## **BLOUNT COUNTY 911 COMMUNICATIONS DISTRICT**

## **APPLICATION FOR EMPLOYMENT**

Please answer ALL questions and return to:	ase answer <b>ALL</b> questions and return to: Have you previously applied for any positions at				
ount County 911 Communications District Blount County 911 Communications District?					
00 Jack Fendley Drive, Oneonta, AL 35121					
NOTE: MUST BE COMPLETED & SIGNED	205) 625-4911 If Yes, Which position? When?				
PERSONAL INFORMATION					
NAME OF THE PROPERTY OF THE PR	SOCIAL SECURITY				
NAME:	NUMBER: Middle	:			
Last	Middle				
PRESENT					
ADDRESS:	C'.	C			
Street	City	State	Zip		
MAILING					
ADDRESS:					
Street	City	State	Zip		
EMAIL ADDRESS:					
PHONE:	Are you 18 years o	f age or older:  Yes  No			
THORE.		ish a work permit? $\square$ Yes $\square$ N	Vo		
Other lest names used while working if any					
Other last names used while working, if any:					
Are you a U.S. citizen?  Yes  No If no, specify	type of entry document:				
Also, specify type of employment authorization and	expiration date:				
71130, specify type of employment authorization and	expiration date.				
W	TAY 10				
Have you ever been convicted of a felony? ☐ Yes	■ No If yes, please explain:				
Have you ever served in active U.S. Military Service					
	Dates of service: To	From			
Do you have a reliable means of transportation to en	able you to get to work in a timely	manner?  Yes  No			
Do you have a driver's license? ☐ Yes ☐ No Driv	er's license:Number	State			
	rumoer	State			
EMDLOVMENT DECIDED					
EMPLOYMENT DESIRED					
Position Applying for			ime		
Hours Available	Number of Months	Full-T	ime		
			orary		
		Casual	<u> </u>		
Annual Salary Requirements	How did you beco	ome aware of this position?			
Date Available for Employment	Newspaper (name	Newspaper (name)			
f currently employed, termination notice Walk-In					
you must give to present employer Friend Other (please specify)					

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DIPLOMA OR DEGREE	SUBJECTS STUDIED	
HIGH SCHOOL					
COLLEGE					
POST-GRADUA	ТЕ				
OTHER					
Please list special o	qualifications, training, licenses and skills t	hat would assist you	in performing the	e job applied for:	
Briefly describe wl	hy you are interested in this position:				
EMPLOYMENT	HISTORY (Begin with most recent. This	section MUST be co	mpleted even if y	ou attach a resume.	)
Employed From	Company Name:		Type of E	Business:	
	Address:				
	No. and Street	Ci	•	State	Zip
Month Year	Starting Position:			-	
То	Final Position:			Salary: \$	
	Name of Supervisor:				
	List main duties performed:				
Month Year	Reason for leaving:				
	If presently employed, may we contact? If yes, phone no. (including area code):				
Employed From	oyed From Company Name: Type of Bus				
	Address:				
	No. and Street	Ci	•	State	Zip
Month Year	Starting Position:			Salary: \$	
То	Final Position:			Salary: \$	
	Name of Supervisor:				
	List main duties performed:				
Month Year	Reason for leaving:				
	If presently employed, may we contact? If yes, phone no. (including area code):				

Employed From	Company Name:	Type of	Business:		
	Address:				
	No. and Street	City	State	1	
Month Year	Starting Position:		_ Salary: \$		
То	Final Position:		_ Salary: \$		
	Name of Supervisor:				
	List main duties performed:				
Month Year	Reason for leaving:				
	If presently employed, may we contact?  Yes If yes, phone no. (including area code):				
Employed From	Company Name:	Type of	Type of Business:		
	Address:				
	No. and Street	City	State	Zip	
Month Year	Starting Position:		_ Salary: \$		
То	Final Position:		_ Salary: \$		
	Name of Supervisor:				
	List main duties performed:				
Month Year	Reason for leaving:				
	en suspended or discharged from employment?				
If yes, please expl	ain:				
NAME	Give the names of three persons, not related to you,  ADDRESS/TELEPHONE NUMBER	PROFESSION	·	S. KNOWN	
_					
3					
IN CASE OF EMI	ERGENCY, PLEASE NOTIFY:				
NAME	ADDRESS		TELEPHON	E NUMBER	

I hereby represent that all information now or hereafter given by me in support of my application for employment is true and complete. I hereby authorize investigation of all statements contained in this application and full disclosure of my present and prior employment record, education and credit history. I grant permission to the Blount County 911 Communications District to obtain employment, education and credit history information concerning my general reputation, character, conduct and work quality, and authorize any person or organization contacted to furnish information and opinions concerning any and all such matters whether same is a matter of record or not, including a personal evaluation of my honesty, reliability, carefulness and ability to take orders from my superiors. I understand that this may include a record of disciplinary action assessed by previous employers. I hereby release the Blount County 911 Communications District and any person or organization from any and all liability which may result in furnishing such information or opinion, and from any other liability whatsoever as a result of such inquiries and disclosures. I hereby release Blount County 911 Communications District, and any person, organization or prior employer from obligation to provide me with written notification of such disclosure. I understand that employment is contingent upon this investigation and, if hired, any misrepresentation, omission or falsification of facts called for on this application shall be considered sufficient cause for my dismissal without notice at any time during my employment. I understand and agree that if, in the opinion of the Blount County 911 Communications District, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Blount County 911 Communications District may be terminated.

I further understand that the Blount County 911 Communications District may require a medical examination by an Authority-designated physician (1) after I have received an offer of employment and prior to my commencement of employment duties; and,(2) during the course of my employment as required by business necessity and for job-related purposes. I hereby consent to such examinations and recognize that employment is contingent upon receipt of a satisfactory medical evaluation. I further understand and agree that prior to commencing employment or after I am employed, I may be requested to submit to tests to determine the presence of alcohol, narcotics or illegal drugs, and agree to the release of any such test results to appropriate Authority personnel, and agree that if I refuse and/or fail such tests before commencing employment, my offer of employment will be revoked, or if I refuse and/or fail such tests after being employed, my employment will be terminated.

I agree that this application is not an offer of employment. I agree that if I am employed by the Blount County 911 Communications District (1) that my contract of employment is at-will and may be terminated at any time, with or without notice and with or without cause at the option of either the Blount County 911 Communications District or myself; (2) that I will receive wages and benefits and be subject to rules and regulations and that such wages, benefits, rules and regulations are subject to change by the Blount County 911 Communications District at any time with or without notice to me; (3) that in partial consideration for my employment, I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the event complained of and agree to waive any statute of limitations to the contrary; (4) that my assigned work hours may be modified by the Blount County 911 Communications District, and, if required, I will be required to work over-time; (5) that this constitutes the entire agreement between the Blount County 911 Communications District and myself and that any and all prior agreements are null and void; (6) that this agreement cannot be modified in any way by any documents published by the Blount County 911 Communications District, either before or after this agreement, except in a written agreement addressed to me individually and by name and signed by both the Director of the Blount County 911 Communications District and myself.

Communications District, either before or after this agreement, except in a written agreement addressed to mame and signed by both the Director of the Blount County 911 Communications District and myself.	e individually and by
I have read, understand and agree to the above statements and conditions of employment.	
Type or sign your name here	Date