

West Central Joint Dispatch Application for Employment

The West Central Joint Dispatch Center considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PERSONAL INFORMATION

Today's Date: _____ Social Security Number (voluntary): _____
Last Name _____ First Name _____ Middle Name _____
Address _____ City _____ State _____ Zip Code _____
How long have you lived at your current address: _____ Previous Address: _____
Home Phone: _____ Work Phone: _____ May we contact you at work: YES _____ NO _____
Cell Phone: _____ Email Address: _____
Driver's License Number: _____ State Issued: _____
Date of Birth: _____

GENERAL INFORMATION

Position Applied For: _____
Have you applied here before? YES _____ NO _____ If Yes, When? _____
Do you have the legal right to accept employment in the U.S.? YES _____ NO _____
Do any of your friends or relatives, including spouse, work for the West Central Joint Dispatch Center?
YES _____ NO _____ Name: _____
Are you currently employed? YES _____ NO _____
May your present employer be contacted? YES _____ NO _____
What date are you available for work _____
Have you ever been convicted of a felony? YES _____ NO _____ If yes, please provide all details including the date/court below:

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	Name & Location	Course of Study	Graduation Year	Degree Type (Diploma, BA, BS, MBA)
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
OTHER (SPECIFY)				
<i>If necessary, attach additional sheets of paper to cover all education</i>				

Describe any specialized training, apprenticeship, skills, professional licenses, registrations and/or certifications:
Describe any job-related training you received in the United States military:
List professional, trade, business, or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>
State any additional information you feel may be helpful to us in considering your application:

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EMPLOYMENT HISTORY

Please provide your complete and accurate employment record beginning with your present or last job. (Attach additional sheets of paper if necessary). Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	DATES EMPLOYED From To		Full Time / Part Time (circle one)
Address	Month/Year	Month/Year	DESCRIBE WORK PERFORMED
Telephone Number(s)			
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			
Employer	DATES EMPLOYED From To		Full Time / Part Time (circle one)
Address	Month/Year	Month/Year	DESCRIBE WORK PERFORMED
Telephone Number(s)			
Job Title			
Supervisor (Print Name and Title)			
Reason for Leaving			
Employer	DATES EMPLOYED From To		Full Time / Part Time (circle one)
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Reason for Leaving			

Have you ever been terminated, asked to resign, or subjected to disciplinary action?

Yes _____ No _____

If yes, please explain.

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REFERENCES

List three (3) individuals who may be contacted concerning your work history and background. Do not include relatives or former supervisors.

NAME

ADDRESS

PHONE

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I understand and acknowledge my responsibility to notify the employer if I need reasonable accommodation in any testing procedures or interviews required as a result of submission of this application.

I understand that any false information, omission or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I agree to a post offer physical exam and drug testing prior to employment.

I understand that the use of illegal drugs is prohibited during employment.

I am willing to submit to testing to detect the use of illegal drugs and alcohol during employment.

Unsolicited applications will be kept on file for one (1) year, and solicited applications (job openings that are advertised) will be kept on file for two (2) years.

I understand and agree that if hired, my employment is for no definite period and can be terminated at any time, with or without notice, with or without cause by either party. I understand that I am required to abide by all rules and regulations of West Central Joint Dispatch Center.

Signature

Date

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AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the West Central Joint Dispatch Center, or its duly authorized representative, to conduct a thorough investigation of my background. I understand this investigation may include the following:

- Educational Background
- Financial and Credit History
- Military Service
- Criminal and Traffic Record
- Employment and Past Employment
- Professional and Personal References

I hereby authorize any agency to release information concerning the existence or non-existence of any of the above sources of information.

I agree to hold harmless those agencies, their employees, and the West Central Joint Dispatch Center from any action arising out of the release of such information.

I hereby release from liability the West Central Joint ETSB and its representatives for seeking information and all other persons, corporations or organizations for furnishing such information.

Signature (Applicant) _____

Date _____

Name (Printed) _____

Driver's License Number _____ State of Issue _____

Signature (Witness) _____

Date _____