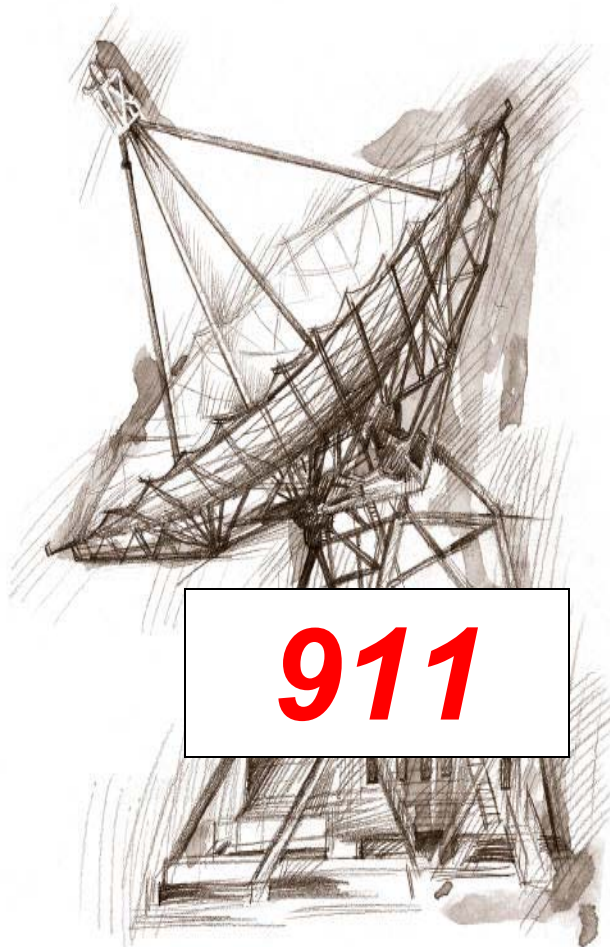


**TIPTON COUNTY EMERGENCY
COMMUNICATIONS DISTRICT**



APPLICATION FOR EMPLOYMENT

TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT IS AN EQUAL
OPPORTUNITY EMPLOYER

**CONFIDENTIAL
APPLICANT PERSONAL
HISTORY QUESTIONNAIRE**

FOR TIPTON COUNTY E-911 USE ONLY

APPLICATION NO: _____

DATE: _____

POSITION APPLIED FOR: DISPATCHER

AN EQUAL OPPORTUNITY EMPLOYER

The Director of Tipton County E-911 resolves that subject to all applicable State and Federal statutory or judicial exemptions, all qualified applicants for employment and/or advancement whether commissioned or civilian, shall be given equal opportunity for consideration, selection, appointment and retention regardless of race, color, religion, sex, national origin, age, disability, or political affiliation.

VERIFICATION OF INFORMATION

Those who will be considering your application for employment or training with the Tipton County E-911 Center will use the information requested on this questionnaire for reference. An extensive background investigation will be conducted into your personal history. Any **FALSE, MISLEADING, OR INCOMPLETE** information substituted for accurate information will be grounds to disqualify you from further consideration in the application process with the Tipton County E-911 Center.

I confirm that I have read, that I understand the above, and that all statements and documents presented to the Tipton County E-911 Center are true, correct, complete and made in good faith.

Signature

Date

DIRECTIONS

1. **USE BLACK INK PEN ONLY.** Complete this form in your own handwriting or printing. If you need any special accommodation in completing this questionnaire, contact the Administrative Division in person or by phone (901) 476-0252 between the hours of 8:00am and 4:00pm Monday through Friday.
2. Be certain that your answers are legible.
3. Read each question carefully before answering.
4. Be certain that each question is answered **COMPLETELY** and **CORRECTLY**. Submit all documents as requested. If a question does not apply to you, write **N/A** (Not Applicable) in the space. **LEAVE NO SPACES BLANK.**
5. Initial **EACH** page on bottom right corner.
6. Additional space is provided on page (7) for answers, which require clarification or further explanation. All entries on page (7) will begin with page, section number (Roman Numerals (I-XIII)) and question (Letters A-P) you are explaining or clarifying.
7. The disclosure of your Social Security Number is completely voluntary. Your refusal to reveal it will in no way effect applications for any job or consideration provided by this department. The Social Security Number assists the department in differentiating between applicants with similar or identical names.

Initials _____

I. PERSONAL DATA

NAME _____
 LAST FIRST MIDDLE HOME PHONE #

ADDRESS _____
 NUMBER STREET CITY STATE ZIP BUSINESS PHONE#

ADDRESS IF DIFFERENT FROM ABOVE _____
 NUMBER STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER ____/____/____ DATE OF BIRTH _____

PLACE OF BIRTH _____ DRIVERS LICENSE# _____ STATE _____

LIST ANY OTHER NAMES YOU HAVE EVER USED:

1. _____ 2. _____

ARE YOU A CITIZEN OF THE UNITED STATES: _____ YES _____ NO

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST 10 YEARS, INCLUDE MILITARY ADDRESSES

FROM	TO	STREET ADDRESS	CITY	STATE	ZIP

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS DEPARTMENT BEFORE? _____ YES _____ NO

DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED WITH THIS DEPARTMENT? _____ YES _____ NO

ARE YOU ACQUAINTED WITH ANY TIPTON COUNTY E-911 EMPLOYEES? _____ YES _____ NO

IF YES PLEASE LIST: 1. _____ 2. _____

HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY? _____ YES _____ NO

ORGANIZATION OR FIRM	ADDRESS/ZIP	POSITION APPLIED FOR	DATE

BASED ON THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU APPLIED, ARE YOU ABLE TO PERFORM THESE FUNCTIONS WITH OR WITHOUT ACCOMODATIONS? _____ YES _____ NO

Initials _____

II. REFERENCES

LIST FOUR (4) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS, WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS.

1. NAME _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ OCCUPATION _____
2. NAME _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ OCCUPATION _____
3. NAME _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ OCCUPATION _____
4. NAME _____ YEARS ACQUAINTED _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DAYTIME PHONE _____ OCCUPATION _____

III. ARREST HISTORY

OTHER THAN TRAFFIC CITATIONS, HAVE YOU BEEN ARRESTED, CONVICTED, CHARGED, QUESTIONED ACCUSED OR DETAINED FOR ANY REASON BY ANY POLICE OR SECURITY OFFICER, MILITARY POLICE AUTHORITY, EITHER IN THE UNITED STATES OF AMERICA OR IN ANY FOREIGN COUNTRY? ___ YES ___ NO

DATE	CHARGE	DEPT OR AGENCY	LOCATION-CITY, COUNTY	DISPOSITION

WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS OTHER THAT TRAFFIC?

_____ YES _____ NO IF "YES" PLEASE EXPLAIN _____

HAVE POLICE EVER BEEN CALLED TO ANY OF YOUR FORMER OR CURRENT RESIDENCES FOR ANY REASON? _____ YES _____ NO

IF "YES" PLEASE EXPLAIN _____

HAVE YOU EVER BEEN INVOLVED IN ANY UNDETECTED CRIME, INCLUDING THE BUYING OR SELLING OF ILLICIT DRUGS? _____ YES _____ NO

IF "YES" PLEASE EXPLAIN _____

Initials _____

ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? _____ YES _____ NO

IF "YES" PLEASE EXPLAIN _____

IV. EDUCATION AND SKILLS

DO YOU HAVE: (CHECK APPROPRIATE LINES)

_____ GED CERTIFICATE _____ HIGH SCHOOL DIPLOMA _____ COLLEGE DEGREE
_____ POST GRADUATE DEGREE _____ VOCATIONAL DEGREE _____ BACHELORS DEGREE

LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED

MONTH/YEAR ATTENDED	NAME AND LOCATION	#OF CREDITS	TYPE OF	MAJOR	YR OF
FROM TO	STREET/CITY/STATE/ZIP	COMPLETED	DEGREE		DEGREE

HAVE YOU EVER BEEN SUSPENDED, EXPELLED OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY REASON? _____ YES _____ NO

IF "YES" PLEASE EXPLAIN _____

HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? _____ YES _____ NO

IF "YES" PLEASE EXPLAIN _____

HAVE YOU EVER RECEIVED ANY CERTIFICATIONS OR HAD TRAINING IN THE COMMUNICATIONS FIELD?

_____ YES _____ NO IF "YES" PLEASE EXPLAIN _____

INDICATE LANGUAGES YOU SPEAK, READ, AND/OR WRITE OTHER THAN ENGLISH?

	FLUENT	ABOVE AVERAGE	FAIR
SPEAK			
READ			
WRITE			

SPECIAL SKILLS, QUALIFICATIONS AND AWARDS, (Summarize special skills, qualifications, and accomplishments including clerical skills that you wish to be considered.

Initials _____

V. EMPLOYMENT HISTORY

START WITH YOUR PRESENT OR LAST JOB AND LIST ALL OF TE PLACES YOU HAVE WORKED. LIST EVERYTHING FOR THE PAST TEN YEARS. LIST ANY ADDITIONAL EMPLOYERS ON PAGE (7).

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM _____ TO _____	WORK PERFORMED
ADDRESS	CITY	STATE ZIP	
JOB TITLE	SUPERVISOR	HOURLY/ANNUAL SALARY STARTING _____ FINAL _____	REASON FOR LEAVING
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM _____ TO _____	WORK PERFORMED
ADDRESS	CITY	STATE ZIP	
JOB TITLE	SUPERVISOR	HOURLY/ANNUAL SALARY STARTING _____ FINAL _____	REASON FOR LEAVING
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM _____ TO _____	WORK PERFORMED
ADDRESS	CITY	STATE ZIP	
JOB TITLE	SUPERVISOR	HOURLY/ANNUAL SALARY STARTING _____ FINAL _____	REASON FOR LEAVING

HAVE YOU EVER BEEN DISMISSED, FIRED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ___ YES ___ NO
IF "YES" PLEASE EXPLAIN _____

HAVE YOU EVER STOLEN ANY MONEY OR MERCHANDISE FROM ANY PLACE OF EMPLOYMENT?
 ___ YES ___ NO (INCLUDE FINAL DISPOSITION OF ALL ITEMS (i.e. sold, retained for personal use, returned,
 Etc). **IF "YES" PLEASE EXPLAIN** _____

Initials _____

HAVE YOU EVER BEEN UNEMPLOYED FOR A PERIOD OF TIME IN EXCESS OF SIX MONTHS?

____ YES ____ NO IF "YES" PLEASE EXPLAIN _____

VI. MILITARY STATUS

ARE YOU REGISTERED WITH THE SELECTIVE SERVICE? ____ YES ____ NO

REGISTRATION NUMBER _____

LOCATION WHERE REGISTERED _____

HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS) ____ YES ____ NO

MONTH/YR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

WERE YOU EVER REDUCED IN RANK IN THE MILITARY? ____ YES ____ NO

RANK REDUCED FROM _____ TO _____

WERE YOU EVER COURT MARTIALED? ____ YES ____ NO

TYPE OF COURT MARTIAL: ____ SUMMARY ____ SPECIAL ____ GENERAL

HAVE YOU EVER RECEIVED A CAPTAINS MAST, OR COMPANY PUNISHMENT? ____ YES ____ NO

IF "YES PLEASE EXPLAIN _____

HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT?

____ YES ____ NO IF "YES" PLEASE EXPLAIN _____

Initials _____

USE THE REMAINDER OF THIS SHEET FOR ANY ADDITIONAL INFORMATION. LIST QUESTION TO WHICH THE ADDITIONAL INFORMATION APPLIES. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN

**TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER
220 HIGHWAY 51 N, SUITE 4
COVINGTON, TN 38019
OFFICE (901) 476-0252 FAX (901) 475-4362**

**CERTIFICATE OF APPLICANT
AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, hereby certify that all statements made on, or in connection
Print Full Name
with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights in initial employment of continued employment by the Tipton County Emergency Communications Center.

I ALSO DO HEREBY AUTHORIZE ALL LAW ENFORCEMENT AGENCIES, ALL MILITARY AGENCIES, THE VETERANS ADMINISTRATION, THE U.S. ARMY, U.S. NAVY, U.S. AIR FORCE, U.S. COAST GUARD, ALL FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES, STATE AND FEDERAL TAX BUREAUS, SCHOOLS AND UNIVERSITIES TO FURNISH THE ADMINISTRATION DEPARTMENT OF THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER, WITH ANY AND ALL AVAILABLE INFORMATION REGARDING MY PAST OR PRESENT PERFORMANCE, CONDUCT OR BEHAVIOR, I FURTHER AUTHORIZE THE RELEASE OF ANY PUNITIVE OR DISCIPLINARY ACTION, TO ASSIST IN THE DETERMINATION OF MY SUITABILITY FOR A POSITION WITH THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER.

I AUTHORIZE THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER TO MAKE AN INQUIRY AND GATHER ANY DOCUMENTS OF MY PRESENT AND PAST EMPLOYERS REGARDING MY CHARACTER, INTEGRITY, AND REPUTATION.

I AUTHORIZE THE RELEASE OF ANY AND ALL OF THE AFORELISTED INFORMATION REGARDING MY PERSON, EMPLOYMENT, OR ANY OTHER ASPECT, WHETHER PERSONAL OR OTHERWISE, THAT MAY OR MAY NOT BE IN THEIR RECORDS, AND DO HEREBY FURTHER RELEASE AND AGREE TO HOLD HARMLESS ANY COMPANY, CORPORATION, ORGANIZATION, ENTITY OR PERSON FROM ANY AND ALL LIABILITY OR DAMAGE WHATSOEVER THAT MAY DEVELOP FROM FURNISHING SUCH INFORMATION TO THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF THE ADMINISTRATOR/DIRECTOR

Signature of Applicant

Date

Signature of Administrator/Director

Date

Initials _____

APPLICATION CHECK LIST

A copy of the following documents must be included with this application, or explain fully as to why they are not included. All documents submitted become the property of the Tipton County Emergency Communications Center and will not be returned.

Applicants must submit the following items:

1. Birth certificate (state issued with raised impression, certified or notarized copy) _____ YES _____ NO
2. High School Diplomas or GED Certificate. _____ YES _____ NO
3. College Diplomas or Certified Transcripts. _____ YES _____ NO
4. Military discharge, indicating type of discharge. _____ YES _____ NO
5. Special Awards, (Schools, Military, Etc). _____ YES _____ NO
6. Copy of any official training certificates related to communications. _____ YES _____ NO
7. Copy of Valid State issued Motor Vehicle Operators License. _____ YES _____ NO

DOCUMENT NUMBER AND REASON NOT INCLUDED:

Initials _____

NOTICE FOR APPLICANTS

Documents Required by Federal Government for Employer in the U.S.

A new federal law, the Immigration Reform and Control Act of 1986, enacted November 6, 1986 and enforced June 1, 1987, is designed to prevent employment of aliens who are not authorized to work in the U.S. in order to comply with the law, the Tipton County Emergency Communications Center (and all other employers) must require the following:

If you are offered a position with Tipton County Emergency Communications Center on or after June 1, 1987, you must attest by stating under penalty of perjury on or before the first day of employment that you are authorized to work in the U.S. as a citizen of the U.S.

If you are offered a position on or after June 1, 1987, you must present on or before the first day of employment either one document from group A, or one document from group B, plus one from document from group C. (These documents establish identity and authorization to work).

Group A

U.S. Passport

Certificate of U.S. Citizenship

Certificate of Naturalization to U.S. Citizenship

Arrival Departure Record (Form 194) issued by the Immigration and Naturalization

Alien Registration Receipt Card (Green Card)

Group B

Social Security Card

Birth Certificate

Certificate establishing United States Nationality at Birth

Group C

Drivers License

A State issued ID Card

IF YOU DO NOT CURRENTLY HAVE THE REQUIRED DOCUMENTS, YOU SHOULD APPLY FOR THEM IMMEDIATELY AS IT TAKES SEVERAL WEEKS TO OBTAIN THEM. THESE DOCUMENTS MAY BE PRESENTED TO THE TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER ADMINISTRATION DIVISION AT THE TIME OF APPLICATION.

Initials _____