



Answering the call...No matter what.

Application for Interview

This is an application for employment with the Covington County E911 Office. Should this application result in an employment arrangement it will form part of an Employment Agreement. The application form is a source of information, which will assist administration in considering your suitability for the position. If employed, this information will form part of your personnel records. Failure to supply the required truthful information may hinder the ability to determine your suitability for the position.

Date:

What position are you applying for?	<input style="width: 100%;" type="text"/>
Where did you see the position first advertised?	<input style="width: 100%;" type="text"/>

Personal Information						
NAME: First	<input style="width: 100%;" type="text"/>	Last	<input style="width: 100%;" type="text"/>			
Address:	<input style="width: 100%;" type="text"/>					
Phone:	Cell:	<input style="width: 150px;" type="text"/>	Other:	<input style="width: 150px;" type="text"/>	Home:	<input style="width: 150px;" type="text"/>
Email:	<input style="width: 100%;" type="text"/>					
(A copy of your Drivers License will be required if interview is granted)						

Work Status				
Are you a US citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have the right to work in America?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you working on a work permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You may be required to show proof of citizenship and residency)				

Education			
Please Note: Education may not be a deciding factor for this position.			
Name of School	Dates Attended		Qualifications Obtained
	From mm/yyyy	To mm/yyyy	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Trade/Occupational Qualifications and Experience			
Do you have any qualifications relevant to the position for which you are applying		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If so, give details	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			
Please describe any knowledge/skills and experience you possess which may be relevant to the position for which you are applying			
Describe Here:	<input type="text"/>		
<input type="text"/>			
<input type="text"/>			

Employment Record			
List your current or most recent employer first.			
Current/Past Employer			
Period Employed:	From:	<input type="text"/>	To:
Position:		<input type="text"/>	
Reporting to:		<input type="text"/>	
Responsible for		<input type="text"/>	
Reason for Leaving:		<input type="text"/>	
<hr/>			
Past Employer			
Period Employed:	From:	<input type="text"/>	To:
Position:		<input type="text"/>	
Reporting to:		<input type="text"/>	
Responsible for		<input type="text"/>	
Reason for Leaving:		<input type="text"/>	
<hr/>			
Past Employer			
Period Employed:	From:	<input type="text"/>	To:
Position:		<input type="text"/>	
Reporting to:		<input type="text"/>	
Responsible for:		<input type="text"/>	
Reason for Leaving:		<input type="text"/>	

Referees

You are required to provide at least two referees, preferably from your most recent employment. If you have not been in previous employment character referees are sufficient.

Name of Person to Contact	Relationship to you (Please specify)	Phone Number

I consent to Administration seeking verbal or written information about me from representatives of my previous employers and/or references and authorize the information sought to be released for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the council is supplied in confidence as evaluative information, and as such will not be discussed to me.

Signature		Date:	
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Personal Interests/Hobbies/Social Media

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Health Issues

If necessary you may be required to undergo a pre-employment medical check, the costs of which will be met by the council.

Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury, carpal Tunnel, Tennis Elbow or other repetitive strain injury)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Are you on any medication which may affect your performance in the position that you have applied for?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, give details	
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Drivers Licence

Do you hold a current US Drivers Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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State and Number:		Class:	
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Expiration Date:		Restrictions:	
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Has your Driver Licence been revoked or suspended within the last five years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is there any matter pending which could affect the status of your Driver Licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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General			
Have you had any felony convictions within the last five years?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, give details	<input type="text"/>		
Are you currently awaiting the hearing of any criminal charges?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work overtime as and when required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to travel and stay away from home overnight if required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you prepared to work flexible hours if required?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Additional Information			
If this application is unsuccessful, do you consent to having your details held on file for a period of 6 months to be assessed for suitability of other vacancies that may arise if appropriate?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If your application is successful, when could you start work?	<input type="text"/>		

Declaration	
I, <input type="text"/>	(full name)
<ol style="list-style-type: none"> 1. Declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected. 2. Authorize any screening processes that administration sees fit to exercise in considering this application. I understand this process may include employer references, checking of criminal background and a drug screen. 3. Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by the Covington County E911 and myself. 4. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment. 5. Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal. 6. By returning this application electronically it is acknowledged that I fully agree with the above declaration. Applicants invited to an interview will be required to sign this declaration 	
Signature <input type="text"/>	Date: <input type="text"/>