



Colbert County  
 Emergency Management  
 Communication District  
 120 West 5<sup>th</sup> Street  
 Tuscumbia, AL 35674

### Employment Application

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, medical condition, military/veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State: \_\_\_\_\_

Are you presently employed? Yes  No

Name, address, and telephone number of present employer: \_\_\_\_\_

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May we contact your present employer: Yes  No

Are you available to work: Full Time  Part Time  Shift Work  Temporary

Are you on a lay-off and subject to recall? Yes  No

Can you travel if a job requires it? Yes  No

### Education

High School: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma \_\_\_\_\_

College: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Company : \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor : \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company : \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor : \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO

Company : \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor : \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?

YES

NO

### Military Service

Branch

: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at

Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable,  
explain: \_\_\_\_\_

### Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual  Disabled Veteran  Vietnam Era Veteran

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature

: \_\_\_\_\_ Date: \_\_\_\_\_

### CRIMINAL RECORD DISCLOSURE FORM

Employment with our agency requires a full background check. If you wish to speak on any past history event, we can discuss upon request.

I CERTIFY THAT THE ABOVE STATEMENST ARE TRUE AND CORRECT.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

**Applicant Background Check Consent Form**

For the purpose of establishing my eligibility for 9-1-1 Telecommunicator, I voluntarily consent to a thorough investigation and any required updates of my past employment and activities, personal characteristics and mode of living, and education and police record, if any such investigation to be carried out by the Colbert County Emergency Management Communication District.

Accordingly, I authorize and request any employers, Police Department, educational institutions, neighbors, friends, associates with whom I am acquainted, or others who possess information, recorded or not, pertinent to the above matters, to provide such information, facts, or opinions to the 91-1 Board representative who contract them.

Unless the items be knowingly false or willfully malicious, I agree to opinions from any responsibility in connections with decisions or actions abased thereon and undertaken by the Colbert county Emergency Management Communication District.

Witness:

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Name Printed

\_\_\_\_\_  
Applicant Name Printed