

Pulaski County 911 Center
Application for Employment

1500 Ousley Rd
Waynesville, MO 65583

(573) 774-6341
FAX: (573) 774-6622

INSTRUCTIONS TO APPLICANTS

1. Please sign all forms.
2. Please ensure that all forms are dated.
3. Type or use only black ink in filling out the forms.
4. Answer all questions. If not applicable, use N/A.
5. If you have a prepared resume, please attach a copy to the application.
6. All applications are the property of the Pulaski County 911 Center and any attachments will not be returned, so please provide a copy of resumes, etc only.
7. On a separate sheet of paper, please include a small paragraph about why you want to become a Telecommunicator.
8. If you have any questions, call (573) 774-6341 x222.
9. Successful candidates will be contacted for a personal interview.

AN EQUAL OPPORTUNITY EMPLOYER

9-1-1 Telecommunicator Application of Employment	Date of Application:
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Last Name	First Name	Middle Name
Address (Street No., Street Name, City, State, Zip-Code)		Area Code and Phone No.

Have you ever been employed with Pulaski County before? Yes No (If yes, Please Complete)

Title _____ Dept. _____ From _____ To _____

Are you presently applying for full-time part-time position

Date available to work _____ (If part-time) Days available _____

Do you have relatives working for Pulaski 911 Services? Yes No (If yes, please complete)

Name _____ Department _____

Education Background

	Name	City and State	Curriculum/ Major	Degree/Diploma/ Certificate
High School				
College/University				
Trade/Vo-tech				
Business/Other				

List any scholarships, academic honors, or special achievements

Office Skills

Indicate office skills you have acquired through training and/or experience:

Typing _____ WPM Telephone Systems _____

Computer/Software _____

Calculator _____ Other _____

Military History

Branch of Service: _____ Highest Rank Achieved: _____

Dates in Military From _____ To _____

Briefly describe duties and training :

Civic/Professional/Trade memberships/Activities

Special Skills

(Special skills/Qualifications pertaining to the position applied for)

Employment History

Name of Present/Last Employer _____ Supervisor's Name _____

Mailing Address: _____

Telephone No. _____ May we contact this Employer _____

Your Job Title _____ Your last hourly Salary/Rate _____

Dates Employed: From _____ To _____

Brief description of duties: _____

Reason for leaving: _____

Name of Employer _____ Supervisor's Name _____

Mailing Address: _____

Telephone No. _____ May we contact this Employer _____

Your Job Title _____ Your last hourly Salary/Rate _____

Dates Employed: From _____ To _____

Brief description of duties: _____

Reason for leaving: _____

Name of Employer _____ Supervisor's Name _____

Mailing Address: _____

Telephone No. _____ May we contact this Employer _____

Your Job Title _____ Your last hourly Salary/Rate _____

Dates Employed: From _____ To _____

Brief description of duties: _____

Reason for leaving: _____

Please answer the below questions:	Yes	No
Are you legally permitted to work in the United States? (Employment will be contingent on providing proof of citizenship or work authorization)		
Are you less than 18 years old? If yes, state age: _____ (Proof of age may be required after job offer)		
Have you ever been convicted of a crime? If yes, please complete the following: Date _____ Place of conviction _____ Nature of conviction: _____ (A conviction does not constitute an automatic bar to employment)		
Have you been known by any other name(s) that the department may require to verify your education and employment records as furnished in this application? If yes, please provide: _____		

IF SELECTED FOR EMPLOYMENT

If you are selected for employment with the 911 Center you will have a training period of two months during which time you will receive training for APCO Basic Communications, CPR, and APCO Emergency Medical Dispatching (EMD). Additional training will include MULES Certification, as the courses become available. Following the training period you will be assigned to work the assigned shift. All shift positions are based on seniority and will be posted on the bulletin board as vacancies on the other shifts occur.

Please read the following statement carefully before signing.

I certify that all the information I have provided on this application is true and complete to the best of my knowledge. I understand that omitting requested information or giving false information on my application, in my interview(s), or in the process of my pre-employment evaluation may result in rejection of my application or termination, if I am hired.

I authorize investigation of all statements in this application as may be necessary in arriving at an employment decision.

I understand that if employed, I will be required to abide by all policies, standards, and regulations.

I understand that this application does not request an offer, or contract for employment. I understand that employment is "AT WILL", and that no guarantee of job exists. If employed, I may terminate employment at any time for any reason, and that the Agency may also terminate my employment at any time, for any reason.

Signature

Date

The following information is required for compliance with federal laws assuring equal employment opportunity. The information requested is voluntary and will remain separate from your application for employment.

A. Application Date: _____

B. Social Security Number: _____

C. First Initial _____ D. Middle Initial _____

E. Last Name _____

F. Street Address _____ City _____

State ____ Zip-Code _____

G. EEO Codes _____

- A- White Male
- B- White Female
- C- Black Male
- D- Black Female
- E- Hispanic Male (Spanish Origin)
- F- Hispanic Female (Spanish Origin)
- G- American Indian/Alaskan Native Male
- H- American Indian/Alaskan Native Female
- I- Asian or Pacific Islander Male
- J- Asian or Pacific Islander Female

H. Date of Birth _____
(Month/Day/Year)

Job you have applied for _____

Location application is made for _____
(City) (State)

I. Referral Source _____

- A- Walk-In
- B- Ad Response
- C- State Employment Agency
- D- College Placement Office
- E- Minority referral agency
- F- CETA Referral
- G- Private Employment Agency

(Signature of Applicant)

AUTHORITY TO RELEASE INFORMATION

To Whom It May Concern:

I hereby authorize any Pulaski County 911 representative or other authorized representative bearing this release, or a copy there of, to obtain any information in my files pertaining to my employment, Military Credit, Achievement, Attendance, Athletic, Personal History, and Disciplinary records, (military and civilian), Medical records and Credit records. I here by direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for **OFFICIAL USE ONLY BY THE PULASKI COUNTY 911 CENTER**. Consent is granted for the 911 Center to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, consumer reporting agency, or other retail business establishment including its officers, employees, of liability for damage of whatever kind, which may at the time result to me, my heirs, family, or associates, because of compliance with this authorization and request to release information, or any attempt to comply with it. I am furnishing my social security number on a voluntary basis with the understanding such is not required by statute or regulation. I have been advised the 911 center will utilize this number only to facilitate the location of my employment, military service, credit and education records, concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

FULL NAME: _____

FULL SIGNATURE: _____

SOCIAL SECURITY NO. _____

PHONE NUMBER _____ (HOME) _____ (WORK)

DATE: _____
(MONTH/DAY/YEAR)

CURRENT ADDRESS: _____
(STREET #, STREET NAME, CITY, STATE, ZIP-CODE)

Applications stay on file for one year from the date of application. Then they are destroyed. After one year, you must submit a new application for employment