



JEFFERSON COUNTY 9-1-1 EMERGENCY COMMUNICATIONS DISTRICT

2659 CENTER POINT PARKWAY BIRMINGHAM, AL 35215
PHONE: (205) 783-1705 Fax: (205) 783-1715
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 in an "At-Will" status. "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.

PROCEED TO PAGE 2 OF THE PRE-EMPLOYMENT APPLICATION!
TO BE COMPLETED BY COMMUNICATIONS CENTER PERSONNEL (07/01/2024)

Interview

Name: Date: Time:

Date Application Received: Initials

Date Application Reviewed: Initials

TAC Officer Background Check: Approved Rejected

Reason for Rejection:

Critical 1 Score: Critical 2 Score: WPM:

Date: Date: Date:

Select Advantage 1:

Date:

**Personal Information**

Name:

Last

First

Middle

**PROVIDE ATTACHED TO THIS APPLICATION A COLOR PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE**

Present Address:

Cell Phone:

Email:

Date of Birth:

Are you 18 years of age or older? Yes No

Sex: Male Female (This question is required to be answered: To be hired a background check must be obtained by the Communications Center. This is required by ASJIC, ALACOP, NCIC and other government agencies due to the strict regulatory requirements of these entities.

Please check the appropriate EEO Identification Group that best applies to the candidate:

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

White (not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaska Native (not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino)

All persons who identify with more than one of the races above, excluding Hispanic or Latino.

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 and/or convicted of any violation(s) for any crime (including traffic citations), misdemeanor, or felony as an adult (18 years of age) YES NO If YES, state charge(s), location(s), and date(s). FAILURE to be truthful and honest will cause the applicant to be disqualified from employment with JC 911 ECD.

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 accommodation?

Yes            No

If no, please explain

**Employment Desired**

Position Seeking:      Full Time:            Part Time:

Position applied for: **Public Safety Telecommunicator**            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 which you will not perform?    Yes            No            If yes, please explain

**Education**

High School Attended	Check highest grade completed				Graduated		Diploma Type		
	9	10	11	12	Yes	No			
GED: State Obtained	Year completed				Certificate				
College Attended	Check highest number years completed					Graduated		AAS	MS
	1	2	3	4	4+	Yes	No	BS	Doctorate
Trade School						Graduated		Specific Trade	
						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 the firm's 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"

1. Employer Name Name/Title of Last Supervisor

Address Telephone

No Street City State Zip Code

Nature of Business Your Title

Dates of Employment From To

Reason for Leaving

2. Employer Name

Name/Title of Last Supervisor

Address

Telephone

No Street City State Zip Code

Nature of Business

Your Title

Dates of Employment From

To

Reason for Leaving

3. Employer Name

Name/Title of Last Supervisor

Address

Telephone

No Street City State Zip Code

Nature of Business

Your Title

Dates of Employment From

To

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, terminated or asked to resign from any job and/or position? YES NO

**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 the Communications Center and list those skills and abilities which your feel particularly qualifies you for a position with us. If you need more space, please continue using a separate sheet.

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

Name	Address	Phone	Occupation
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**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 (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 because 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 I have open prior to any employment and after employment.

Applicant's Signature

Date:

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

1.

5.

2.

6.

3.

7.

4.

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 (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:

**WITNESS:** Date:

Print Name:

Signature:

**Background Checks, Disclosure, Acknowledgment, Authorization and Release**

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 because 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."

**Acknowledge, 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 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 No.

State of Issue:

Date of Birth:

Social Security No:

Email:

Cell Phone:





APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION

PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Sex/Gender: Male Female

Aliases/Nickname:

Applicant Current Address:

City: State: Zip Code: SSN:

Date of Birth: (MM/DD/YYYY) Driver's License Number: Issuing State:

Race: White Black Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

WORK INFORMATION

Employer Name: Employer Phone:

Contractor Name: Contractor Phone:

State Agency: Agency Phone:

Work Email Address:

Job Role/Classification: Supervisor Name:

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
The required copy of my valid photo identification.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Name & Address of Requesting Agency or Authorized Agent\*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature Date

Name of Witness Name of Witness

Address of Witness Address of Witness

City, State and Zip City, State and Zip

Sworn to and subscribed before me this day of, 20.

Notary Signature My Commission Expires, 20.