



# EMPLOYMENT APPLICATION

*(Print to complete)*

APPLICANT INFORMATION			
Position Applying For _____		Date Submitted _____	
Last Name: _____	First Name: _____	MI: _____	
Primary Phone _____		Secondary Phone _____	
Home Address _____	City _____	State _____	Zip _____
Are you at least 18 years of age?	____ Yes ____ No	Initial: _____	
Are you eligible to work in the US?	____ Yes ____ No	Initial: _____	
Have you ever been convicted of a <u>felony</u> crime?	____ Yes ____ No	Initial: _____	
(Administrative use only)			
		WPM Verification _____	

## EQUAL OPPORTUNITY EMPLOYER

LINCOLN COUNTY CENTRAL COMMUNICATIONS  
 250 West College Street, Troy, MO 63379  
 636-528-6100

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**IMPORTANT - DO NOT PROCEED UNTIL YOU HAVE CAREFULLY READ AND  
ACKNOWLEDGE ALL OF THE INFORMATION BELOW**

*Due to the purpose of this entity, the nature of the positions applied for and the requirement for all employees to have logical and/or physical access to highly restrictive information, there are some automatic basis for applicant disqualification or application rejection. Applicants with any **felony or pending felony** convictions are not eligible for employment with Lincoln County Central Communications, regardless of circumstance. Applications that are not legible or incomplete will be rejected. The number one reason applicants fail background checks is due to the applicant's deliberate withholding or misrepresenting job-relevant information. Deliberate misstatements or omissions can and will disqualify your application and your application will be rejected; regardless for the reasons for the misstatements or omissions.*

**I have read and acknowledge the statement above:** \_\_\_\_\_

The following statements are for information purposes should you receive employment with Lincoln County Central Communications. Please read each statement and acknowledge with your initials:

Lincoln County Central Communications is a 24/7-365 governmental organization. Employees will be required to work weekends and holidays that align with their assigned rotation or as it relates to their respective duty. \_\_\_\_\_

911 Dispatchers typically work 12-hour shifts on days, nights, or as a split shift and may need to sit for long periods of time. \_\_\_\_\_

Employees are exposed daily to highly stressful situations. Because of this, LCCC mandates regular training for all employees on stress management and healthy lifestyles. \_\_\_\_\_

Shift preferential will be considered but will *not* be guaranteed to any employee at any time during training or employment. \_\_\_\_\_

Employees may be required to work last-minute or scheduled overtime for coverage or as needed for mission critical operations. \_\_\_\_\_

Upon hire, all employees must submit to a finger-print based background check. \_\_\_\_\_

A routine background check will be completed on every employee every two years as a minimum standard and as required for building access, certifications, and employment. \_\_\_\_\_

Applicants will be asked to show - in performance - their ability to type at least 35 words per minute. \_\_\_\_\_

Applicants and employees must be able to pass a drug screening test upon request. \_\_\_\_\_

Applicants and employees must be able to pass a vision and hearing test upon request. \_\_\_\_\_

Eligible employees hired on or after January 2nd, 2020 will receive benefits after 90 days of employment. \_\_\_\_\_

Please PRINT this application, complete by hand and return in person at the following location:

*Lincoln County Central Communications*

*250 West College Street*

*Troy, MO 63379*

*The following attachments are required and are part of this application. These attachments must accompany this application at the time it is submitted. Incomplete applications will not be accepted.*

Please attach a copy of the following:

\_\_\_\_ Drivers License or Photo Identification confirming your identity

\_\_\_\_ Birth Certificate

\_\_\_\_ High School Diploma/State Equivalency

\_\_\_\_ Military Discharge DD214 (if applicable)

\_\_\_\_ College Transcripts and Diploma (if applicable)

If needed, use a separate sheet of paper to complete any part of the application.

### 1. PERSONAL DATA

Last Name:

First Name:

MI:

List any other names you have used, including nicknames:

Primary Phone

Secondary Phone

Social Security Number

Operator License Number

State

Place of Birth

Are you eligible to work in the United States?

☐ Yes ☐ No

Have you ever been convicted of a  
felony?

☐ Yes ☐ No

Do you have any pending felony charges?

☐ Yes ☐ No

How did you hear about this position?

What are your hobbies and favorite recreational activities?

### 2. ADDRESS HISTORY

List all addresses where you have lived for the past 10 years.

Dates

Street Address

City

County

State

Zip

### 3. EDUCATION HISTORY

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12    College 1 2 3 4 +    Other

Circle all that you have:    GED    High School Diploma    College Degree

List all education to include technical/vocational attended beginning with high school.

Dates

School

City

County

State

Zip

Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons? If yes, please explain:

#### 4. EMPLOYMENT HISTORY

Have you ever been dismissed or asked to resign from any employment? ☐ Yes ☐ No

If yes, please explain and provide name of employer(s):

List any letters of commendation, recognition, or overall work performance praise you may have received and provide name of employer(s):

Have you ever served as a member of the armed forces? If yes, please advise branch, rank, current status, and discharge status (if applicable).

**Beginning with your present or most recent employer, list all of the places you have worked in the last 10 years in sequential order. List periods of school, military service, and unemployment. Include part-time, temporary, and seasonal employment.**

Employer		Job Title	
If currently employed, may we contact for references?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address, City, State, Zip			
Phone Number		Name of Supervisor	
Dates of Employment - From/To		Reason for Leaving	
Full Time: _____		Hours per week: _____	
Part Time: _____			
Duties Performed:			

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Employer		Job Title	
Street address, City, State, Zip			

Phone Number		Name of Supervisor	
Dates of Employment - From/To		Reason for Leaving	
Full Time: _____	Part Time: _____	Hours per week: _____	
Duties Performed:			

\*\*\*\*\*

Employer		Job Title	
Street address, City, State, Zip			
Phone Number		Name of Supervisor	
Dates of Employment - From/To		Reason for Leaving	
Full Time: _____	Part Time: _____	Hours per week: _____	
Duties Performed:			

\*\*\*\*\*

Employer		Job Title	
Street address, City, State, Zip			
Phone Number		Name of Supervisor	
Dates of Employment - From/To		Reason for Leaving	
Full Time: _____	Part Time: _____	Hours per week: _____	
Duties Performed:			

\*\*\*\*\*

Employer		Job Title	
Street address, City, State, Zip			



Phone Number _____	Name of Supervisor _____
Dates of Employment - From/To _____ Full Time: _____ Part Time: _____ Duties Performed: _____	Reason for Leaving _____ Hours per week: _____

(Use a separate sheet of paper if necessary)

<b>5. SKILLS AND CERTIFICATIONS</b>
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List all valid professional licenses and certifications you hold:


Indicate other employment skills, special training or other experience that may strengthen your application:


List computer programs, operating systems, radio equipment and any other office equipment you have experience operating:


<b>6. ARREST HISTORY</b>
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Have you ever been convicted of a crime other than traffic?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, describe in detail:

Date	Charge	Police Agency	Disposition
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<b>7. RELATIVES</b>
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Are you related to any Lincoln County Central Communications employee or any member of the Lincoln County Emergency Services Board by marriage or blood? \_\_\_\_ Yes \_\_\_\_ No

If yes, who?

How does your spouse or significant other feel about you working shift work, weekends, holidays, etc.? (if applicable)

### 8. REFERENCES

List three references that have known you for at least three years. Please do not include relatives or persons that live with you.

Name	Phone Number
Address	Years Acquainted

Name	Phone Number
Address	Years Acquainted

Name	Phone Number
Address	Years Acquainted

### CONSENT TO OBTAIN BACKGROUND INVESTIGATION REPORTS

I, \_\_\_\_\_, hereby authorize the Lincoln County Central Communications (employer) to obtain such background investigation reports on me as it deems necessary or advisable in connection with my application for employment (if I am an applicant) or at any time in connection with my employment (if I am hired or if I am a current employee). I understand that such reports are sometimes called "consumer reports" and may contain information about me concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living and/or other job-related information. I understand Lincoln County Central Communications (employer) is not responsible for the accuracy or completeness of the information contained in any such reports. I also understand that this consent is a continuing consent and will remain valid until such time as I inform Lincoln County Central Communications (employer), in writing that I wish to revoke this consent.

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

### APPLICANT CERTIFICATION AND PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION

I certify that the statements contained in my employment application are correct, and if employed, understand that any false information in this application, or its supporting documents, will be sufficient grounds for termination without notice. I further agree that all rules, orders and regulations of Lincoln County Central Communications affecting my employment shall constitute a part of my appointment or employment. My signature authorizes Lincoln County Central Communications to review my previous employment, driving and criminal records, and other background data as it may relate to the position(s) for which I am applying.

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