



LAUDERDALE COUNTY, MISSISSIPPI ENHANCED 9-1-1

1300 26th Avenue
Meridian, MS 39301

Phone: (601) 482-9854 Fax: (601) 486-4948 Email: e911@lauderdalecounty.org

APPLICATION FOR EMPLOYMENT

Contact Phone Number: _____ Date of application: _____

Position applying for: _____ Desired Wage per hour: _____

Seeking ____ Part or ____ Full Time Resume attached: (not required)

Copies attached of applicable documents: **Certifications/Diploma/Degrees,**
Drivers License, SSN Card, DD-214: **(required)**

INSTRUCTIONS

Write, print, or type clearly, and answer **all** questions. If a question is not applicable, mark it "N/A". If more space is needed, use the additional lines on Page 6. Each applicant must complete his or her own application.

APPLICANT INFORMATION

Full Legal Name: _____
(First) (Middle) (Last) (Maiden, if applicable)

Preferred or Nick Name(s): _____

Any other names you may be known by: _____

Soc. Sec #: _____ Driver's License #: _____

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Mailing Address: _____
(Number and Street) (City) (State) (Zip Code)

Are you currently employed with another ____ City ____ County or ____ State Government

If yes, which municipality/department: _____

Are you legally allowed to work within the United States of America: ____ Yes ____ No

Are you over the age of 18: ____ Yes ____ No

Soc. Sec #: _____

EDUCATION

Highest grade completed: _____ (use 13, 14, etc. to show years of college attended)

Last school attended: _____ School level: _____
(grammar, high, college)

Completed: ___ GED ___ Diploma ___ Degree Level of Degree: _____
(Associate/Bachelor/Master/Doctor)

Major/Minor/Focus of Degree: _____

Any business/trade/vocational schools and subjects studied: _____

Other schools attended or relevant training received: _____

Professional licenses/affiliations related to the job for which you are applying: _____

Honors or awards or offices held related to the job for which you are applying: _____

OTHER SKILLS

Business machines I can operate: _____ Typewriter (wpm _____) _____ Copier _____ Calculator
_____ Computer _____ Other _____ Facsimile

Computer programs familiar with/other skills: _____

DISABILITIES

If employed, can you perform the essential job functions for the position for which you are applying, with or without reasonable accommodation: ___ YES ___ NO

If no, explain: _____

Any medical item that may be of concern for the type of work for which you are applying that you are willing to voluntarily disclose:

FINANCIAL AND LEGAL

Any bankruptcies: ____ Yes ____ No

If Yes: Court Discharge was processed through: _____ Year: _____

Have you been **convicted** for any crime, including any **convictions** that have been expunged?

____ Yes ____ No If yes, provide the date(s) and explanation(s): _____

Members of immediate family (including in-laws) that have been **convicted** for offenses other than traffic violations:

Name _____ Relationship _____ Offense _____

Name _____ Relationship _____ Offense _____

Name _____ Relationship _____ Offense _____

EMPLOYMENT RECORD

(Begin with last or present job, and work backward)

1) Company: _____ From: _____ To: _____

Location: _____

Title: _____ Average hours per week: ____ Salary: _____

Immediate Supervisor: _____ Phone Number: _____

Description of duties: _____

Reason for leaving: _____

2) Company: _____ From: _____ To: _____

Location: _____

Title: _____ Average hours per week: _____ Salary: _____

Immediate Supervisor: _____ Phone Number: _____

Description of duties: _____

Reason for leaving: _____

3) Company: _____ From: _____ To: _____

Location: _____

Title: _____ Average hours per week: _____ Salary: _____

Immediate Supervisor: _____ Phone Number: _____

Description of duties: _____

Reason for leaving: _____

4) Company: _____ From: _____ To: _____

Location: _____

Title: _____ Average hours per week: _____ Salary: _____

Immediate Supervisor: _____ Phone Number: _____

Description of duties: _____

Reason for leaving: _____

5) Company: _____ From: _____ To: _____

Location: _____

Title: _____ Average hours per week: _____ Salary: _____

Immediate Supervisor: _____ Phone Number: _____

Description of duties: _____

Reason for leaving: _____

REFERENCES

(DO NOT list relatives or former employers.)

List three people who have known you well during the last three years.

1) Name: _____ City: _____

Business: _____ Telephone: _____

2) Name: _____ City: _____

Business: _____ Telephone: _____

3) Name: _____ City: _____

Business: _____ Telephone: _____

RESIDENCE RECORD

List all residences for the last ten years:

From: _____ To: _____ Address: _____
(Number and Street) (City)

From: _____ To: _____ Address: _____
(Number and Street) (City)

From: _____ To: _____ Address: _____
(Number and Street) (City)

From: _____ To: _____ Address: _____
(Number and Street) (City)

From: _____ To: _____ Address: _____
(Number and Street) (City)

From: _____ To: _____ Address: _____
(Number and Street) (City)

AVAILABILITY

This section provides an opportunity to *request* a specific shift. However, if hired, you may be required to work a shift that are not those which you requested.

Our shifts rotate on a 2 On, 3 Off, 2 On, 2 Off, 3 On, 2 Off, rotation, over a 14 day work period. Requesting specific days off is not an option. In this rotation you will receive alternating weekends and weekdays off.

Shift preference (write 1 or 2 in each option): 6am – 6pm 6pm – 6am

CONTINUATION

Be sure to list what page and item you are providing further information about:

EMPLOYMENT CONSIDERATIONS

I ____ do or ____ do not drink alcohol, in any form or strength.

Read each item below and initial the line to the left.

- _____ I understand that I will be required to submit to a drug test prior to employment and that I will be subjected to random drug testing throughout my employment.
- _____ I understand that my previous employers and references provided will be contacted in an effort to verify employment and to establish a basis that I am capable of performing the duties required of me for the position which I am applying for.
- _____ I understand that I may be required to work a variety of hours and days, including weekends and holidays, depending on the position for which I am applying, and that I may be transferred to any shift and/or have my off days changed, as required by the Director.
- _____ If employed I understand that my off duty conduct and behavior, if illegal or of a nature that brings dishonor or disrepute on the E-911 Department, can result in termination of my employment.
- _____ If employed I agree that I will abide by all Departmental, Local, State and Federal: Laws, Ordinances, Policies, Rules and Regulations (written and oral) pertaining to my duties, and I understand that there is an established chain of command to which I must abide.
- _____ If employed as a full time employee I agree that this position will be my primary employment and take precedence over other outside employment if a scheduling conflict were to arise.
- _____ If employed I understand and agree that during my probationary period I will be required to work/train on all shifts.
- _____ I understand that if employed I may be required to travel for training, at departmental expense, which is likely to involve overnight stays for up to 7 days.
- _____ I understand that if employed I will have access to systems and information which contain confidential and private information protected under the Privacy Act that I cannot divulge or use except as permitted by law.
- _____ I further certify that this application contains no willful misrepresentation or false statements, and I do not know of any legal or moral prohibitions against my employment with the Lauderdale County E-911 Department. I understand that any misrepresentation or omission of a fact on my application, resume or during the interview or hiring process may result in the refusal of employment, or if employed, immediate termination.

Printed Name of Applicant

Signature of Applicant

Date

The Lauderdale County E-911 Department is an Equal Employment Opportunity Commission (EEOC) compliant employer and does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age.