



Pike County Mo. 911

Employment Application

This application will be used for reference by those who will be considering your application for employment within Pike County 911. Please complete all sections of this application form correctly and completely.

An extensive background investigation will be conducted on all considered applicants.

Any FALSE, MISLEADING, or INCOMPLETE information which is requested in this form will be grounds to disqualify you from employment.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Driver's License: _____ Date of Birth: _____

Position Applied for: _____

Social Media Screen names: _____

All other names by which you have been known or have used: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

*Please attach additional pages as necessary.

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Computer and Radio Experience

Please list any and all computing and radio skills and/or experience:

Disclaimer and Signature

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT BELOW

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand this application remains current for 365 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative or the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the board.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICANT STATEMENT.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____ do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized of the Pike 911 Board, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records of educational institutions; financial or credit institutions; including records of loans; the records of commercial or retail credit agencies (including reports and/or ratings) and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U. S. Veteran's Administration; current employment and previous employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; traffic and criminal history records, and records involving any incident where I have been convicted of a crime. The records referred to in this paragraph shall include, but are not limited to papers, documents, recordings and photographs, whether on paper or stored/transmitted electronically.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release, may be considered in determining my suitability for employment by the Pike 911 Board whether the position sought is a paid or unpaid position, voluntary or educational in nature. I understand that (1) the Pike 911 Board states that the use of such information will be in accordance with its employment policies and that such information will not be used for any other purpose other than for consideration of the undersigned as an employee of the Pike 911 Board, and (2) this background investigation is required because of the nature of the particular position that I have made application for, in that it involves a sensitive position or that I may be working in an area where confidentiality and security is imperative. I also certify that any person(s) who may furnish any such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release any employee(s) of Pike 911 Board who conducts any part of my background investigation from any and all liability resulting from such investigation.

A photocopy of this release form will be as valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____