

Wri-Comm 911



Wright County Emergency
 Communications Center
 502 E State St, Mountain Grove, MO 65711
 (417) 547-7182 Phone
 (417) 547-7184 Fax

EMPLOYMENT APPLICATION

Instructions

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answering to correspond with questions.

Applicant Information

Last Name		First Name		Middle	Maiden		Sex <input type="checkbox"/> M <input type="checkbox"/> F
Height	Weight	Hair Color	Eye Color	Date of Birth		Social Security #	
Present Address			City		State	Zip Code	
Previous Address			City		State	Zip Code	
Driver License #	State Issued	Expiration Date		Home Phone #		Work/Cell #	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married						Number of Children/Dependants	
Any relation employed at this agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)				Have you ever applied with this agency before? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?)			
Any relation to a board member of this agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (Who?)			Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Available Start Date		
Are you currently involved, in any way (i.e. suspect, witness, victim etc.) in a criminal case being investigated by any law enforcement agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Please provide details)							
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Please provide details)							

Physical Record

Emergency Contact		Relationship	Home Phone #	Work/Cell #
Address		City	State	Zip Code
Do you have any defects in hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any defects in speech? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have any defects in vision? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Were you ever injured? <input type="checkbox"/> No <input type="checkbox"/> Yes(if Yes, Please provide details)				
List any physical defects of limitation				

Education				
High School	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip Code
College	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip Code
Business or Trade School	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip Code
Address		City	State	Zip Code
Address		City	State	Zip Code
Do you speak, read, and/or write any foreign language? <input type="checkbox"/> No <input type="checkbox"/> Yes(if Yes, Please provide details)				
List any special activities or special skills that you have				
References List three references other than relatives or employers that you have known at least 3 years				
1	Last Name	First Name	Home Phone #	Work/Cell #
	Address		City	State Zip Code
	Indicate how reference is known			
2	Last Name	First Name	Home Phone #	Work/Cell #
	Address		City	State Zip Code
	Indicate how reference is known			
3	Last Name	First Name	Home Phone #	Work/Cell #
	Address		City	State Zip Code
	Indicate how reference is known			

Work Experience List your work experience for the <u>past 5 years</u> beginning with the most recent job held.				
1	Name of Employer		Phone #	Pay Rate or Salary
	Address		City	State Zip Code
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific)			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while your worked at this company.			
2	Name of Employer		Phone #	Pay Rate or Salary
	Address		City	State Zip Code
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific)			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while your worked at this company.			
3	Name of Employer		Phone #	Pay Rate or Salary
	Address		City	State Zip Code
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific)			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while your worked at this company.			
4	Name of Employer		Phone #	Pay Rate or Salary
	Address		City	State Zip Code
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific)			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while your worked at this company.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

X
Signature

Date

APPLICANT QUESTIONNAIRE

Name: _____ Date: _____

AT WILL EMPLOYMENT

I understand Wright County Emergency Communications Center operates employment on an at will basis. This means you are free to terminate your employment at any time and that Wright County Emergency Communications Center equally reserves the right to terminate the employment relationship without prior notice.

Signature: _____

Have you ever preformed communications work? *(if yes explain)*

Have you ever held communications training or supervisory position? *(if yes explain)*

Have you ever taken emergency calls or dealt with an emergency situation which involved contacting several agencies or individuals? *(if yes explain)*

Will you be willing to work any shift assigned including nights, weekends and holidays?
(if no explain)

Have you ever dealt with information that had to be kept confidential? *(if yes explain)*

Are you familiar with using a map to find locations and/or addresses? Yes No

In a vehicle accident with all patients pinned in the vehicle, in what order would you notify Police, Fire/Rescue and Medical Personnel? _____ Police _____ Fire _____ Medical

Why would you notify these entities in this order?

Attach your resume to this application