## Logan County E-911 Application for Employer Application for Employment

Employees of Logan 911 and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 304-752-7662

Position applied for:		<del></del>		Home Phon	e
Social Security No:				Business Phone	
Full Legal NameLast Address		F	irst MI	Cell	
City	St	ate	Zip		
Education					
Highest grade completed		Year C	Completed		
If you did not complete high school,	do you h	ave a high s	school equivalency dipl	oma?	Date Received
Numbers of years of post high school	l education	on			
Name and Location of Institution	Hrs	Degree	Major or Specialty	Minor	Dates Attended
If you expect to complete an education					



## Experience

Starting with the most recent, describe all paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items.

May we contact your present supervisor?	
Job Title	Duties:
Employer	
Address	
Phone	
Immediate Supervisor	Equipment used
Salary (start) \$ (finish) \$	
Dates of employment To	Reason for leaving
Full Time Part Time	Your name, if different from present
Job Title	Duties:
Employer	
Phone	
Immediate Supervisor	Equipment used
Salary (start) \$ (finish) \$	
Dates of employment To	



Job Title		Duties:		
Employer				
Address				
Phone				
Immediate Supervisor		Equi	oment used	
Salary (start) \$ (	finish) \$			
Dates of employment	To	Rea	son for leaving	
Full Time Part Ti	me	Your name,	if different from prese	ent
Job Title		Duties		
Employer				
Address				
Addiess	<del></del>			
Phone	<del></del>			
Immediate Supervisor		Equi	oment used	
Salary (start) \$ (2				
Dates of employment				
Full Time Part Ti				ent
Use this space for any additio training, seminars, workshops				
Typing speed	words per minute	e. Shorthan	d speed	words per minute
License Type	Lice	nse Number	<b>Expiration Date</b>	Granted By
			1	

## References

Name	Address	Phone	Relationship

Miscellan	eous	
What shift are you a	available to work?	Full or Part-time?
	available to work?	
the United States? required to fill out a	Under the immigration	and Control Act, are you eligible for employment in on Reform and control act of 1986, you will be ble to be employed and verifying your identity. at effect should you be employed.
		ng moving traffic violations but excluding offenses y adjudicated in a Juvenile Court or under a youth
If yes, list all and	explain.	
When will you be a	vailable to start work?	
falsification of inforployment in the ser cation and I consent garding this applica ceived from such co or systems on a nee	rmation herein, regardless of time of discretice of Logan 911. I understand that all to references and former employers and tion. I further authorize Logan 911 to reportacts. Information contained on this apd-to-know basis for good cause shown as	complete, and I agree and understand that any overy, may cause forfeiture on my part to any eminformation on this application is subject to verificulty upon and use, as it sees fit, any information replication may be disseminated to other agencies, a determined by the agency head or designee.
Date	Applicant Signature	





