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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 Emergency Services, 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: _____
Signature

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

_____ Lincoln County Emergency Services 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, Lincoln County Emergency Services 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.

The Lincoln County Emergency Services is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, ethnicity, national origin, sex, age, or marital status.

_____ 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.

Please complete this application and return in person to the following location:

Lincoln County Emergency Services, 250 West College Street, Troy, MO 63379

Or you may email it to: info@lincolncounty911.com

*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:

_____ Driver's License or Photo Identification confirming your identity

_____ Birth Certificate

_____ High School Diploma/State Equivalency

_____ Military Discharge DD2 I 4 (if applicable)

_____ College Transcripts and Diploma (if applicable)

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

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1. PERSONAL DATA

Last Name: First Name: MI:

List any other names you have used, including nicknames: _____

Primary Phone: Secondary Phone:

Social Security Number: _____

Driver's / 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

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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.

1.

Employer		Job Title	
If currently employed, may we contact for references?		____ Yes	____ No
Street address	City	State	Zip
(____) _____	_____		
Phone Number	Name of Supervisor		
Dates of Employment - From/To		Reason for Leaving	
Part Time: _____	Full Time: _____	Hours per Week _____	
Duties Performed:			

2.

Employer		Job Title	
If currently employed, may we contact for references?		____ Yes	____ No
Street address	City	State	Zip
(____) _____	Name of Supervisor		
Phone Number		Reason for Leaving	
Dates of Employment - From/To		Hours per Week _____	
Part Time: _____	Full Time: _____		
Duties Performed:			

3.

Employer		Job Title	
If currently employed, may we contact for references?		____ Yes	____ No
Street address	City	State	Zip
(____) _____	Name of Supervisor		
Phone Number		Reason for Leaving	
Dates of Employment - From/To		Hours per Week _____	
Part Time: _____	Full Time: _____		
Duties Performed:			

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4.

Employer		Job Title	
If currently employed, may we contact for references?		____ Yes	____ No
Street address	City	State	Zip
(____)	Name of Supervisor		
Phone Number			
Dates of Employment - From/To		Reason for Leaving	
Part Time: _____	Full Time: _____	Hours per Week _____	
Duties Performed:			

5.

Employer		Job Title	
If currently employed, may we contact for references?		____ Yes	____ No
Street address	City	State	Zip
(____)	Name of Supervisor		
Phone Number			
Dates of Employment - From/To		Reason for Leaving	
Part Time: _____	Full Time: _____	Hours per Week _____	
Duties Performed:			

(Use a separate sheet of paper if necessary)

5. SKILLS AND CERTIFICATIONS

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:

6. ARREST HISTORY

Have you ever been convicted of a crime other than traffic? Yes No

If yes, describe in detail:

<u>Date</u>	<u>Charge</u>	<u>Police Agency</u>	<u>Disposition</u>
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

7. RELATIVES

Are you related to any Lincoln County Emergency Services 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 do not live with you:

Reference 1:

_____	(_____)_____
Name	Phone number:
_____	_____
Address	Years Acquainted

Reference 2:

_____	(_____)_____
Name	Phone number:
_____	_____
Address	Years Acquainted

Reference 3:

_____	(_____)_____
Name	Phone number:
_____	_____
Address	Years Acquainted

CONSENT TO OBTAIN BACKGROUND INVESTIGATION REPORTS

I, _____, hereby authorize the Lincoln County Emergency Services (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 Emergency Services (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 Emergency Services (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 Emergency Services affecting my employment shall constitute a part of my appointment or employment. My signature authorizes Lincoln County Emergency Services 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: ____/____/____