



JEFFERSON COUNTY 911 EMERGENCY COMMUNICATIONS DISTRICT

P.O. Box 9700

BIRMINGHAM, AL 35220

PHONE: (205) 783-1911 Fax: (205)520-9885

WWW.JEFFCOAL911.ORG

- APPLICATIONS MAY BE MAILED TO THE ABOVE ADDRESS, EMAILED TO JEFFCO911EMPLOYMENT@JEFFCOAL911.ORG
- OR FAXED TO (205) 520-9885

Pre-Employment Application

Jefferson County 9-1-1 ECD, Inc. is an equal opportunity employer and will consider all applicants for a position equally without regard to the applicant's race, sex, age, color, religion, national origin, veteran status, or any disability as defined in the Americans with Disabilities Act.

Jefferson County 9-1-1 ECD, Inc.'s receipt of this application does not imply that Jefferson County 9-1-1 ECD, Inc. will offer employment to the applicant. The applicant acknowledges and agrees that this application does not create an employment contract between the applicant and Jefferson County 9-1-1 ECD, Inc.

Each question should be answered in a complete and accurate manner. Generally, no action can be taken on this application until all questions have been answered.

Any resulting employment with the Jefferson County 9-1-1 ECD, Inc. shall be on an "at will" basis and may be terminated at any time, with or without notice, and with or without cause.

PERSONAL INFORMATION

Name _____
Last First M.

Present Address _____
No. Street City State Zip

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Are you 18 years of age or older? Yes ___ No ___

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations) including driving under the influence of alcohol or drugs? Yes ___ No ___

If yes, state the offense, location, and date and disposition

Note: A conviction will not necessarily disqualify you from employment.

Are you able to perform the essential functions of the job that you are applying for with or without reasonable accommodations? Yes ___ No ___

If no, please explain

Drivers License: State _____ Type _____ Currently Valid? Yes ___ No ___

EMPLOYMENT DESIRED

Are you seeking Full-time ___ Part-time ___

Position applied for _____ Salary Desired _____

Date Available to start? _____

Have you ever applied to Jefferson County 9-1-1 ECD, Inc. before? Yes ___ No ___ If yes, state when and where you applied

Have you ever worked for Jefferson County 9-1-1 ECD, Inc. before? Yes ___ No ___ If yes, state when and where you worked

How did you learn of Jefferson County 9-1-1 ECD, Inc. and/or position openings?

Are you now, or do you expect to be working in any other business or job? Yes ___ No ___

Are there any days or hours you would be unable to work? Yes ___ No ___ If Yes, please specify those days or hours you would be unable to work.

Is there any type of work that you will not perform? Yes ___ No ___

If yes, please explain

EDUCATION

High School	Circle highest grade Completed	Yes ___ No ___	Diploma:
College	Highest number of years completed 9 10 11 12 1 2 3 4 4+	Yes ___ No ___	Major: Minor: Degree(s):
Trade School	Number of months attended _____	Yes ___ No ___	Diploma Or Certificate

Are you planning to pursue further studies? Yes ___ No ___ If so, when, where and what courses?

WORK HISTORY

List names of your last three (3) employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Are you presently employed? Yes ___ No ___. If yes, may we contact your current employer? Yes ___ No ___.

PLEASE ANSWER ALL QUESTIONS, AND DO NOT STATE "SEE RESUME"

Name Of Employer _____ Name and Title of Last Supervisor _____

Address _____ Telephone _____
 No. Street City State Zip Code

Nature of Business _____ Your Title _____

Dates of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Reason for Leaving _____

Name Of Employer _____ Name and Title of Last Supervisor _____

Address _____ Telephone _____
 No. Street City State Zip Code

Nature of Business _____ Your Title _____

Dates of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Reason for Leaving _____

Name Of Employer _____ Name and Title of Last Supervisor _____

Address _____ Telephone _____
No. Street City State Zip Code

Nature of Business _____ Your Title _____

Dates of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Reason for Leaving _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes ___ No ___

If yes, please explain

Have you ever been fired, or asked to resign from a job? Yes ___ No ___

If yes, please explain

SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below. (For reference checking purposes)

Name _____ Company _____

Name _____ Company _____

SPECIAL SKILLS AND CERTIFICATIONS

Do you have any dispatch certifications, i.e., APCO, EMD? Yes ___ No ___

If yes, please provide copies of certifications

Please list any other certifications you hold

What languages do you speak fluently?

Do you type? Yes ___ No ___ Words Per Minute _____

What Software do you use proficiently? _____

Use this space below to describe why you are interested in working for Jefferson County 9-1-1 ECD, Inc. and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES – Give three references who are not relatives by blood or marriage.

Name	Address	Phone	Occupation

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize Jefferson County 9-1-1 ECD, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent for said company and/or individual to reveal any and all information regarding me. In addition, I hereby waive my right to bring any cause of action against any such company and/or individual for defamation, invasion of privacy or any other reason because of their statements. I agree that, if I am employed, I will abide by all the rules and regulations of Jefferson County 9-1-1 ECD, Inc. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that no one at Jefferson County 9-1-1 ECD, Inc. is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Director of Jefferson County 9-1-1 ECD, Inc. I also understand that my employment with Jefferson County 9-1-1 ECD, Inc., if any, shall be on "at will" basis and may be terminated at any time, with or without notice, and with or without cause.

Applicant's Signature _____ Date ____/____/____

Company Use Only

Interviewed by:

Interviews remarks:

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Jefferson County 9-1-1 ECD, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree to and hereby authorize the release of the results of said test to Jefferson County 9-1-1 ECD, Inc.

I understand that the current use of illegal drugs would prohibit me from being employed at Jefferson County 9-1-1 ECD, Inc., and that any offer of employment is contingent on passing the drug screen.

I further agree to release and hold harmless Jefferson County 9-1-1 ECD, Inc. and its board members, employees, agents, and assigns, including any physician or clinic used by Jefferson County 9-1-1 ECD, Inc., from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with Jefferson County 9-1-1 ECD, Inc.'s consideration of my application of employment.

I further agree that reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

APPLICANT:

Print Name: _____ SSN: _____

Applicant's Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____

Background Checks, Disclosure, Acknowledgment, Authorization and Release

Disclosure

This form, which you should read carefully, has been provided to you because Jefferson County 9-1-1 ECD, Inc. and/or its insurance agency, due to the confidential nature of our business, may request consumer reports and/or investigative consumer reports on you from a consumer reporting agency. Jefferson County 9-1-1 ECD, Inc. will use any such report(s) solely for employment-related purposes and insurance. Consumer reports and/or investigative consumer reports on you will be obtained by a background check vendor and provided to Jefferson County 9-1-1 ECD, Inc.. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, Social Security Number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of positions held, workers' compensation records (only post-offer), personal and professional references checks, and licensing and certification checks. The information contained in these reports may be obtained by the vendor from private and/or public record sources, including sources identified by you on your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. If you are denied employment as a result of information obtained from your background check, Jefferson County 9-1-1 ECD, Inc. will furnish you with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Federal Trade Commission entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

Acknowledge, Authorization and Release

I hereby authorize Jefferson County 9-1-1 ECD, Inc. and/or any of its board members, officers, employees, or agents to investigate my background, references, character, education, past employment, and/or criminal records in order to confirm my qualifications for employment as represented on my resume and/or employment application, and/or in my employment interview.

By signing below, I unconditionally release Jefferson County 9-1-1 ECD, Inc. and/or its board members, officers, employees, and/or agents, as well as any person or entity providing information on my background pursuant to this acknowledgement form, from any and all liability in relation to the information obtained from any and all above referenced sources used.

Applicant's Signature: _____

Date: _____

Applicant's Full Legal Name: _____

Applicant's Current Address: _____

How long at this address? _____

Previous Address _____

How long there? _____

Driver's License No. _____

State of Issue: _____

Date of Birth: _____

Social Security No: _____