

Stone County Emergency Services

Employment Application

(Applications are active for 30 days unless otherwise notified. All fields must be completed)

		Applicant In	formation			
Full Name:				Date:		
	Last	First		Middle		
Address:						
	Street Address				Apartment/Unit #	
	•					
	City			State	ZIP Code	
Phone:		Em	nail			
Date Availa				Desired Sal	lary:	
Driver's Lice	ense Number:		Date of Birth:		, 	
Position Ap	plied for:			<u> </u>		
-	itizen of the United States?	YES NO	-	rized to work in the	YES NO U.S.?	
nave you e	ver worked for SCES?		ou willing to Ti	averior work:		
	ailable to work Shift Work, and Overtime?	YES NO				
-	ver been convicted of a felony?					
	grand state	Educa	lion	198	-15	
Please atta	ch a copy of your School Trans	cript or Diploma				
High Schoo	l:	Address:_				
From:	To: [Did you graduate?	YES NO	GED/ Diploma:		
College: _		Address:_				
From:	To: [Did you graduate?	YES NO	Degree:		
Other:		Address:				
From:	To: [Did you graduate?	YES NO	Degree:		



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	Kelel	ences			
Please list t	hree professional references. (Do not include	relatives	or employe	ers)	
Full Name:				Relationship:	
Company:		ì		Phone:	
Address:					
				Relationship:	
Company:			1	Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
1.24	Previous E	mploym	ent	100 Table 1	
List employr	ment history over the past 5 years				
Company:		,		Phone:	
Address:	·			Supervisor:	
Job Title:	Starting S	alary:\$		Ending Salary:\$	
Responsibili	ties:				
From:	To:	Reason f	or Leaving:		
May we con	tact your previous supervisor for a reference?	YES	NO		
Company:			. 1	Phone:	
Address:				Supervisor:	
Job Title:	Starting S	olone c		Ending Salary:\$	
Job Tille.	Starting S	alaiy.		Ending Salary.	
Responsibili	ties:	-			
From:	To:	Reason f	or Leaving:		
May we con	tact your previous supervisor for a reference?	YE\$	NO 🗆		
				70.772.744.9733.88887.71787178	



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Company:				Phone:		
Address:	Supervi			Supervisor:		
Job Title:	Starting Salary:\$		····	Ending Sa	alary: \$	
Responsibilities:				,		
From:	To:	Reason fo	or Leaving:			
	revious supervisor for a reference?	YES	NO			
	Military	/ Service			13	
If Military, please attack Branch:	1 your DD214		_ From:_	\ <u>.</u>	To:	
	Rank at Discharge: Type of Discharge:					
If other than honorable,	explain:					
	Disclaimer :	and Signal	ture		The state of the s	
I certify that my answe	ers are true and complete to the be	est of my kn	owledge.			
If this application lead interview may result in	s to employment, I understand tha n my release.	t false or mi	isleading inf	formation in i	my application or	
	st have a clear criminal history rep ncy Services to perform a Crimina			r employmer	nt and herby authoriz	æ
	required to pass a pre-employme to random drug tests/ screens or					ı
Signature:				Date:		



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Pre-Employment Conditions Work Environment

NO.	Comment	Initials
1	You must have regular and predictable attendance	
2	You must arrive to work on time with all issued equipment and be immediately prepared for your position.	
3	You may be required to work different shifts in an enclosed work environment	
4	You may have no choice about which shift you are assigned to work	
5	You may have no choice about which days you are assigned to work	
6	You may be required to work all shifts, including during training period	
7	You must be prepared to work weekends on a regular basis	
8	You must be prepared to work any and all Federal, State, and religious holidays on the recognized or actual date	
9	You must be prepared to work on personally important days (I.E. Birthdays, anniversaries, sports events, etc)	
10	You must be able to work voluntary/ mandatory overtime, before or after a shift sometimes with little to no notice.	
11	You must have reliable transportation that functions in the 24-hour environment	
12	You must have access to a home phone or electronic device that will allow you to contact the department when requested	
13	You must be willing to respond back to work with little to no notice	
14	Emergency communicators must often be at their workstations for extended durations of time, including regularly eating meals at your workstation. No established breaks are provided. Leaving the building is at times restricted	
15	Must be able to work within a structured organization Specifically, must be willing to work: Work through a highly structured "chain of command" Have ALL phone and radio activities recorded Work in accordance with a disciplinary policy Work in restricted access areas	
16	Must be able to work at a radio console and computer terminal for an entire shift. (MINIMUM of 8 hours)	
17	Must be able to work at a console with multiple computer monitors, numerous radios, and ringing telephones, while being able to type accurately.	



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NO.	Comment	Initials
18	Must be able to work in high stress environment	
19	Must always be able to get along with and assist your co-workers in a team spirit and mentally.	
20	Must be able to comply with and support the decisions of the Executive Director and/ or Deputy Director. As well as the policies of the 911 center.	
21	Must be able to receive criticism from co-workers, supervisors, responding units and civilians	
22	Must be able to accept and receive a daily rating of your job performance Including criticism and regularly being reminded of errors and mistakes.	
23	Must be able to have the ability to accurately record the information the caller is giving you into the computer in real time.	
24	Must be able to work at a rapid pace, of which you have little to no control.	
25	Must be able to maintain intense concentration and attention for extended periods of time.	

There are many satisfying and rewarding aspects of having an Emergency Communications position. There is no question that they make a significant contribution to the welfare and safety of fellow citizens and responding agencies. It is important for all applicants to carefully consider both the negative and the positive features of a new career **before** considering the position.

The job factors listed are features of Emergency Communication that many applicants are often unaware of. If you are concerned about any of these items above, you may discuss your concerns with the Executive Director or Deputy Director.

Please consider discussing the various aspects with your family and how each job factor may personally affect you. Should you be offered a position, this form will become part of your permanent personnel file.

Printed Name:______ Signature:_____

Administrator Signature:

With my signature below, I state I have read, considered, and understand each job condition.



CRIMINAL HISTORY AUTHORIZATION

l,	, AUTHORIZE Stone County Emergency Services to			
perform a Crimin	al History Check. I understand that	this is a requirement to enter the D	ispatch Center.	
Signature	<u>)</u>	Date		
Full Name (Printe	d)	Date of Birth		
Social Security Nu	umber			
Driver's License N	lumber/State			
	RESULTS (OI	FFICE ONLY USE)		
	No Criminal	History Present		
	Criminal H	listory Present		
NOTES	:			
Complet	ted by:	Date:		