

APPLICATION FOR EMPLOYMENT

CENTRAL COUNTY EMERGENCY 911
22 Weis Avenue
Ellisville, MO 63011-2141

WWW.CCE911.ORG

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____ *Date of Application* _____ / _____ / _____

How Did You Learn About Us?

Advertisement

Friend

Walk-in

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Telephone Number(s)

Social Security Number

/ /

Email Address

Are you at least 18 years of age?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contract your present employer?

Yes No

Are you legally authorized to work in the United States?

Yes No

A completed I-9 will be required upon employment.

On what date would you be available for work?

Date _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Have you been convicted of a felony within the last 7 years?

Yes No

Conviction will not necessarily disqualify an applicant for employment.

If Yes, please explain

Education

	Full Name / Address / Phone Number of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra –curricular activities.

Describe any job-related training received in the United States Military

Employment Experience

List below each of your last four (4) Employers. Start first with the most recent employer. Include any self-employed detail. Any detailed explanations may be attached on a separate sheet of paper.

Employer	Dates Employed		Work Performed
	FROM	TO	
Address City State Zip			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
Employer	Dates Employed		Work Performed
	FROM	TO	
Address City State Zip			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			
Employer	Dates Employed		Work Performed
	FROM	TO	
Address City State Zip			
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Job Title	Supervisor		
Reason For Leaving			
Employer	Dates Employed		Work Performed
	FROM	TO	
Address City State Zip			
Phone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason For Leaving			

Employment Experience - continued

If you need additional space for your employment experience please attach a separate sheet of paper.

Have you ever been disciplined or discharged from employment? Yes No

Have you ever been asked to resign from employment? Yes No

If your answer to either of the above questions is “Yes” please write a full description of the circumstances below.

Additional Information

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

Have you had computer Training ? Yes No If "Yes", Please describe training.

Can you drive an automobile? Yes No

Driver's License Number _____ State _____

How many moving traffic violations have you had within the past 5 years? Please describe.

Violations will not necessarily disqualify an applicant from employment.

Additional Information

Check Skills/ Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Fax	<input type="checkbox"/> Microsoft Office
<input type="checkbox"/> CRT	<input type="checkbox"/> PBX System	<input type="checkbox"/> Word
<input type="checkbox"/> Calculator	<input type="checkbox"/> Recording Equipment	<input type="checkbox"/> Excel
<input type="checkbox"/> CAD System	<input type="checkbox"/> TTY/TTD	<input type="checkbox"/> Two Way Radio System
<input type="checkbox"/> Phone System	<input type="checkbox"/> Typing Sight/ Touch WPM _____	<input type="checkbox"/> Printer(s) Type _____

State any additional information you feel may be helpful to us in considering your application.

Please state why you are seeking employment with Central County Emergency 911?

If you need additional space, please continue on a separate sheet of paper.

References

1.	_____ () _____
Name	Email Phone #

Address / City/ State/ Zip	
2.	_____ () _____
Name	Email Phone #r

Address / City/ State/ Zip	
3.	_____ () _____
Name	Email Phone #

Address / City/ State/ Zip	

APPLICANT'S STATEMENT

Are you willing to submit to testing (including urinalysis) for illegal drug/alcohol detection?

_____Yes _____No

AUTHORIZATION: READ CAREFULLY

I hereby certify that my answers are true, correct and complete and further understand that any information withheld or falsely provided by me and/or in connection with my Application for Employment will subject me to immediate termination of employment.

I believe that information concerning my performance as an employee, as well as information concerning my personal habits, conduct, deportment, as well as the information outlined hereinabove will assist me in obtaining employment with Central County Emergency 911. Therefore, in consideration for Central County Emergency 911's act of considering me for employment, I hereby agree to release and hold harmless Central County Emergency 911 together with its officers, agents, employees, affiliated fire protection districts, municipalities, subsidiaries, successors and assigns from any, and all liability in any way related to the investigation of my suitability for employment with Central County Emergency 911, including, but not limited to any liability relating to contract and/or discussions with any of my employers, relatives, and/or acquaintances (past and/or present). Moreover, I specifically authorize any person (natural or otherwise) to make full response to any inquiry in connection with my Application for Employment with Central County Emergency 911, and I release any such person from all liability arising therefrom.

I understand that in the event I am employed by Central County Emergency 911: my employment will not for any specific period, length, or term of employment; my employment and compensation can be terminated by me or Central County Emergency 911 at any time, with or without notice; and that no present or future employee handbook, policy manual or publication constitutes an employment agreement or contract. I further understand that no employee of Central County Emergency 911 (other than the Board of Directors) has the authority to commit to employment for anyone for any definite or estimated period of time. I further certify that no representations contrary to the above are, in the future, made to me by anyone, I agree to notify the Board of Directors of Central County Emergency 911 in writing, within 48 hours of communications of any such representation.

Signature of Applicant

Date

