



Carter County Emergency Communications District Application for Employment

PERSONAL INFORMATION			
Name (Last, First, Middle)			
Street Address and/or Mailing address		City	State Zip
Home Telephone Number:	Business Telephone Number:		Cellular Telephone Number:
Date you can start work	Have you ever served in the United States Military? ___ Yes ___ No <i>See page 3 for further</i>	Do you have a High School Diploma or GED? ___ Yes ___ No	
Driver License Number:	Issuing State:	Expiration Date:	
POSITION INFORMATION			
Hours: ___ Full Time ___ Part Time		Shift: ___ Days ___ Nights	
Are you authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No			
Are you currently employed? ___ Yes ___ No			
May we contact your present employer? ___ Yes ___ No			
Can you travel if this position required it? ___ Yes ___ No			
Have you ever been arrested or convicted of any crime? ___ Yes ___ No If yes, please explain below: _____ _____ _____			
Have you ever filed an application with Carter County 9-1-1? ___ Yes ___ No			
Have you been told the essential functions of the job or have you viewed a copy of the job description listing the essential functions of the job? ___ Yes ___ No			
Can you perform the essential functions of this job with or without reasonable accommodations? ___ Yes ___ No			
QUALIFICATIONS			
Please list any education or training you feel relates to the position applied for that would help you perform the work. For example: college degree(s), certifications, vocational or technical training and military training. _____ _____ _____ _____ _____			
SPECIAL SKILLS			
Please list any special skills or experience you feel would help you in the position you are applying for. For example, leadership, organizations/teams, etc. _____ _____ _____ _____ _____			



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REFERENCES

Please list three (3) professional references not related to you. Include their full name, address, phone number and how you're acquainted with them. If you don't have three (3) professional references list three (3) personal references not related to you.

Name	Address	Phone	How Acquainted

WORK HISTORY

Start with your present or most recent employment and work back. *Use separate sheet of paper if needed.*

Job Number 1	Title:	Start Date:	End Date:
Company Name:		Address:	
		City:	
State:	Zip:	Starting Salary:	Ending Salary:
Contact Person:		Phone Number:	
Duties Performed:			
Reason for Leaving:		Supervisor's Name:	
Job Number 2	Title:	Start Date:	End Date:
Company Name:		Address:	
		City:	
State:	Zip:	Starting Salary:	Ending Salary:
Contact Person:		Phone Number:	
Duties Performed:			
Reason for Leaving:		Supervisor's Name:	
Job Number 3	Title:	Start Date:	End Date:
Company Name:		Address:	
		City:	
State:	Zip:	Starting Salary:	Ending Salary:
Contact Person:		Phone Number:	
Duties Performed:			
Reason for Leaving:		Supervisor's Name:	



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REQUIREMENTS

The following is a list of requirements the applicant must have to be considered for employment with Carter County Emergency Communications District. **Please read carefully.**

- Applicant must be at least 18 years of age
- Applicant must be a United States Citizen
- Applicant must have a high school diploma or GED
- Applicant must be able to pass a thorough background check including criminal history and driver license check
- Applicant must not have been convicted, pled guilty or entered a plea of nolo contendere to any felony charges or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor or controlled substances
- Applicant must not have been released or discharged under other than honorable or medical discharge from any of the Armed Forces of the United States (**must provide DD-214**)

MILITARY SERVICE

If you are declaring that you have prior military service, please complete the following.

Branch of Service:	Enlistment Date:	Discharge Date:
Rank at Time of Discharge:	Can you provide a DD-214? ___Yes ___No	

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Carter County Emergency Communications District to investigate any of the facts set forth in this application and release the Carter County Emergency Communications District from any liability. Carter County Emergency Communications District may contact any listed references on this application.

I acknowledge and understand that the Carter County Emergency Communications District is an "at will" employer. Therefore, any employee (regular, temporary or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant signature

Date



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NOTICE: It is Carter County Emergency Communications District policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all questions on this application. You may attach a resume, but all questions must be answered.

WAIVER FOR RELEASE OF INFORMATION

Please carefully read the below paragraph prior to signing.

I give permission for a complete physical examination and drug screening. Furthermore, I consent to the release to the Carter County Emergency Communications District any and all medical information as may be deemed necessary by the Carter County Emergency Communications District in judging my capability to do the work for which I am applying. Any and all medical providers utilized in this application / employment process are specifically authorized to release all medical information to the Carter County Emergency Communications District.

Applicant signature

Date