



# CHRISTIAN COUNTY EMERGENCY SERVICES

## APPLICATION FOR POSITION AN EQUAL OPPORTUNITY EMPLOYER

(In answering questions, use extra blank sheet if necessary)

No employee, applicant, or candidate for promotion, training or other advantage shall be discriminated against (or given preference) because of race, color religion, sex, age, physical handicap, veteran status, or national origin.

Date of Application

### A. PERSONAL INFORMATION

Name - Last	First	Middle	Social Security Number	Telephone
Present Address: - Street		(Apt#)	City	State Zip
Person to notify in case of Emergency or Accident - Name		Address		Telephone

### B. EMPLOYMENT INFORMATION

Are you 18 years of age or older?  Yes  No

Position Desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either <input type="checkbox"/> Volunteer	Date Available for Employment:	Wage/Salary Expectations:
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Referred By / Or Where Did You Learn Of This Job?

### C. EDUCATIONAL HISTORY

Name and Address Of Schools Attended (Include Current)	Number or Months / Years Attended	Highest Grade/Level Completed	Diploma/Degree(s) Obtained/Areas of Study
High School			
College			Degree/Major
Post Graduate			Degree/Major
Business / Trade / Technical			Course/Diploma/License/Certificate
Other			Course/Diploma/License/Certificate

Membership / Professional or Civic Organizations (Excluding those that disclose race, color, religion or national origin)

Future Educational Plans

Military - did you serve in the armed forces? \_\_\_ No \_\_\_ Yes If Yes, Branch?: \_\_\_\_\_

Training relevant to position for which you are applying:

### D. SPECIAL SKILLS/EDUCATION That May Be Applicable To Position:

	<b>Computer Skills</b>	Typing Speed: _____ wpm

### E. REFERENCES - List below two person NOT related to you who have knowledge of your work performance within the last three years

(1)	Name	Address	Telephone Number	Occupation	Years Acquainted
(2)	Name	Address	Telephone Number	Occupation	Years Acquainted

### F. EMPLOYMENT RECORD INFORMATION SUPPLIED ON ATTACHED RESUME

LIST MOST RECENT EMPLOYMENT FIRST (Full or Part-time) May We Contact Your Previous Employer(s) For A Reference? YES  NO

1) Employer / Company Name	Type of Business
Address Street City State Zip Code	Work Performed. Be Specific
Phone Number Dates From To	
Supervisor's Name Hourly Rate/Salary	
Reason For Leaving	

Continue on other side...

**LIST EMPLOYER (Full or Part-time)**

<b>2) Employer / Company Name</b>					Type of Business
Address	Street	City	State	Zip Code	Work Performed. Be Specific
Phone Number		Dates	From	To	
Supervisor's Name		Hourly Rate/Salary			
Reason For Leaving					

**LIST EMPLOYER (Full or Part-time)**

<b>3) Employer / Company Name</b>					Type of Business
Address	Street	City	State	Zip Code	Work Performed. Be Specific
Phone Number		Dates	From	To	
Supervisor's Name		Hourly Rate/Salary			
Reason For Leaving					

**LIST EMPLOYER (Full or Part-time)**

<b>4) Employer / Company Name</b>					Type of Business
Address	Street	City	State	Zip Code	Work Performed. Be Specific
Phone Number		Dates	From	To	
Supervisor's Name		Hourly Rate/Salary			
Reason For Leaving					

**READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION**

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If requested, I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

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

***Please attach or make mention of any certifications or training associated with public safety.***

***Examples; 40 hour Telecommunicator (APCO PST or ETC), State / Federal System Certification, etc.***