

MONROE COUNTY 911 CENTER

APPLICATION FOR EMPLOYMENT

The Monroe County 911 Center is an Equal Opportunity Employer and is committed to a moral, ethical and legal responsibility to insure equitable employment practices irregardless of an individual's race, color, religion, national origin, age, gender, disability or political affiliation. It is the policy of the Monroe County 911 Center to insure that all personally identifiable information is held in strictest confidence, properly safeguarded and the use of such information is limited to valid business, regulatory or legal requirements.

PLEASE NOTE: This application is a very important part of the examination process. All requested information must be furnished. Please be aware that the information you provide will be used in the job screening process. Therefore, it is important that you be as specific as possible in your description of past and present experiences, training and education. Answer all questions fully and accurately. If additional space is needed, please use a blank sheet and attach it to the application form. If an item does not apply to you or if there is no information to be given, please write the letters "NA" for not applicable within the space provided. All job applications are a matter of public record.

POSITION APPLIED FOR: _____ FULL TIME _____ PART TIME _____
SALARY REQUIRED: _____ PER _____ DATE _____
DATE AVAILABLE FOR EMPLOYMENT _____
HAVE YOU EVER BEEN EMPLOYED BY THE 911 CENTER? YES _____ NO _____
REFERRED BY: _____

PERSONAL DATA

ENTER YOUR SOCIAL
SECURITY NUMBER HERE

□□□-□□-□□□□

Personnel Department only

LAST NAME

FIRST

MIDDLE

STREET ADDRESS

APARTMENT NO.

CITY

STATE

ZIPCODE

COUNTY

Phone where you can be reached
during the day

Area code

Phone Number

MAILING ADDRESS IF
DIFFERENT:

CITY

STATE

ZIPCODE

COUNTY

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY
BECAUSE OF VISA OR IMMIGRATION STATUS?

☐ YES

☐ NO

EDUCATION- SPECIFIC COLLEGE HOURS MUST BE LISTED IN THIS SECTION

Circle highest grade completed
1 2 3 4 5 6

High School Graduate
Or Equivalent

Vocational School Attended

No of
months

Area of Study

Date completed

NAME AND LOCATION OF COLLEGES OR
UNIVERSITIES ATTENDED

CREDIT RECEIVED
QUARTER SEMESTER
HRS HRS

FIELD OF STUDY OR AREA OF CONCENTRATION
MAJOR MINOR

TYPE OF DEGREE OBTAINED / YEAR OBTAINED

HIGH SCHOOL

COLLEGE OR UNIVERSITY

COLLEGE OR UNIVERSITY

GRADUATE SCHOOL

DO YOU HOLD A VALID TENNESSEE DRIVERS LICENSE?

☐ YES

☐ NO

☐ TYPING SPEED _____ WPM

☐ KEY PUNCH

☐ MULTIGRAPH

☐ ACCOUNTING

☐ SHORTHAND _____ WPM

☐ WORD PROCESSING

☐ ADMINISTRATIVE

☐ PBX OPERATOR

☐ DICTATING MACHINE

☐ SPREAD SHEET

☐ SUPERVISORY

☐ BOOKKEEPING

☐ RECEPTIONIST

☐ OTHER

YOU MAY NOT SUBMIT A RESUME IN LIEU OF COMPLETING THIS WORK HISTORY

Describe your work history below beginning with your current or most recent job. Include military and/or volunteer experience. If you worked for the same employer but at various times, held different jobs, describe each separately. Describe in DETAIL the SPECIFIC DUTIES beginning with your primary duties (Attach additional sheets if necessary). A resume may be attached only as additional information. If duties varied widely in one job give percentages of time for each duty. Indicate the number and types of employees under your SUPERVISION. (Emphasize work you feel relates to the job for which you are applying.) Failure to give complete and detailed information regarding each job held may result in your disqualification.

[illegible][illegible]

EMPLOYER		PHONE #		ADDRESS	
OFFICIAL JOB TITLE		SUPERVISOR		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
HOURS PER WEEK	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER?	
	\$_____ PER _____	\$_____ PER _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DETAIL OF DUTIES:					
EMPLOYER		PHONE #		ADDRESS	
OFFICIAL JOB TITLE		SUPERVISOR		FROM (MONTH/YEAR)	TO (MONTH/YEAR)
HOURS PER WEEK	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	MAY WE CONTACT EMPLOYER?	
	\$_____ PER _____	\$_____ PER _____		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DETAIL OF DUTIES:					

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

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

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

Other Qualifications:

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

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

Do you have any physical condition which may limit your ability to perform the job for the position you applied? (This question is voluntary and any answers will be kept confidential)

REFERENCES: List three persons who are not related to you and who would have knowledge of your qualifications for the position(s) for which you are applying, such as a former co-worker, Teacher, etc. Do not repeat the names of supervisors listed under Work History.

Name	Years known	Address	Occupation	Telephone Number

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Have you ever been convicted, pled guilty or pled "No contest" to any criminal offense against the law,	YES	NO
Or are you now under charges for any offense against the law? _____ (You may omit traffic violations for which you paid a fine of \$30.00 or less.)	<input type="checkbox"/>	<input type="checkbox"/>
While in the military service were you ever convicted by a general court-martial? _____	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any questions above, please explain: Show for each offense: (1) date, (2) charge, (3) place, (4) Court, and (5) action taken.
NOTE! A CONVICTION DOES NOT AUTOMATICALLY MEAN YOU CANNOT BE APPOINTED. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.

AUTHORIZATIONS

I authorize investigation of all statements contained in this application, and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from the Monroe County 911 Center if I have been employed.

I hereby authorize any person or organization whose name I have given as a reference, or by whom I have been previously employed to furnish the Monroe County 911 Center any information they may have concerning me, and I hereby release all such persons and organizations from any claims for damages.

I hereby authorize investigation of my criminal conviction record

I further authorize any physician who has examined or treated me for Worker's Compensation claims to give you a complete record and report of findings and opinions.

I agree, if employed, to abide by all the rules, regulations and ordinances for the Monroe County 911 Center.

I understand that the completion of this Application for Employment does not constitute an offer of employment.

I further Understand that if I am employed by the Monroe County 911 Center this Application for Employment will not constitute a contract of employment.

I Certify that the information I have given is true and correct to the best of my knowledge.

Signature: _____ Date: _____
(Please sign full name)

FOR ADMINISTRATIVE USE ONLY

DATE REVIEWED _____	SUPERVISOR _____
COMMENTS _____ _____ _____	
Interviewed by: _____ (initials)	
DATE INTERVIEWED: _____	
COMMENTS _____ _____ _____	
Interviewed by: _____	

Date to start work _____	DEPARTMENT _____	DEPT HEAD _____
JOB TITLE _____	BEGINNING SALARY _____	
REGULAR HOURS OF WORK _____	TO _____	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/> OTHER _____

NAME AND RELATIONSHIP OF PERSON TO NOTIFY IN CASE OF AN EMERGENCY	
NAME _____	RELATIONSHIP _____
ADDRESS _____	TELEPHONE NUMBER: _____