

**Linn County E911 Central Dispatch**  
**110 W Ira St.**  
**Marceline, MO 64658**  
**(660) 412-2911**

**EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL HISTORY QUESTIONNAIRE**

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**Last Name**

**First Name**

**Middle Initial**

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**INSTRUCTIONS**

1. Use blue or black ink pen only. Complete this document in your own handwriting or printing. If you need special accommodation in completing this form contact the Director by calling (660) 412- 2911.
2. Be certain that your answers are *legible*.
3. Read each question *carefully*.
4. Be certain that each question is answered completely and correctly. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Leave no blank spaces.
5. Be sure to sign Page 9 and Page 10 of this document. Failure to do so will remove you from consideration for employment.
6. Deliver in person or mail this document, along with the required paperwork listed on Page 11 and any other enclosures to the address listed above. Be sure to calculate the correct postage if sending via US Mail.
7. You may submit a resume if you wish, but it may not take the place of this document. Please note that writing "see resume" in any space on this document is not acceptable.

If you need assistance or have questions when completing this application,  
please contact us at (660) 412-2911.

**FOR OFFICE USE ONLY**

Received Date	Testing Date	Test Result	Interview Date	Hire Date

**Applicant Personal Information**

Last Name		First Name		Middle Initial
List any other names you have ever used:				
Current Street Address (No P.O. Boxes)				
City		State		Zip
Current Mailing Address (If different from above)				
City		State		Zip
Date of Birth (MM-DD-YYYY)			Social Security Number	
Home Phone		Mobile Phone		Other Phone

**List any addresses at which you have lived in the last 10 years, including those for military service. Use back side of this page if necessary, to provide a complete address history.**

From	To	Street Address	City	State/Zip

Have you ever applied for employment with us?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month & Year:				
Are you a citizen of the United States?    Yes <input type="checkbox"/> No <input type="checkbox"/> Were you naturalized?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does your current employer know you have applied for a position with us?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Position Desired				
Pay Expected			Date available to begin work:	
Are you currently in any phase of a hiring process with any other potential employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, list the employer(s):				

**Arrest History (This does not automatically disqualify you from hire)**

Other than traffic citations, have you ever been arrested, convicted, charged, questioned, accused or detained for any reason by any police or security officer, military police authority, either in the United States of America or in any foreign country? Yes  No

Date	Charge	Agency	Location-City, County State	Disposition

Have you ever been served with a criminal or civil subpoena or summons to court for matters other than traffic? Yes  No  *Note: Use back of this page to list additional arrests if needed.*

**Arrest History-continued (This does not automatically disqualify you from hire)**

Have the police ever been called to any of your former or current residence for any reason?

Yes  No

If yes, explain:

Have you ever been involved in *any* undetected crime, including the buying or selling of illicit drugs?

Yes  No

If yes, explain:

Does any agency currently have criminal charges pending against you for any reason?

Yes  No

If yes, explain:

**Education**

LEVEL	NAME AND LOCATION	COURSE OF STUDY	YEARS ATTENDED	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
VOCATIONAL SCHOOL				
OTHER				

Indicate any language you speak, read, and/or write other than English:

	Fluent	Above Average	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Miscellaneous**

Special Skills, Qualifications, and Awards (Summarize special skills, qualifications, and accomplishments (including those for attendance, performance excellence, and clerical skills that you wish to have considered):

Federal Information Security Clearance Level:

**Certifications**

Do you currently possess, or have you ever received any of the following certifications?

<b>Certification</b>	<b>No</b>	<b>Yes</b>	<b>Date of Last Use</b>
MULES			
APCO 40 Hour Basic Telecommunicator			
Cardio Pulmonary Resuscitation (CPR)			
Powerphone EMD			
Missouri P.O.S.T. License			
EMT/Paramedic			
Firefighter Basic/I/II			

**Software Programs**

Have you ever used any of the following computer programs?

<b>Program</b>	<b>No</b>	<b>Yes</b>	<b>Date of Last Use</b>
Computer Aided Dispatch (CAD) System			
GeoComm			
Powerphone or ProQA			
I Am Responding			
Computerized Radio System (Please Name) _____			
Computerized Telephone System (Please Name) _____			

**Membership in Professional or Civic Organizations**

(Exclude those which may disclose your race, color, religion, or national origin)

Are you now, or have you ever been, a member of any foreign or domestic subversive organization, association, movement, group, or club which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or the State of Missouri, by any lawful or unlawful means?      Yes       No

**Personal References**

Do not list relatives or current/past employers

**REFERENCE 1**

Name		Telephone Number	
Job Title and Employer			
Address			
City	State		Zip
Relationship		Length of time acquainted	

**REFERENCE 2**

Name		Telephone Number	
Job Title and Employer			
Address			
City	State		Zip
Relationship		Length of time acquainted	

**REFERENCE 3**

Name		Telephone Number	
Job Title and Employer			
Address			
City	State		Zip
Relationship		Length of time acquainted	

**REFERENCE 4**

Name		Telephone Number	
Job Title and Employer			
Address			
City	State		Zip
Relationship		Length of time acquainted	

### Employment History

Start with present or most recent employer.  
*Include all positions, paid or volunteer, over the past 10 years.*

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			
Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving			

**Employment History (continued)**

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			
<b>Employment History (continued)</b>			
Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving			

Employment History (continued)		
Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address		
City	State	Zip
Supervisor		Telephone Number
Employed (Month/Year) From:		To:
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
Job Title (of last position held)		
Job Description and Duties		
Reason for Leaving:		

**ATTACH EXTRA SHEETS OF PAPER IF NEEDED TO COMPLETE JOB HISTORY. APPLICATIONS WITHOUT A COMPLETE 5 YEAR HISTORY WILL BE CONSIDERED INCOMPLETE AND REJECTED. IF YOUR WORK HISTORY DOES NOT GO BACK AT LEAST 5 YEARS, PLEASE PROVIDE WRITTEN EXPLANATION HERE:**

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Additional Employment Information
Have you ever been dismissed, fired, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:
Have you ever stolen any money or merchandise from any place of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain and include final disposition of all items (sold, retained for personal use, returned, etc):
Have you ever been unemployed for a period greater than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:

**Military Status**

Please complete the table below if you have ever served in the Air Force, Army, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military or semi-military organization. If you have never served in any capacity, write "None" in the first field under the MONTH/YEAR ENTERED column.

Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty

Were you ever reduced in rank in the military?    Yes     No

If yes, Reduced From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever court-martialed?    Yes     No     Type: Summary     Special     General

If court- martialed, what was the sentence you received?

Have you ever received a Captain’s Mast, Company Punishment, or Article 15?        Yes     No

If yes, explain:

I understand that if I am applying for a position within Linn County E911 Central Dispatch I will be required, pre-employment and post-offer, to submit to one or all of the following: Medical Examination, Drug/Alcohol Screening, Physical Agility, Federal and State criminal background check. I also understand that if I am applying for a position requiring confidentiality, or the handling of money, and/or interacting with citizens in their homes, I will be subject to a Federal and State criminal background check. These will be done at the expense of Linn County E911 Central Dispatch.

The immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by Linn County E911 Central Dispatch, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver’s license, or state issued I.D., **and** your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

I certify that all the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of Linn County E911 Central Dispatch if employed. I authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

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

**AUTHORITY FOR RELEASE OF INFORMATION**

**Applicant's Name:** \_\_\_\_\_ **Maiden/Other Name:** \_\_\_\_\_  
Last Frist Middle

**Address:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_  
Address City & State

I, \_\_\_\_\_ with a birth date of \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Linn County E911 Central Dispatch whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, §552A, The Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by Linn County E911 Central Dispatch in conjunction with employment procedures.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of education institutions; employment and pre-employment records, including background reports, training records, efficiency ratings, complaints or grievances filed by or against me, and salary records and records wherever filed. I also authorize the release of records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records, records of child protective agencies (Department of Social Services, Department of Human Services- formerly Family Independence Agency, Child Protective Services, etc.) as well as records that have been sealed, expunged, set aside or filed under the Holmes Youthful Trainee Act; including records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had interest in.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for Linn County E911 Central Dispatch to consider in determining my suitability for employment by said agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of the information specifically identified herein.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Linn County E911 Central Dispatch. I understand that all materials and information pertaining to this background investigation become the property of Linn County E911 Central Dispatch and will not be returned or disclosed to me. The information you release is for official use by Linn County E911 Central Dispatch; however, I understand that they may at their discretion re-disclose the information to a third party if said party has a release authorized by me or as provided by law.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. This authorization shall continue in effect until revoked by me in writing. You may contact me at the telephone number or address listed on this form if you question the validity of this release. I further understand that in the event my application is approved or disapproved, all information including confidential sources shall not be revealed to me.

A photocopy of this release will be valid as an "ORIGINAL" even though the said photocopy does not contain an original writing of my signature.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Application Checklist

A copy of the following documents must be included with this application, or any explanation as to why they are not included must be provided. All documents submitted become property of Linn County Emergency Services and will not be returned.

<b>Doc. #</b>	<b>Description</b>		
1.	Copy of Driver's License or state issued ID	_____	Yes _____ No
2.	Copy of Social Security card or birth certificate	_____	Yes _____ No
3.	High school diploma or GED Certificate	_____	Yes _____ No
4.	College Diploma (if applicable)	_____	Yes _____ No
5.	Vocational or Technical Certificate	_____	Yes _____ No
6.	Military discharge DD214 indicating type of discharge	_____	Yes _____ No
7.	Special awards (School, military, civic, professional)	_____	Yes _____ No
8.	Naturalization papers (if applicable)	_____	Yes _____ No
9.	Copy of any official training certificates related to public safety	_____	Yes _____ No

Document number and reason not included:

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