Are you willing to make immediate decisions that may affect the outcome of someone's life? ☐ Yes ☐ No
13. Are you willing to testify in court if YOU are required to? ☐ Yes ☐ No