

Application for Employment Eastern Shore of Virginia 9-1-1 Commission Public Safety 9-1-1 Communications Officer

We are an equal opportunity employer and are committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

| | | | | |
|---|----------|----------------|------------------|---|
| Full Legal Name | | | Date of Birth | Is a resume attached? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Physical & Mailing Address (if different) | | | City | |
| State | Zip Code | Primary Number | Secondary Number | Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> |

Position

| | | |
|---|---|---------------------------|
| Position You Are Applying For | Available Start Date | Min. Accepted Wage/Salary |
| Employment Desired (Check one or both) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

Education (List chronologically, beginning with high school)

| School Name | Location | Degree Received | Major |
|-------------|----------|-----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

Professional References

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Personal References (References should not be related to applicant)

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

Employment History (List chronologically, beginning with most recent)

| | | | | |
|---------------------|----------------------|-------------------|--------------------|----------------------|
| Employer (1) | | Job Title | | Dates Employed to |
| Work Phone | Immediate Supervisor | Starting Pay Rate | Ending Pay Rate | Type of Business |
| Address | | City | State | Zip |
| Duties | | | Reason for Leaving | |
| Employer (2) | | Job Title | | Dates Employed to |
| Work Phone | Immediate Supervisor | Starting Pay Rate | Ending Pay Rate | Type of Business |
| Address | | City | State | Zip |
| Duties | | | Reason for Leaving | |
| Employer (3) | | Job Title | | Dates Employed to |
| Work Phone | Immediate Supervisor | Starting Pay Rate | Ending Pay Rate | Type of Business |
| Address | | City | State | Zip |
| Duties | | | Reason for Leaving | |
| Employer (4) | | Job Title | | Dates Employed to |
| Work Phone | Immediate Supervisor | Starting Pay Rate | Ending Pay Rate | Type of Business |
| Address | | City | State | Zip |
| Duties | | | Reason for Leaving | |

Position Related Training

Do you have any Emergency Dispatch Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Certification level(s) (if any):

Expiration Date:

Do you have any Emergency Medical Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Certification level(s) (if any):

Expiration Date:

Do you have any Fire Service Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Certification level(s) (if any):

Expiration Date:

Do you have any Law Enforcement Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Do you have any Hazardous Material Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Do you have any Medical Professional Training?

Yes No

Hours of training:

0 1-30 31-60 61-121 121+

Current licensure:

Expiration Date:

Volunteer Experience (Fire/EMS Department, Organizations, Church, Other)

| Name of Organization | Positions Held | Dates of Service |
|----------------------|----------------|------------------|
| | | |
| | | |
| | | |

Computer Experience

Do you have typing experience?

Yes No

Do you have formal keyboarding training?

Yes No

Words per minute:

Please list any computer programs/machines you can use?

Schedule Preferences

Which of the following are you willing to work?

Days (6a-6p) Nights (6p-6a) Weekdays Weekends Holidays

Closing Statement

Please use this space to include any additional information that you think would help us evaluate your application? Training, workshops, experience, special achievements, specialized skills, or other closing statements:

Signature Disclaimer

I here certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me or for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I release all employers, firms, schools, and individuals of any and all liability for release of this information. My signature authorizes pre-employment drug screening, investigative reports, and a criminal records check. I understand that this employment application is not an employment contract and, if employed, my employment with the Eastern Shore of Virginia 9-1-1 Commission is at will and may be terminated at any time and for any or no stated reason.

Name (Please Print)

Signature

Date



Return Completed Applications to:

Eastern Shore of Virginia 9-1-1 Communications (In-Person) 23201 Front St. Accomac, VA. 23301 (By mail)

P.O. Box 337 Accomac, Va. 23301

(By fax) 757-787-1044

If you have any questions or to submit via e-mail,

please contact us at:

757-787-0911 or 757-824-0911 or 757-442-0911