



May we contact your present employer in regard to your character, work record, qualifications or abilities?  Yes  No

If No, please explain\_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

***WE ARE AN EQUAL OPPORTUNITY/REASONABLE ACCOMMODATION EMPLOYER***

On what date would you be available to work? \_\_\_\_\_

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

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if job requires it?  Yes  No

Have you been arrested, convicted, pled guilty or no contest to a crime?

Conviction will not necessarily disqualify an applicant from employment  Yes  No

If yes, please explain\_\_\_\_\_

Have you been discharged or asked to resign from employment?

Yes  No

If yes, please explain\_\_\_\_\_

Are you a United States Veteran?  Yes  No

Are you a member of the Reserves National Guard?  Yes  No

Would you be willing to take a truth verification test over the statements made in the application?  Yes  No

## EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities that relate to this position.

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<b>Describe any job-related training received in the United States Military.</b>
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<b>Describe or explain why you would like to be a member of the Newton County Central Dispatch Center. Include any additional information you feel may be helpful to us in considering your application.</b>
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**EMPLOYMENT EXPERIENCE**

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Begin with your present or most recent job. List all jobs, paid or volunteer, civilian and military over the past ten years. A resume may be attached to provide additional or more detailed information, but will not be accepted in lieu of completing this section. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protested status. DO NOT WRITE "SEE RESUME" IN SPACES BELOW.

Employer ----- ----- Address ----- ----- Telephone ----- -----	Dates Employed From: ----- ----- To: ----- -----	Worked Performed ----- ----- ----- -----
Job Title ----- ----- Supervisor ----- ----- Reason for Leaving ----- ----- -----	Hourly Rate/Salary Starting: ----- ----- Final: ----- -----	----- ----- ----- -----
Employer ----- ----- Address ----- ----- Telephone ----- -----	Dates Employed From: ----- ----- To: ----- -----	Worked Performed ----- ----- ----- -----
Job Title ----- ----- Supervisor ----- ----- Reason for Leaving ----- ----- -----	Hourly Rate/Salary Starting: ----- ----- Final: ----- -----	----- ----- ----- -----
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Employer ----- ----- Address ----- Telephone -----	Dates Employed From: ----- To: -----	Worked Performed ----- ----- -----
Job Title ----- Supervisor ----- Reason for Leaving ----- -----	Hourly Rate/Salary Starting: ----- Final: -----	----- ----- -----

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

**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 other protected status:

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**Specialized Skills    Check Skills/Equipment Operated**

_____CRT	_____Fax	Production/Mobile	Other
_____PC	_____Lotus 1-2-3	Machinery (list):	
_____Calculator	_____PBX System	_____	_____
_____Typewriter	_____Wordperfect	_____	_____

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of activities involved in such a job or occupation is available    \_\_\_\_\_YES    \_\_\_\_\_NO

References (non-related and known for at least a year)

1.	-----	-----
	Name	Phone #
	-----	
	Address	
	-----	
	Business	Years Acquainted
2.	-----	-----
	Name	Phone #
	-----	
	Address	
	-----	
	Business	Years Acquainted
3.	-----	-----
	Name	Phone #
	-----	
	Address	
	-----	
	Business	Years Acquainted

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. They are made voluntarily upon application for employment, and as inducement therefor.

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

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of a "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 conduct unless such change is specifically acknowledged in writing by a authorized executive of this organization.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I do hereby release all parties and individuals connected therewith from all liabilities for any damage whatsoever incurred in furnishing such information.

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Signature of Applicant

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Date

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**FOR PERSONNEL DEPARTMENT USE ONLY**



## **WAIVER FOR BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, Social Security Number \_\_\_\_\_

*authorize the Newton County Central Dispatch Center to contact all personal references, past employers and present employers listed on my application. I hereby release from all liability all persons, corporations or other organizations who disclose information regarding my job performance and who in good faith respond to inquiries from the Newton County Central Dispatch Center. I understand that this application is not, nor intended to be, a contract for employment. I hereby release from liability Newton County Central Dispatch Center and its employees who may utilize the information obtained*

*from my references in determining my eligibility for employment with the Newton County Central Dispatch Center.*

***A photocopy or facsimile of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original.***

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*Applicant Signature*

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*Date*

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*Printed Name of Applicant*