

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT
EMPLOYMENT APPLICATION**



**TIPTON COUNTY EMERGENCY COMMUNICATIONS CENTER IS
AN EQUAL OPPORTUNITY EMPLOYER**

The Executive Director of Tipton County Emergency Communications District 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.

FOR OFFICE USE ONLY:

DATE: _____

APPLICATION #: _____

TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT

EMPLOYMENT APPLICATION

Tipton County Emergency Communications District
220 Highway 51 North
Suite 4
Covington, TN 38019
901-476-0252

Notice: This application must be submitted in ink in the applicant's own handwriting. **USE BLACK INK ONLY.** You may submit an employment résumé to supplement your application; however, all questions contained in this application must be answered, if applicable. If not, indicate NA (not applicable). Applications which are incomplete or illegible will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond to questions. Applicants must not misrepresent or omit material facts, since the statements made herein will be used to determine qualifications for employment. Any false or misleading information provided may be grounds for being denied employment now or for termination of employment later. Tipton County Emergency Communications District is an Equal Opportunity Employer. Please notify us in advance if you require special disability accommodations to participate in the employment process.

Employees of Tipton County Emergency Communications District must meet the requirements set forth by this agency and also additional requirements set forth in Tennessee Code Annotated 7-8-205:

1. Be at least (18) years of age.
2. Be a citizen of the United States.
3. Be a graduate of an accredited College or Technical School or;
4. Be a graduate of an accredited high school or possess a General Education Development (GED) diploma.
5. Possess a valid Tennessee driver's license.
6. Not have been convicted of, or plead guilty to, or entered a plea of nolo contendere to any felony charge, or to any violation of any federal or state laws or city ordinances relating to force, violence, theft, dishonesty, gambling, liquor (including driving while intoxicated), or controlled substances.
7. Must not have been convicted of any misdemeanor crime as defined by the Tennessee Code Annotated.
8. Not have been released or discharged under any other than honorable discharge from any of the Armed Forces of the United States.
9. Have good moral character as determined by a thorough investigation conducted by Tipton County Emergency Communications District.
10. Have such person's fingerprints on file with the Tennessee Bureau of Investigations.
11. Be available for call out 24 hours a day/ 7 days per week / 365 days per year.
12. Complete a one (1) year probationary period.

I understand and accept these requirements. Furthermore, I understand that this application will remain on file for a period of one year, at which time it will be destroyed. I also understand that it is my responsibility to notify the department should any of the information in this application change.

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Signature _____

Date _____

NOTICE TO ALL APPLICANTS

Tipton County Central Dispatch operates 365 days a year, 24 hours a day, 7 days a week, including holidays and weekends.

Tipton County Emergency Communications District **WILL NOT** guarantee any shift, hours or days off.

Tipton County Emergency Communications District will not schedule work around an applicant's personal education schedule, secondary job, extracurricular activities, etc.

The schedule is determined and set by the Executive Director and is completely at their discretion.

By signing this, you acknowledge, if you are chosen for employment with Tipton County Emergency Communications District, you will be subject to call out 24 hours a day, 7 days a week, 365 days a year, as determined by the Executive Director or E9-1-1 Board.

Applicant's Signature

Date

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BASIC JOB DESCRIPTION

Perform responsible duties for staffing, supervision, direction and training.

The position is in a "trainee" capacity, learning the duties of an assistant director.

Duties include the ability to act as the second-in-command, and assist the Executive Director in overseeing employees, and managing 911 addressing, emergency telephone system and centralized emergency communications.

Perform other duties as assigned.

Ability to type at least 35 wpm with no errors

Ability to assists in the planning, organizing, staffing and directing day to day operation of the communications center.

Ability to understand and follow written and oral directions

Ability to wear a headset

Ability to work effectively with others in person and using communications equipment

Ability to perform tactfully, courteously and proficiently under the pressures associated with the position often dealing with hostile and/or rude persons

Ability to speak clearly on telephone and radio

Ability to use active listening skills and extract pertinent information from a caller or other information sources

Ability to talk on the radio and phone at the same time in addition to performing computer functions (multi-tasking)

Additional requirements:

Subject to a complete criminal history background search with acceptable results.

Job requires to be on call 24 hours per day/ 7 days per week/ 365 days per year.

By signing this, you acknowledge you have read and understand the basic job requirements.

Applicant's Signature

Date

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Applications/ Hiring Process

When an application is received into TCECD, it will be thoroughly reviewed for incompleteness. If the instructions listed on the application are not explicitly followed, the application will be immediately disqualified.

If the application is found to be complete, the next step will be to run a full criminal history check on the applicant through the National Crime Information Center computer (NCIC). The results will be attached to the application.

Next, a thorough background check will be conducted. This includes contacting previous employers, friends, relatives, etc.

Following the background check, all local law enforcement databases will be checked for any prior history. Each applicant's name(s) and associated addresses will be checked through warrants, civil processes and jail booking databases. Any information found related to the applicant will be attached to application.

Each address listed in Tipton County will also be checked for any history and printouts will be attached to the application.

Any information found during the background check that was not disclosed on the application will be an automatic disqualifier.

Once the applicant has passed the background check, he/ she will be scheduled for testing:

1. Typing Test- minimum of 35 WPM (words per minute) required

If the applicant passes all tests, he/ she will then be scheduled for an interview.

The interview will be conducted by the Executive Director, and, at least, one E911 Board member, schedule permitting.

The Executive Director will be responsible for contacting personal references and previous employers.

THE EXECUTIVE DIRECTOR AND/ OR E911 BOARD MEMBER WILL MAKE THE FINAL DECISION ON HIRING. ALL FACTORS WILL BE CONSIDERED, BUT IT IS AT THE SOLE DISCRETION OF THE EXECUTIVE DIRECTOR AND/OR E911 BOARD MEMBER WHO WILL BE HIRED.

Applicant Signature

Date

TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT EMPLOYMENT APPLICATION

ARE YOU A UNITED STATES CITIZEN? YES NO
ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

1. PERSONAL INFORMATION

NAME					
OTHER NAMES USED (PREV. MARRIAGES, NICKNAMES, ALIASES, ETC.)					
SOCIAL SECURITY NUMBER		DATE OF BIRTH		CITY & STATE OF BIRTH	
DRIVERS LICENSE NUMBER & STATE			EMAIL ADDRESS		
ADDRESS		<small>P.O. BOX WILL NOT BE ACCEPTED</small>			
MAILING ADDRESS (IF DIFFERENT)					
HOME PHONE		WORK PHONE		CELL PHONE	
CURRENT MARITAL STATUS		MARRIED SINGLE WIDOWED DIVORCED SEPARATED			

FULL NAME OF SPOUSE		SPOUSE'S DATE OF BIRTH	
CITY & STATE OF MARRIAGE	DATE MARRIED	SPOUSE'S EMPLOYER	

FORMER SPOUSE(S) IF DIVORCED OR SEPARATED		
NAME	ADDRESS	DATE OF BIRTH

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2. EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED		DEGREE, DIPLOMA, OR CREDITS EARNED
		FROM	TO	

LIST ANY SCHOLARSHIPS, LICENSES, CERTIFICATIONS, MEMBERSHIPS, OR OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS.

3. MILITARY

3A. MALE APPLICANTS- ARE YOU REGISTERED FOR SELECTIVE SERVICE? YES NO

3B. HAVE YOU EVER SERVED OR ARE YOU NOW SERVING IN ANY MILITARY SERVICE OF THE UNITED STATES? YES NO

BRANCH	DUTY STATUS	DATES OF SERVICE		HIGHEST RANK ATTAINED
		FROM	TO	

3C. IF YOU SERVED IN THE MILITARY, DID YOU RECEIVE AN HONORABLE DISCHARGE? YES NO

IF NO, LIST THE TYPE OF DISCHARGE YOU RECEIVED AND THE CIRCUMSTANCES.

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4. RESIDENCES

LIST THE ADDRESS WHERE YOU NOW LIVE AND ALL ADDRESSES OF THE PLACES WHERE YOU HAVE LIVED FOR THE PAST **(10) TEN YEARS**. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR IN YOUR LIST. NO PO BOXES WILL BE ACCEPTED.

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
	PRESENT				
NAME OF PERSON WHO LIVES NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

DATES RESIDES FROM TO		ADDRESS	CITY	STATE	ZIP
NAME OF PERSON WHO LIVED NEAR YOU					

HAVE YOU EVER BEEN EVICTED, FORECLOSED, SET OUT, OR OTHERWISE FORCED TO LEAVE YOUR RESIDENCE? IF YES, EXPLAIN.

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5. EMPLOYMENT HISTORY

LIST ALL PLACES OF EMPLOYMENT, BEGINNING WITH YOUR PRESENT EMPLOYMENT, AND ALL PRIOR EMPLOYMENT FOR THE PAST **(10) TEN YEARS**. ALL PERIODS OF TIME MUST BE ACCOUNTED FOR INCLUDING PERIODS OF UNEMPLOYMENT. SELF-EMPLOYMENT IS CONSIDERED EMPLOYMENT AND MUST BE LISTED AND THE NAMES OF TWO PEOPLE WHO CAN VERIFY YOUR SELF-EMPLOYMENT MUST BE FURNISHED.

DATES EMPLOYED		EMPLOYER NAME		TYPE OF BUSINESS		PHONE NUMBER	
FROM	TO						
		ADDRESS		CITY		STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION			
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU							
NAME		ADDRESS				TELEPHONE	
NAME		ADDRESS				TELEPHONE	
DATES EMPLOYED		EMPLOYER NAME		TYPE OF BUSINESS		PHONE NUMBER	
FROM	TO						
		ADDRESS		CITY		STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION			
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU							
NAME		ADDRESS				TELEPHONE	
NAME		ADDRESS				TELEPHONE	

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5. EMPLOYMENT HISTORY CONTINUED

DATES EMPLOYED		EMPLOYER NAME		TYPE OF BUSINESS		PHONE NUMBER	
FROM	TO						
		ADDRESS		CITY		STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION			
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU							
NAME		ADDRESS				TELEPHONE	
NAME		ADDRESS				TELEPHONE	

DATES EMPLOYED		EMPLOYER NAME		TYPE OF BUSINESS		PHONE NUMBER	
FROM	TO						
		ADDRESS		CITY		STATE	ZIP
STARTING ANNUAL SALARY		LAST ANNUAL SALARY		TITLE OR RANK OR POSITION			
AVERAGE HOURS WORKED PER WEEK		NAME OF IMMEDIATE SUPERVISOR					
REASON FOR LEAVING							
DESCRIBE YOUR MAJOR DUTIES AND RESPONSIBILITIES:							
LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TWO (2) PEOPLE WHO WORKED WITH YOU							
NAME		ADDRESS				TELEPHONE	
NAME		ADDRESS				TELEPHONE	

6. HAVE YOU EVER BEEN FIRED, DISMISSED, OR ASKED TO RESIGN FROM ANY PLACE OF EMPLOYMENT?

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YES	NO
HAVE YOU EVER LEFT A PLACE OF EMPLOYMENT AFTER LEARNING YOU WERE ABOUT TO BE FIRED OR DISMISSED?	
YES	NO
IF THE ANSWER TO EITHER OR BOTH IS YES, PLEASE EXPLAIN FULLY BELOW.	

7. HAVE YOU EVER BEEN SUED OR HAVE SUED SOMEONE IN A COURT OF LAW?	YES	NO
HAVE THE POLICE EVER BEEN CALLED TO YOUR CURRENT OR FORMER RESIDENCES?	YES	NO
IF YES, GIVE DATE(S), LOCATION(S), NAME OF COURT/ LAW ENFORCEMENT AGENCY AND CIRCUMSTANCES.		

8. HAVE YOU EVER BEEN ARRESTED, CHARGED OR APPEARED IN A COURT OF ANY JURISDICTION IN WHICH YOU WERE CHARGED WITH A CRIMINAL OFFENSE? THIS INCLUDES OFFENSES SUCH AS ILLEGAL POSSESSION OF DRUGS OR ALCOHOL, CRIMINAL ASSAULT, CHILD ABUSE, SPOUSAL ABUSE, THEFT, ANY FIREARMS VIOLATIONS, OR ANY OTHER CRIMINAL OFFENSES (DO NOT INCLUDE MINOR TRAFFIC OFFENSES)?	
YES	NO
IF YES, GIVE DATE(S), LOCATION(S), AND CIRCUMSTANCES.	

9. HAVE YOU EVER BEEN SENTENCED IN ANY COURT TO A PERIOD OF CONFINEMENT AFTER ENTERING A PLEA OF
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GUILTY TO ANY OFFENSE OR AFTER HAVING BEEN FOUND GUILTY BY A JURY, EVEN IF THE SENTENCE WAS SUSPENDED, YOU WERE PLACED ON PROBATION, YOU WERE ASSIGNED COMMUNITY SERVICE, OR YOU WERE GIVEN ANGER MANAGEMENT?

YES NO

IF YES, GIVE DATE(S), NAME OF COURT(S), AND OFFENSE CHARGED.

10. HAVE YOU EVER BEEN CONVICTED OR PLEAD GUILTY TO A CHARGE, AND THEN QUALIFIED FOR DIVERSION OR HAD THE CHARGES EXPUNGED?

YES NO

IF YES, GIVE DATE(S), NAME OF COURT(S), AND OFFENSE CHARGED.

11. HAVE YOU EVER USED, POSSESSED, OR SOLD ANY ILLEGAL OR CONTROLLED DRUGS SUCH AS MARIJUANA, COCAINE, CRACK, LSD, AMPHETAMINE, HEROIN, OR SIMILAR DRUGS?

YES NO

IF YES, GIVE DATE(S), LOCATION(S), AND CIRCUMSTANCES OF THE MATTER.

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12. HAVE ANY OF YOUR FAMILY MEMBERS (SPOUSE, CHILDREN, PARENTS, SIBLINGS) EVER BEEN CHARGED WITH OR CONVICTED OF ANY CRIMINAL OFFENSE INVOLVING CHILD ABUSE, SPOUSAL ABUSE, THEFT, ROBBERY, ASSAULT, HOMICIDE, DRUGS, ALCOHOL, OR FIREARMS?

YES NO

IF YES, GIVE RELATIONSHIP TO YOU, NAME OF FAMILY MEMBER(S), DATE(S), TYPE OF OFFENSE EITHER CHARGED OR CONVICTED OF AND THE FINAL RESULTS.

13. DO YOU HAVE ANY EXISTING MEDICAL CONDITIONS WHICH WOULD PREVENT YOU FROM CARRYING OUT THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED?

YES NO

IF YES, EXPLAIN.

14. DO YOU KNOW OF ANYTHING IN YOUR PERSONAL OR PROFESSIONAL LIFE, WHICH YOU HAVE NOT REVEALED IN THIS APPLICATION, WHICH MIGHT REFLECT UPON YOUR SUITABILITY TO PERFORM THE DUTIES OF THE POSITION APPLIED FOR OR ON YOUR ELIGIBILITY FOR EMPLOYMENT IN GENERAL WITH TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT?

YES NO

IF YES, PLEASE EXPLAIN.

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15. CHARACTER REFERENCES

LIST THE NAMES, ADDRESS AND TELEPHONE NUMBERS OF FOUR (4) PEOPLE, OTHER THAN RELATIVES OR FORMER EMPLOYERS/CO-WORKERS AND THE NUMBER OF YEARS THEY HAVE KNOWN YOU.

NAME	ADDRESS & TELEPHONE NUMBER	ASSOCIATION	YEARS KNOWN

16. FAMILY/ FRIENDS

LIST IMMEDIATE FAMILY MEMBERS AND CLOSEST FRIEND(S) FULL NAMES AND DATES OF BIRTH, OVER THE AGE OF 18, WHOM YOU RESIDE OR ASSOCIATE WITH ON A REGULAR BASIS.

NAME	DATE OF BIRTH	RELATIONSHIP

17. ORGANIZATION MEMBERSHIP

LIST BELOW ANY CLUBS, SOCIETY, FRATERNITY, OR ORGANIZATION OF WHICH YOU HAVE BEEN OR ARE CURRENTLY A MEMBER.

NAME OF ORGANIZATION	CITY AND STATE	MEMBERSHIP STATUS (FORMER OR PRESENT)	LIST POSITION AND EXTENT OF ACTIVITY

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18. HAVE YOU EVER APPLIED FOR A POSITION WITH OUR AGENCY?

YES NO

19. DOES YOUR CURRENT EMPLOYER KNOW YOU HAVE APPLIED WITH OUR AGENCY?

YES NO

20. ARE YOU ACQUAINTED WITH ANY EMPLOYEE OF TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT?

YES NO

IF YES, PLEASE LIST WHO:

21. HAVE YOU FILED AN EMPLOYMENT APPLICATION WITH ANY OTHER SOURCES RECENTLY?

YES NO

ORGANIZATION

ADDRESS

POSITION APPLIED FOR

DATE

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT
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22. APPLICATION CHECKLIST

**A COPY OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH
THIS APPLICATION, OR A FULL EXPLANATION AS TO WHY THEY ARE
NOT INCLUDED.**

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT AND WILL NOT BE RETURNED.

APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS:

A. BIRTH CERTIFICATES (STATE ISSUED WITH RAISED IMPRESSION, CERTIFIED OR NOTARIZED COPY) YES NO

B. HIGH SCHOOL DIPLOMA OR GED YES NO N/A

C. COLLEGE DIPLOMA OR CERTIFIED TRANSCRIPTS YES NO N/A

D. MILITARY DISCHARGE (DD214) INDICATING TYPE OF DISCHARGE YES NO N/A

E. SPECIAL AWARDS (SCHOOL, MILITARY, ETC.) YES NO N/A

F. COPY OF ANY OFFICIAL TRAINING CERTIFICATES RELATED TO COMMUNICATIONS YES NO N/A

G. COPY OF VALID STATE ISSUED MOTOR VEHICLE OPERATOR'S LICENSE YES NO

IF DOCUMENTATION IS UNAVAILABLE AT THE TIME OF SUBMISSION, LIST THE REASON THE DOCUMENT IS NOT INCLUDED

A.

B.

C.

D.

E.

F.

G.

**TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT
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**CERTIFICATE OF APPLICANT AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, HEREBY CERTIFY THAT ALL STATEMENTS MADE ON, OR IN
PRINT FULL NAME

CONNECTION 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 TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT.

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 TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT, 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 TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT 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 TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF ADMINISTRATOR/EXECUTIVE DIRECTOR

DATE

TIPTON COUNTY EMERGENCY COMMUNICATIONS DISTRICT EMPLOYMENT APPLICATION

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 DISTRICT 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

DRIVER'S 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 DISTRICT ADMINISTRATION DIVISION AT THE TIME OF APPLICATION.