



# Barry County Emergency Services E 9-1-1

4011 Main St  
PO Box 910  
Cassville, MO 65625  
Phone (417)846-4911

## Employment Application

**NOTE: All fields must be answered fully in order to be considered for employment. Please ask for assistance if any portion of application is unclear.**

|                                                                            |              |                                              |                                                                        |             |                                |            |
|----------------------------------------------------------------------------|--------------|----------------------------------------------|------------------------------------------------------------------------|-------------|--------------------------------|------------|
| <b>Application Date:</b>                                                   |              |                                              | <b>Email Address:</b>                                                  |             |                                |            |
| <b>Last Name</b>                                                           | <b>First</b> | <b>Middle</b>                                | <b>Street Address*</b>                                                 | <b>City</b> | <b>State</b>                   | <b>Zip</b> |
|                                                                            |              |                                              |                                                                        |             |                                |            |
| <i>*Please include mailing address, if different from physical address</i> |              |                                              |                                                                        |             |                                |            |
| <b>Phone number</b>                                                        |              | <b>Social Security Number</b>                | <b>Drivers License (State/Number)</b>                                  |             | <b>Years at above address:</b> |            |
|                                                                            |              |                                              |                                                                        |             |                                |            |
| <b>Position applying for:</b>                                              |              | <b>Emergency Telecommunicator</b>            | <b>Are you a U.S. Citizen authorized to work in the United States?</b> |             |                                |            |
| <b>Have you ever worked for Barry County 911?</b>                          |              | <b>If yes, from month/year to month/year</b> |                                                                        |             |                                |            |
|                                                                            |              |                                              |                                                                        |             |                                |            |
| <b>Have you participated in LAGERs retirement plan?</b>                    |              |                                              |                                                                        |             |                                |            |
|                                                                            |              |                                              |                                                                        |             |                                |            |

**Do you have a relative currently working for Barry County 911?**

**Name:**

**Relationship:**

**Do you know anyone who works for Barry County 911?**

**Name:**

**Name:**

**Are you available to work any time of the day?**

**If no, when?**

**Are you available to work any day of the week?**

**If no, when?**

### US Military History

| Branch | Date Entered | Date Discharged | Type of Discharge | Highest Rank Attained |
|--------|--------------|-----------------|-------------------|-----------------------|
|        |              |                 |                   |                       |

### Educational History

**Do you have a high school diploma or GED?**

**Typing WPM**

| Name                                                                                                              | City                      | State         | Graduation Date | Degree |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|-----------------|--------|
| <b>High School</b>                                                                                                |                           |               |                 |        |
| <b>Trade School</b>                                                                                               |                           |               |                 |        |
| <b>College or Business School</b>                                                                                 |                           |               |                 |        |
| <b>Professional Registration(s), License(s), and/or Certification(s) you possess that relate to this position</b> |                           |               |                 |        |
| Type                                                                                                              | License # (if applicable) | Date Received | Expiration Date |        |
|                                                                                                                   |                           |               |                 |        |
|                                                                                                                   |                           |               |                 |        |

|                                                                                                                                                                                                                                                                              |                                        |                                            |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------|
| <b>In the spaces below, list your record of employment &amp; any other relevant work/volunteer experience. Start with your present/most recent position &amp; continue in descending order. List positions in the order you held them. List any periods of unemployment.</b> |                                        |                                            |                             |
| <b>Previous Employer:</b> _____                                                                                                                                                                                                                                              | <b>Start Date:</b> _____               | <b>End Date:</b> _____                     |                             |
| <b>Address:</b> _____                                                                                                                                                                                                                                                        | <b>Phone #:</b> _____                  |                                            |                             |
| _____<br><small>Street</small>                                                                                                                                                                                                                                               | _____<br><small>City</small>           | _____<br><small>State</small>              | _____<br><small>Zip</small> |
| <b>Position:</b> _____                                                                                                                                                                                                                                                       | _____<br><small>Hours per week</small> | <b>Supervisor:</b> _____                   |                             |
| <b>Duties:</b>                                                                                                                                                                                                                                                               |                                        |                                            |                             |
| <b>Reason for Leaving:</b><br><i>If you indicate that you have been discharged from a position, please make any comments which you feel may help clarify circumstances causing the discharge.</i>                                                                            |                                        |                                            |                             |
|                                                                                                                                                                                                                                                                              |                                        |                                            |                             |
| <b>Starting Salary:</b> _____                                                                                                                                                                                                                                                | <b>Ending Salary:</b> _____            | <b>May we contact this employer?</b> _____ |                             |

|                                                                                                                                                                                                   |                                        |                                            |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------|
| <b>Previous Employer:</b> _____                                                                                                                                                                   | <b>Start Date:</b> _____               | <b>End Date:</b> _____                     |                             |
| <b>Address:</b> _____                                                                                                                                                                             | <b>Phone #:</b> _____                  |                                            |                             |
| _____<br><small>Street</small>                                                                                                                                                                    | _____<br><small>City</small>           | _____<br><small>State</small>              | _____<br><small>Zip</small> |
| <b>Position:</b> _____                                                                                                                                                                            | _____<br><small>Hours per week</small> | <b>Supervisor:</b> _____                   |                             |
| <b>Duties:</b>                                                                                                                                                                                    |                                        |                                            |                             |
| <b>Reason for Leaving:</b><br><i>If you indicate that you have been discharged from a position, please make any comments which you feel may help clarify circumstances causing the discharge.</i> |                                        |                                            |                             |
|                                                                                                                                                                                                   |                                        |                                            |                             |
| <b>Starting Salary:</b> _____                                                                                                                                                                     | <b>Ending Salary:</b> _____            | <b>May we contact this employer?</b> _____ |                             |

|                                                                                                                                                                                                   |                                        |                                            |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------|-----------------------------|
| <b>Previous Employer:</b> _____                                                                                                                                                                   | <b>Start Date:</b> _____               | <b>End Date:</b> _____                     |                             |
| <b>Address:</b> _____                                                                                                                                                                             | <b>Phone #:</b> _____                  |                                            |                             |
| _____<br><small>Street</small>                                                                                                                                                                    | _____<br><small>City</small>           | _____<br><small>State</small>              | _____<br><small>Zip</small> |
| <b>Position:</b> _____                                                                                                                                                                            | _____<br><small>Hours per week</small> | <b>Supervisor:</b> _____                   |                             |
| <b>Duties:</b>                                                                                                                                                                                    |                                        |                                            |                             |
| <b>Reason for Leaving:</b><br><i>If you indicate that you have been discharged from a position, please make any comments which you feel may help clarify circumstances causing the discharge.</i> |                                        |                                            |                             |
|                                                                                                                                                                                                   |                                        |                                            |                             |
| <b>Starting Salary:</b> _____                                                                                                                                                                     | <b>Ending Salary:</b> _____            | <b>May we contact this employer?</b> _____ |                             |

|                                                                                                                                                                                                    |                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Previous Employer:</b> _____<br><b>Address:</b> _____<br>Street                      City                      State                      Zip<br><b>Position:</b> _____<br><b>Duties:</b> _____ | <b>Start Date:</b> _____<br><b>End Date:</b> _____<br><b>Phone #:</b> _____<br>Hours per week _____<br><b>Supervisor:</b> _____ |
| <b>Reason for Leaving:</b><br><i>If you indicate that you have been discharged from a position, please make any comments which you feel may help clarify circumstances causing the discharge.</i>  |                                                                                                                                 |
|                                                                                                                                                                                                    |                                                                                                                                 |
| <b>Starting Salary:</b> _____                                                                                                                                                                      | <b>Ending Salary:</b> _____                                                                                                     |
| <b>May we contact this employer?</b> _____                                                                                                                                                         |                                                                                                                                 |

| <b>Work References we may contact (include at least two most recent or current supervisors)</b> |              |                   |              |
|-------------------------------------------------------------------------------------------------|--------------|-------------------|--------------|
| <b>Name</b>                                                                                     |              | <b>Name</b>       |              |
|                                                                                                 |              |                   |              |
| <b>Address</b>                                                                                  |              | <b>Address</b>    |              |
|                                                                                                 |              |                   |              |
| <b>Occupation</b>                                                                               | <b>Phone</b> | <b>Occupation</b> | <b>Phone</b> |
|                                                                                                 |              |                   |              |
| <b>Name</b>                                                                                     |              | <b>Name</b>       |              |
|                                                                                                 |              |                   |              |
| <b>Address</b>                                                                                  |              | <b>Address</b>    |              |
|                                                                                                 |              |                   |              |
| <b>Occupation</b>                                                                               | <b>Phone</b> | <b>Occupation</b> | <b>Phone</b> |
|                                                                                                 |              |                   |              |

|                                                                                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?</b><br><b>If yes, Please explain</b> |  |
|                                                                                                                                                    |  |

| <b>Please read this statement and carefully review your entire application material before signing below</b>                                                                                                                                                                                                                                                                                                                                                    |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>AUTHORIZATION FOR RELEASE:</b> I hereby authorize Barry County E911 to make such investigations and inquiries as to my character, employment record & conviction record, medical history and/or matters as may be deemed necessary in arriving at an employment decision. I hereby release employers, schools, law enforcement agencies & persons from all liability for any damage whatsoever that may ensue from furnishing the same to Barry County E911. |             |
| <b>CERTIFICATE OF APPLICANT:</b> I certify that all statements made on the application form and if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list, and/or discharge from employment.                                                                                           |             |
| Applicant's Name (print) _____                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |
| Applicants Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date: _____ |

## Barry County Emergency Services Questionnaire

**NOTE: Failure to answer ALL of the following questions may disqualify your application.**

**Please read and answer 'Yes' or 'No' to the following questions**

|                                                                                                                                                                                                                                                                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Have you ever been convicted of a felony or any offense that would be a felony if committed?                                                                                                                                                                                                                                                                           |  |
| Have you ever illegally used dangerous drugs or narcotics for any purpose within the past ten years? Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; methamphetamine (crystal meth or speed of any kind); anabolic steroids (after 1994); except prescription only or FDA approved over the counter preparations? |  |
| Have you ever used illegally any other dangerous drugs or narcotics for any purpose within the past ten years or before the age of 21 years?                                                                                                                                                                                                                           |  |
| Have you ever been dishonorably discharged from the United States Armed Forces?                                                                                                                                                                                                                                                                                        |  |
| Had your Missouri driver's license ever been suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?                                                                                           |  |
| Have you committed or violated federal, state, or city laws pertaining to criminal activity?                                                                                                                                                                                                                                                                           |  |
| Have you falsified your questionnaire or application?                                                                                                                                                                                                                                                                                                                  |  |
| Have you ever been involved in the commission of a felony?                                                                                                                                                                                                                                                                                                             |  |
| Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in Barry County Emergency Services?                                                                                                                                                                                             |  |
| <b>If you answered 'Yes' to any of the above questions, please reconsider applying for this position</b>                                                                                                                                                                                                                                                               |  |

**Please read and answer 'Yes' or 'No' to the following questions**

|                                                                                                                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Are you willing to work an irregular shift schedule during your training period, in which one week you might be working days with Wednesday/Thursday off, and another week you would work graveyard shift with Monday/Tuesday off?                                                                                                                                      |  |
| Are you willing to work weekends and holidays?                                                                                                                                                                                                                                                                                                                          |  |
| Are you willing to rotate to any shift?                                                                                                                                                                                                                                                                                                                                 |  |
| Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans?                                                                                                                                                                                                                                                    |  |
| Are you willing to be subjected to abusive and profane language on the phone and deal with it unemotionally?                                                                                                                                                                                                                                                            |  |
| Are you able to pass an employment drug screening and be subject to future drug screenings, including marijuana testing?                                                                                                                                                                                                                                                |  |
| Are you willing to take directions from a supervisor in front of your peers?                                                                                                                                                                                                                                                                                            |  |
| Are you willing to be at a console that restricts your movements to a 6-foot radius, except for your break period, during your shift?                                                                                                                                                                                                                                   |  |
| Are you willing to learn all functions of the job including complaint taking (answering questions and processing calls for citizens)?                                                                                                                                                                                                                                   |  |
| Are you willing to read and study several hundreds of pages of manuals, complete homework assignments, fill in study guides, and take written tests during your training?                                                                                                                                                                                               |  |
| Do you understand that if a communications dispatcher processes a call incorrectly it could contribute to someone's property being lost or damaged, or to a person being seriously injured or dying?                                                                                                                                                                    |  |
| Are you willing to be closely supervised and questioned routinely about why you followed a certain course of action, without taking it personally?                                                                                                                                                                                                                      |  |
| This job requires you to copy information as it is being received, simultaneously digest what you have heard, and respond immediately. Is this something you are able and willing to do?                                                                                                                                                                                |  |
| Are you willing able to deal calmly with angry people when the problem is not your fault?                                                                                                                                                                                                                                                                               |  |
| Are you willing to deal with a crisis call in which a child might have died, a police officer is injured, or a woman is assaulted, and then set it aside to calmly deal with an irate citizen complaining of a dog barking? If you are a smoker, are you willing to go without a cigarette for an entire shift if necessary, and/or smoke only during scheduled breaks? |  |
| <b>If you answered "No" to any of the above questions, please reconsider applying for this position</b>                                                                                                                                                                                                                                                                 |  |

**911 Dispatcher / Telecommunicator Experience**  
**Please respond to the following questions:**

**Have you worked as a 911 Dispatcher? If you answered 'yes', please complete the following sections:**

| Employer(s)                                 | Type of service | Dates of Employment<br>(MO/YR) |     | Job Title |
|---------------------------------------------|-----------------|--------------------------------|-----|-----------|
|                                             |                 | From:                          | To: |           |
|                                             |                 |                                |     |           |
|                                             |                 |                                |     |           |
| <b>Describe work performed:</b><br><br><br> |                 |                                |     |           |

**Have you worked as a Call Taker? If you answered 'yes', please complete the following sections:**

| Employer(s)                                 | Type of service | Dates of Employment<br>(MO/YR) |     | Job Title |
|---------------------------------------------|-----------------|--------------------------------|-----|-----------|
|                                             |                 | From:                          | To: |           |
|                                             |                 |                                |     |           |
|                                             |                 |                                |     |           |
| <b>Describe work performed:</b><br><br><br> |                 |                                |     |           |

***I hereby certify that this entire 2 page supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from employment. I understand that this information is subject to verification by any federal, state and local agencies.***

Applicant's Name (print)

Applicants Signature

Date: