

Shelby County 9-1-1 Application for Employment

An Equal Opportunity Employer

Shelby County 9-1-1 does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. You may attach a resume, but it each section of this application must still be completed. PLEASE PRINT, except for signature on the last page of application.

Employment Desired:		
Position Desired:	Today's Date:	
Are you seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Date You Can Start:	
Personal Information: (Incomplete information could disqualify you from further consideration.)		
Name: (First, Middle, Last)		
Address:		
City:	State:	Zip:
Phone number where you can be reached:		
E-mail Address:		
If hired, can you furnish proof you are eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work any day/shift? (Mandatory for full time communications employees.) If no, list availability:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you work overtime, including weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? (If you are unsure of the essential functions, please ask to review a job description.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Source:		
Do you know anyone who works for this company? If yes, please provide name for each:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now or do you expect to be engaged in any other business or employment? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA.)	_____	
Have you ever been convicted of any law violation (except a minor traffic violation)? If yes, give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)		

EMPLOYMENT HISTORY

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your present employer know you are seeking other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been terminated from employment or asked to resign by an employer? If yes, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current or Most Recent Employer:			
Employed From:	Employed To:	Starting Salary or Rate of Pay:	Ending Salary Or Rate of Pay:
Company Name:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip:	Phone Number:
Position:		Supervisor:	
Nature of the Work Performed and Responsibilities:			
Reason for Leaving:			
Second Most Recent Employer:			
Employed From:	Employed To:	Starting Salary or Rate of Pay:	Ending Salary Or Rate of Pay:
Company Name:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip:	Phone Number:
Position:		Supervisor:	
Nature of the Work Performed and Responsibilities:			
Reason for Leaving:			
Third Most Recent Employer:			
Employed From:	Employed To:	Starting Salary or Rate of Pay:	Ending Salary Or Rate of Pay:
Company Name:		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:			
City:	State:	Zip:	Phone Number:
Position:		Supervisor:	
Nature of the Work Performed and Responsibilities:			
Reason for Leaving:			

EDUCATION

	Name of School	City/State	Subjects/Major	Years (From-To)	Degree Y/N
High School					
College					
Post Graduate					
Trade/Business School					

Licenses or Certifications:			
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:
Name/Type:	Issued By:	Issue Date:	Expiration Date:

Special skills, experience and/or training that would enhance your ability to perform the position applied for.

REFERENCES: (Provide names/addresses/phone numbers of three persons, not related to you, whom you have known at least three (3) years.)		
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:

Acknowledgement

It is the policy of Shelby County 9-1-1 to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability, or veteran status. This application will be given every consideration, but its receipt does not imply that there are any open positions or that the applicant will be employed. Only applicants meeting the minimum requirements for a position as determined by Shelby County 9-1-1 will be considered for employment. Should more than one qualified person make application, Shelby County 9-1-1 reserves the right to select the applicant that, in its opinion, possesses the best qualifications.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I understand the employer may request my educational institutions, my references, my employers (past and present), financial institutions of any kind, credit bureau or consumer reporting organization and all governmental agencies and instrumentalities (Local, State, Federal or Foreign) wherever said individuals or organizations are situated, any document, information, record, or file that they deem material to the processing of my application for employment. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Applicant's Name: (Please Print)	
Applicant's Signature:	Date:

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED/DATED ABOVE.

Please return completed application to:

**Shelby County 911
1004 County Services Dr
Pelham, AL 35124**

Phone: 205-439-6911

Fax: 205-439-6927

Or email to: employment@shelby911.org