Employment Application

Morgan County 911 is an Equal Opportunity Employer. It is our policy to provide equal employment opportunities for all individuals without regard to race, sex, age, religion, national origin, disability, or any other characteristic protected by law.

Print in ink or type. Complete carefully and in full.			
Position Desired		Date of Application	
How did you learn about us?			
Advertisement	Friend	Social Media	
Employment Agency	Relative	Website	

Last Name	First Name		Middle Name	
Maiden/Other Names				
Address (Number and Street)		City	State	Zip Code
Telephone Number		Social Secu	urity Number	
Driver's License State and Nu	ımber	Date of Bir	th (optional)	
Email Address				

Are you currently employed?		_Yes _1	No
May we contact your current employer?		_Yes _N	No
Are you prevented from lawfully becoming employed in country because of visa or immigration status? Proof of citizenship or immigration status will be required upon emp		_Yes _N	No
On what date would you be available for work?			
Are you seeking employment:	Full-Time	Part-Time	Either

Education

	Name and Location of School	Major	Years Completed	Did you graduate?
High School		High School		
Technical School/ Junior College				
College				
Graduate/Professional				

Describe any job related training.

Note: Do not answer this question until you have reviewed the job desc	ription.	
Are you capable of performing, with or without reasonable accommodation, the essential functions of the job?	Yes	No
Have you ever been convicted of a crime (felony or misdemeanor		
including DUI) other than minor traffic citations?	Yes	No
If yes, give details (note: A criminal record is not necessarily a bar to e an individual basis.)	mployment. Each	n applicant is considered on

Work Experience

THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.

Start with your current or most recent job. Please include all employers for the past 10 years.

Employer		Dates Employed		
		From	То	Work Performed
Address				
Telephone Number		Hourly Wage		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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		From	То	Work Performed
Address				
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		From	То	Work Performed
Address				
Telephone Number		Hourly Wage		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

Name	Telephone Number
Address	Employer
Name	Telephone Number
Address	Employer
Name	Telephone Number
Address	Employer

Applicant's Statement

Applicant's Agreement:

I hereby state that the information given by me on this form and in any interview is certified to be true and complete. I understand that this information is subject to verification, and that if this information is later found to be untrue, incomplete, or misrepresented in any way, this will be cause for rejection of my application or, if already employed, for immediate dismissal. I also understand Morgan County 911 may investigate my driving record and my criminal record, and that a background investigation, including a credit check, may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that Morgan County 911 reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during employment to the extent permitted by law. I understand that the employer's acceptance of this application does not indicate there are any positions open and does not in any way obligate Morgan County 911. Job applicants are required to submit to drug testing at or near the final stage of the hiring process. Any offer of employment will be conditional upon a negative drug test result. I understand that anything brought to or removed from the premises of Morgan County 911 is subject to search at the employer's election and I consent to such search. Specifically, I authorize the employer, in its discretion, to search my desk, locker, or other areas for contraband in such circumstances when the employer deems such search necessary or appropriate. I understand that this application will be given every consideration, but it is not a promise of employment. I further understand that if I am hired my employment will be as an "At will" employee, which means my employment is for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time, with or without notice, and Morgan County 911 has the same right. No one other than the Director of Morgan County 911 has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.

Applicant's Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize all educational institutions attended to release an official copy of my transcript if requested. In addition, I authorize any law enforcement jurisdiction to release any information requested regarding my background to Morgan County 911.

Signature of Applicant