



Marengo County E-911

APPLICATION for EMPLOYMENT

PERSONAL AND CONFIDENTIAL

IMPORTANT

- Marengo County E-911 provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.

- When required by the position, you will be required to take a physical examination and/or a drug and alcohol screen as a condition of employment or continued employment.

- You will be required to furnish information that would allow the company to verify your records including, but not limited to, past employment, education, driving, credit, social security and felony and serious misdemeanor convictions as a condition of employment or continued employment.

- You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control Act as a condition of employment or continued employment.

Last Name	First Name	Middle Initial	Date of Application

The Marengo County E-911 reserves the right to periodically check its employees for criminal activity. If criminal activity past or present should be discovered, the employee in question shall be subject to termination after proper procedure has been followed.

QUALIFICATION

List all current licenses and/or areas of certification. List all equipment (office, trade, or technical) that you operate proficiently. List any training, skills, aptitudes, qualifications or other information which you feel is relevant to the type of employment you are seeking. For ALPST-1 Certification information see last page.

RELEASE

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that employment at the Marengo E-911 is “**at will**”, which means that either I or 911 Baord. can terminate the employment relationship at any time, with or without prior notice, and for any Reason not prohibited by stature. I also understand that all employment is continued on the “at will” basis, and that if I am employed, only the E-911 Board, has the authority to alter the “at will” employment relationship.

Signature of Applicant: _____ Dated: _____

For Office Use Only	Applicants DO NOT write below this line
Date: _____ Time: _____	Forwarded to: _____ Date: _____
Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Time: _____	Verification Checks Required <input type="checkbox"/> DMV <input type="checkbox"/> Criminal <input type="checkbox"/> SSN <input type="checkbox"/> Education <input type="checkbox"/> Credit <input type="checkbox"/> Employers <input type="checkbox"/> Drug <input type="checkbox"/> Physical
Start Date: _____ Rate: _____	
Position: Department Head Signature: _____	

Marengo County E-911

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize, the Marengo County E-911, and/or its agents to make an independent investigation of my background, social security number, documents presented for employment eligibility, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Marengo County E-911.

I release the Marengo County E-911 and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (please print)

Maiden Name or Other Names Used

Present Address How Long?

City/State Zip

Former Address How Long?

City/State Zip

*Date of Birth Social Security Number Driver's License Number State of License

Signature Date

*NOTE: The above information is required for identification purpose only, and is in no manner used as qualifications for employment. The Marengo County E-911 is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

PERSONAL INFORMATION

First Name		Middle Initial		Last Name	
Current Address	Number and Street	City	State	ZIP	Yrs at Address
Previous Address	Number and Street	City	State	ZIP	Yrs at Address
Primary Telephone: ()		Cell Phone ()		E-mail:	
Social Security No.:		Driver's License No.: _____		Is your license Valid <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Year of Expiration:		Issuing State	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No, Eligibility requires a valid work permit.		If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the functions that cannot be performed: _____ _____					
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (<i>Conviction does not guarantee employment disqualification.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No Describe nature of crime(s) and where and when convicted and disposition: _____					
<p>NOTE: A criminal conviction will not necessarily be a bar to consideration for employment, except that a felony conviction will bar employment in a law enforcement job; the disclosure of a misdemeanor conviction will not automatically result in disqualification. Failure to disclose a conviction may be considered as grounds for disqualification. For these reasons, applicants should be careful to disclose <u>all</u> criminal convictions.</p>					

JOB SUITABILITY

Position applying for:		Desired Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		Desired Pay:	Can you work... <input type="checkbox"/> Weekends? <input type="checkbox"/> Overtime?
On what date are you available for work?	Circle the days you are available for work Mon Tues Wed Thurs Fri Sat Sun			List any upcoming dates you can not work.	
Have you applied or worked here before? Applied <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____ Worked <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____			Have you ever had a supervisory "Position"? <input type="checkbox"/> No <input type="checkbox"/> Yes What Company? What Position? No. of employees you supervised?		

MILITARY

Branch of U.S. Service <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Army <input type="checkbox"/> Marines	Was separation from military service anything other than an honorable discharge? <input type="checkbox"/> No <input type="checkbox"/> Yes Explain _____
Nature of duties and any Special Training and Honors received: _____	Dates of Active Duty _____
List any skills you acquired in the service that you think might relate to the position for which you are applying. _____	

REFERENCES

List at least three (3) non-relatives whom you have known for at least one year.					
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	Print Full Name	Address	Phone ()	Profession	Yrs Known

EDUCATION

Education	Name and Address of School	Course of Study	Circle Last year completed	Did you Graduate	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Graduate School <input type="checkbox"/> Other _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT EXPERIENCE

List below all present and past employment starting with your most recent employer (last 7 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Mark this box if attaching a second sheet of work experience.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
<hr/>			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
<hr/>			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		

EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
<hr/>			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor	Reason for leaving		
<hr/>			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone	May we contact this employer?		
Job Title	Hourly Rate Salary		
	Starting	Final	
Supervisor			

Alabama Public Safety Telecommunicator Certification Program

During the 2022 Regular Legislative Session, HB414 was introduced. Part of this bill mandated that the Alabama 9-1-1 Board establish a certification program to train and certify public safety telecommunicators (PST) employed by primary Public Safety Answering Points (PSAPs). The Alabama 9-1-1 Board Public Safety Telecommunicator Program officially launched on January 3, 2023. Not being ALPST-1 certified does not guarantee employment disqualification.

Are you ALPST-1 Certified?

- Yes No

How were you ALPST-1 Certified?

- Competency 40-hour course

If by a 40-hour course what is the course name? _____

Date course was taken. _____

Was this course taken online / in person? _____

Are you enrolled in Virtual Academy?

- Yes No

How many CEU's have you earned for this current year? _____

Please list any certifications that you have received this year for your CEU's.

Name of Course	CEU's	Date Taken (if known)

Please list any certifications that you have received this year for your CEU's.

Name of Course	CEU's	Date Taken (if known)

Is there anything else we should know about your training?
