

Language Skills

Indicate languages you speak and level of proficiency:

_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent
_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent	_____	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Fluent

Education

High School Name:	City	State
Did you graduate, or receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade completed?	

College Name:	City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:

Other School Name:	City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:

Other School Name:	City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:

License/Certification Information

License/Certification	Certifying Body	License Number (if applicable)	Expiration Date
<input type="checkbox"/> Missouri Uniformed Law Enforcement System (MULES)	_____	_____	_____
<input type="checkbox"/> Public Safety Telecommunicator 1 (40 Hour Basic)	_____	_____	_____
<input type="checkbox"/> EMD (Emergency Medical Dispatcher)	_____	_____	_____
<input type="checkbox"/> CPR	_____	_____	_____
<input type="checkbox"/> Driver's License	_____	_____	_____
<input type="checkbox"/> Other:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment Experience

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, any disability or other protected status.

This section must be completed in full, even if attaching a resume.

1. Current or Most Recent Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address	City	State	Phone	per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

2. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address	City	State	Phone	per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

3. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address	City	State	Phone	per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

4. Previous Employer:		Dates Employed		Salary	
		From	To	Starting	Final
Job Title	Supervisor's Name and Title			\$ _____	\$ _____
Address	City	State	Phone	per _____	per _____
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

Military Service

Have you served in the US Military? Yes No

Branch: _____ Induction Date: _____ Discharge Date: _____

Rank at discharge: _____ Active Reserve status

Specialty / Primary duties _____

Professional

Has your professional license and/or certification ever been suspended or revoked? Yes No

If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid? Yes No

If yes, please explain: _____

Criminal History

Please note: Answering "yes" to any of the following questions will not automatically bar you from employment. Rather, such factors as age and date of incident, seriousness and nature of the incident, relevance to the job, and rehabilitation will be considered.

Within the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed by a physician? Yes No

If yes, describe in full:

Have you ever been convicted of a felony? Yes No

If yes, please furnish full details of the conviction, the offense, dates, and location:

Have you been convicted of a misdemeanor in the last five (5) years? Yes No

If yes, please furnish full details of the conviction, the offense, dates, and location:

Do you currently have criminal charges pending against you? Yes No

If yes, describe in full:

Have you ever been a party to any misdemeanor or felony criminal matter, other than minor traffic safety violations for which no arrest was made, in which you were charged, convicted, served probation, participated in deferred adjudication or other program to avoid a conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? Yes No

If yes, describe in full:

Agreement to Terms

Moniteau County Emergency Dispatch (MCED) is an equal opportunity employer. MCED does not discriminate in employment on account of race, color, religion, national origin, age, sex, disability, veteran or military status, or any other class protected by federal, Missouri State, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Moniteau County Emergency Dispatch to hire me.

I certify that the answers given herein are true and complete to the best of my knowledge.

I voluntarily give Moniteau County Emergency Dispatch the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations supplying such information.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be sufficient grounds for immediate dismissal, regardless of length of employment. I understand, also, that I am required to abide by all MCED rules and regulations.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Moniteau County Emergency Dispatch is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In consideration of my employment, I agree to conform to the rules and regulations of Moniteau County Emergency Dispatch, and my employment and compensation can be terminated with or without cause, and with or without notice, at any time at the option of either the Company or myself.

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above."

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature

Date

Pre-Employment Consent for Criminal History Check

Print Name: _____

Former Name(s) and Dates Used: _____

Current Address: _____

At this Current Address since: _____

Previous Address: _____

At this Current Address from: _____ **to:** _____

Previous Address: _____

At this Current Address from: _____ **to:** _____

Social Security Number: ____-____-____ **DOB:** ____/____/____

Home Phone Number: (____) ____-____ **Mobile Phone Number:** (____) ____-____

Driver License Number: _____ **Driver License State:** _____

I, _____, agree that the information contained in this application is correct to the best of my knowledge.

I hereby authorize Moniteau County Emergency Dispatch and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Moniteau County Emergency Dispatch or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Moniteau County Emergency Dispatch and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ **Date:** _____