



## JEFFERSON COUNTY 911 EMERGENCY COMMUNICATIONS DISTRICT

2659 CENTER POINT PARKWAY

BIRMINGHAM, AL 35215

PHONE: (205) 783-1705 Fax: (205) 783-1715

Email Application: [jeffco911employment@jeffcoal911.org](mailto:jeffco911employment@jeffcoal911.org)

[WWW.JEFFCOAL911.ORG](http://WWW.JEFFCOAL911.ORG)

# Pre-Employment Application

Jefferson County 9-1-1 ECD (Communications Center) is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, any disability as defined in the Americans with Disabilities Act, or for any other reason protected by applicable law.

Receipt of the application does not imply that the applicant will be employed. 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. All employees of the Communications Center are employed "At-Will". "At-Will" employment means that either the company or the employee may terminate the employment relationship between the company and the employee at any time with or without cause, and with or without notice.

The Communications Center is not responsible for incomplete pre-employment applications. Any incomplete pre-employment application received by the Communications Center will be rejected. It is up to the applicant to ensure a complete pre-employment application is received by the Communications Center. The Communications Center will not notify the applicant of an incomplete pre-employment application.

---

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First M.

Present Address \_\_\_\_\_  
No. Street City State Zip

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Are you 18 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 arrested of any crime (excluding minor traffic violations) including driving under the influence of alcohol or drugs? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, state the offense, location, 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? WITH ACCOMODATIONS \_\_\_\_\_ WITHOUT ACCOMODATIONS \_\_\_\_\_

If WITH ACCOMODATIONS, please explain:

\_\_\_\_\_

\_\_\_\_\_

## 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:

\_\_\_\_\_

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 which you WILL NOT perform? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, please explain:

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

<b>High School (Name)</b>	<b>State highest grade Completed</b>	DIPLOMA: YES _____ NO _____ GED: YES _____ NO _____
<b>College (Name)</b>	<b>State highest number of years completed</b>	DEGREE: YES _____ NO _____ ASSOCIATE'S _____ BACHELOR'S _____ MASTER'S _____ DOCTORAL _____
<b>Trade School (Name)</b>	<b>Number of months attended</b>	DIPLOMA: YES _____ NO _____ CERTIFICATE: YES _____ NO _____

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?

If YES, may we contact your current employer?

**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? If yes, please provide copies of certifications. Yes No

Please list any other certifications you hold:

\_\_\_\_\_

What languages do you speak fluently?

\_\_\_\_\_

Can you type/keyboard? YES \_\_\_\_\_ NO \_\_\_\_\_ Words per Minute (WPM) \_\_\_\_\_

**REFERENCES** – Give three references who are not relatives

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. (Communications Center) 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 to their revealing all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals 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 the Communications Center. I understand that the taking of drug and alcohol test, 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 the Communications Center is authorized to enter any written or verbal employment contracts with me for any definite period without the express written consent of the Director of the Communications Center. I also understand that my employment is "At-Will" and may be terminated by myself or by the Communications Center at any time for any reason or no reason at all, with or without notice. I also authorize the Communications Center to research, investigate, monitor, etc. any of my social media sites that have been opened prior to any employment and/or after employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SOCIAL MEDIA SITES AND THE NAME THEY ARE UNDER!**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

## 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. (Communications Center) 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 the Communications Center

I understand that the current use of illegal drugs would prohibit me from being employed at the Communications Center and that if any offer of employment is contingent on passing the drug screen.

I further agree to hold harmless the Communications Center and agents including any physician or clinic used by the Communications Center 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 the Communications Center's consideration of my application of employment.

I further agree that a 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: \_\_\_\_\_

## Equal Employment Opportunity Policy

Jefferson County 9-1-1 ECD provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

## 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 or its insurance agency, and because of 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 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. 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 check, licensing and certification checks, etc. 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 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."

### ACKNOWLEDGEMENT. AUTHORIZATION and RELEASE

I hereby authorize Jefferson County 9-1-1 ECD and/or any of its 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 release Jefferson County 9-1-1 ECD and/or its officers, employees, and/or agents, as well as any person or entity providing information on my background pursuant to this acknowledgement form, from all liability in relation to the information obtained from 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 Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Check to ensure you have entered all information and click submit

Alternative Mail to: P.O. Box 9700  
Birmingham, AL 35220