



LINCOLN COUNTY 911 CENTRAL COMMUNICATIONS  
APPLICATION FOR EMPLOYMENT  
(Pre-Employment Questionnaire)  
250 West College Street  
TROY, MO 63379 636-528-6100

**PERSONAL INFORMATION**

Today's Date \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Must be at least 21 yrs of age)

Current Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ How long at this location? \_\_\_\_\_

Have you ever been convicted or charged with an ordinance violation, misdemeanor or a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please describe on reverse side of this paper and give the county or city of charge and disposition of case).

Do you have any civil court matters pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had any past civil court matters? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please describe on reverse side of this paper and give county or city of charge and disposition of case).

Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_  
Read \_\_\_\_\_ Write \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Salary Desired \_\_\_\_\_

What shifts are you available for? Days \_\_\_\_\_ Nights \_\_\_\_\_ Weekends \_\_\_\_\_  
All \_\_\_\_\_

Available start date: \_\_\_\_\_

**MILITARY SERVICE**

Branch Served \_\_\_\_\_ Discharge Date \_\_\_\_\_ Discharge Type \_\_\_\_\_

Are you now in the Reserve or National Guard Unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any friends or relatives that are currently or have previously been employed with Lincoln County?  
 This includes all agencies and departments within Lincoln County government. Please list all below with their  
 affiliation or title.

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**EDUCATION**

	Name and Location of School	Years Attended	Did you Graduate/ Year of Graduation	Subjects Studied
Grammar				
High School				
College				
Trade School				
Additional Training				

**SPECIAL SKILLS**

Do you Type? Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_

Can you use a Calculator by Touch? Yes \_\_\_\_\_ No \_\_\_\_\_ Strokes \_\_\_\_\_

Are you familiar with Dictaphone or recording devices? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you familiar with Personal Computers? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you familiar with any of the following programs?

MSN Word Yes \_\_\_\_\_ No \_\_\_\_\_

Windows 95,98,00 Yes \_\_\_\_\_ No \_\_\_\_\_

If any others, please list: \_\_\_\_\_

**ACHIEVEMENTS AND SPECIAL TRAINING**

(Include copies of certifications: M.U.L.E.S., EMD, EFD, EPD, or any others that would assist you in the job applied for)

Type of Achievements or Training	Date of Training	Location of Training

Any other past experiences or history that may assist us in considering you for the position applied for:

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**EMPLOYMENT HISTORY**

(List below the last four employers, beginning with current or most recent)

Date Month/Yr	Name & Address of Employer	Salary	Position	Supervisor	Reason for Leaving	May we Contact?
From		Start				Yes
To		Finish				No
From		Start				Yes
To		Finish				No
From		Start				Yes
To		Finish				No
From		Start				Yes
To		Finish				No

**REFERENCES**

(List four people not related to you, whom you have known at least one year)

Name	Address	Business	Phone Number	Years Acquainted
			( )	
			( )	
			( )	
			( )	

**PERSONAL HISTORY**

(List current and all previous addresses for the last 5 years)

Street Address	City	State	Zip	Rent or own? Include Name on Lease or Property
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**LIST ALL ALIAS/MAIDEN NAMES THAT YOU HAVE USED**

Full Name used and reason for name change	City and State residing while using this name
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**LIST ANY STATES THAT YOU HAVE HELD A DRIVER'S LICENSE**

Name Used	Address at that time	State	License Number
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PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name	Address	Phone Number	Relation
		( )	
		( )	

CONSENT FOR BACKGROUND CHECK

Anyone applying for a position with this department, must give us written permission to run a criminal history on yourself. If this is not signed, you will not be considered for a position.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Driver's License \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

(A copy of your current Driver's License must be attached to this application or it will not be considered.)

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I also understand that alcohol and drug screenings are required as part of the hiring process. I understand that periodic and random testing is a part of my employment, and that any positive results can immediately cause dismissal from my employment.

I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

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

\*\*\*\*\* THIS PAGE TO BE FILLED OUT BY PERSONNEL ONLY \*\*\*\*\*

BACKGROUND INVESTIGATION

Criminal History ran by Terminal Operator: \_\_\_\_\_ DSN \_\_\_\_\_

Date \_\_\_\_\_

Signature of Investigation Officer: \_\_\_\_\_

DSN \_\_\_\_\_

Date \_\_\_\_\_

Comments or Attached Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRE-HIRE TEST**

Test Date \_\_\_\_\_

Results/Score \_\_\_\_\_

**INTERVIEWED BY**

911 User Board

Date

Approve

Disapprove

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired? Yes \_\_\_\_\_

No \_\_\_\_\_

Position \_\_\_\_\_

Salary \$ \_\_\_\_\_

Shift \_\_\_\_\_

Date/Time reporting for work \_\_\_\_\_

Director Signature \_\_\_\_\_

Date \_\_\_\_\_