 **Marengo County E-911**

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| --- | --- |
|  | Last Name First Name Middle Initial Date of Application |
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**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.

**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.**

**RELEASE**

**QUALIFICATIONS**

|  |
| --- |
| 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. |
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| 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: Yes  No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ | Verification Checks Required  \_\_\_\_\_ DMV \_\_\_\_\_ Criminal  \_\_\_\_\_ SSN \_\_\_\_\_ Education  \_\_\_\_\_ Credit \_\_\_\_\_ Employers  \_\_\_\_\_ Drug \_\_\_\_\_ 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-911and/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.

**VOLUNTARY SUPPLEMTNATL DATA SHEET**

**For Equal Employment Opportunity/Affirmative Action Information**

The Marengo County E-911 is asking your voluntary cooperation in supplying the requested information. We are required by law to maintain Affirmative Action programs and to record this data for compliance. Refusal to provide this information will not eliminate you from consideration of employment or subject you to other adverse treatment. Information obtained will be kept confidential and will only be disclosed for the purpose of identifying work restrictions or at the request of government officials investigating compliance with federal law. This portion of the employment application will not become part of your application/personnel file.

Social Security

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENDER: Male \_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_\_

Yes No

Are you Handicapped?......................................................................................................

Are you a Disabled Veteran?.............................................................................................

If declaring handicap or disabled status, in what way(s) is your ability to perform the job(s) you seek limited?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnic Origin: (check one box only)

White (All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, and not, specifically included in a another group.)

Black (All persons having origins in any of the black racial groups.)

Asian or (All persons having origins in any of the original peoples of the Far East, Southeast, Asia, the Pacific

Pacific Islands, or Indian subcontinent. This area includes, for example, China, Japan, Korea, India, The

Islanders Philippine Islands, or Samoa.)

Hispanic (All persons of Spanish, Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)





American (All persons having origins in any of the original peoples of North American.)

Indian or

Alaskan

Natives

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION: Please check the appropriate box.

REFERRAL SOURCE: Advertisement Friend Relative

Internet Employment Agency Walk-in Other

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name  **PERSONAL INFORMATION** | | | | 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 Yes No  Year of Expiration: Issuing State | | | | | | |
| Are you at least 18 years old?  Yes  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?  Yes No | | | | | If hired, would you have a reliable means of transportation to and from work?  Yes No |
| Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes No Describe the functions that **cannot** be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (*Conviction does not guarantee employment disqualification.)*  Yes No Describe nature of crime(s) and where and when convicted and disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_  **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 all criminal convictions.** | | | | | | | |

**JOB SUITABILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Position applying for: | | Desired Status  Full-Time Temporary  Part-Time Seasonal | | Desired Pay: | | Can you work…  Weekends?  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 No Yes Date\_\_\_\_\_\_\_\_\_\_  Worked No Yes Date \_\_\_\_\_\_\_\_\_ | | | Have you ever had a supervisory “Position?  No Yes What Company?  What Position? No. of employees you supervised? | | | |

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| Branch of U.S. Service  **MILITARY**  Navy Air Force Guard/Reserves    Army Marines | Was separation from military service anything other than an honorable discharge? No 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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| List at least three (3) non-relatives whom you have known for at least one year.  **REFERENCES** | | | | | |
| Reference Type:  Personal    Professional | Print Full Name | Address | Phone  ( ) | Profession | Yrs Known |
| Reference Type:  Personal    Professional | Print Full Name | Address | Phone  ( ) | Profession | Yrs Known |
| Reference Type:  Personal    Professional | Print Full Name | Address | Phone  ( ) | Profession | Yrs Known |

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| --- | --- | --- | --- | --- | --- |
| 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 | Yes    No |  |
| Business School  Trade School  College/University |  |  | 1 2 3 4 | Yes    No |  |
| Business School  Trade School  College/University |  |  | 1 2 3 4 | Yes    No |  |
| Graduate School  Other \_\_\_\_\_\_\_\_\_ |  |  |  | Yes    No |  |

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| 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.  **EMPLOYMENT EXPERIENCE**  **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 | | |
| 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 | | |
| 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 | | |
| 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 | | |
| Employer | Dates Employed | | Work Performed |
| From | To |
| Address |  |  |  |
| Phone | May we contact this employer? | |  |
| Job Title | Hourly Rate Salary | |  |
| Starting | Final |
| Supervisor |  | | |

