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| **Application for Employment**  **Eastern Shore of Virginia 9-1-1 Commission**  **Public Safety 9-1-1 Communications Officer** | | | | | | | | We are an equal opportunity employer and are committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. | |
|  | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | |
| Full Legal Name | |  | | | | | | Date of Birth | | Is a resume attached? |
|  | | | | | | | |  | | Yes  No |
| Physical & Mailing Address (if different) | | | | | | | | City | | |
|  | | | | | | | |  | | |
| State | | Zip Code | | | | Primary Number | | Secondary Number | Are you a Veteran? | |
|  | |  | | | |  | |  | Yes No | |
|  | | | | | | | | | | |
| **Position** | | | | | | | | | | |
| Position You Are Applying For | | | | | | Available Start Date | |  | Min. Accepted Wage/Salary | |
|  | | | | | |  | | |  | |
| Employment Desired (Check one or both) | | | | | | May we contact your present employer? | | |
| Full Time |  | | Part Time | |  | Yes No |  |  |  | |
|  | | | | | | | | | | |
| **Education (List chronologically, beginning with high school)** | | | | | | | | | | |
| School Name | | | | Location | | | | Degree Received | Major | |
|  | | | |  | | | |  |  | |
|  | | | |  | | | |  |  | |
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| **[** | | | | | | | | | | |
| **Professional References** | | | | | | | | | | |
| Name | | | | Address | | | | Phone | Relationship | |
|  | | | |  | | | |  |  | |
|  | | | |  | | | |  |  | |
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|  | | | |  | | | |  |  | |
| **Personal References(References should not be related to applicant)** | | | | | | | | | | |
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|  | | | |  | | | |  |  | |
| **Employment History(List chronologically, beginning with most recent)** | | | | | | | | | | |
| **Employer (1)** | |  | | | | Job Title | |  | Dates Employed | |
|  | | | | | |  | | | to | |
| Work Phone | | Immediate Supervisor | | | | Starting Pay Rate | | Ending Pay Rate | Type of Business | |
|  | |  | | | |  | |  |  | |
| Address | |  | | | | City | | State | Zip | |
|  | | | | | |  | |  |  | |
| Duties | | | | | | | | Reason for Leaving | | |
| **Employer (2)** | |  | | | | Job Title | |  | Dates Employed | |
|  | | | | | |  | | | to | |
| Work Phone | | Immediate Supervisor | | | | Starting Pay Rate | | Ending Pay Rate | Type of Business | |
|  | |  | | | |  | |  |  | |
| Address | |  | | | | City | | State | Zip | |
|  | | | | | |  | |  |  | |
| Duties | | | | | | | | Reason for Leaving | | |
| **Employer (3)** | |  | | | | Job Title | | | Dates Employed | |
|  | | | | | |  | | | to | |
| Work Phone | | Immediate Supervisor | | | | Starting Pay Rate | | Ending Pay Rate | Type of Business | |
|  | |  | | | |  | |  |  | |
| Address | |  | | | | City | | State | Zip | |
|  | | | | | |  | |  |  | |
| Duties | | | | | | | | Reason for Leaving | | |
| **Employer (4)** | |  | | | | Job Title | |  | Dates Employed | |
|  | | | | | |  | | | to | |
| Work Phone | | Immediate Supervisor | | | | Starting Pay Rate | | Ending Pay Rate | Type of Business | |
|  | |  | | | |  | |  |  | |
| Address | |  | | | | City | | State | Zip | |
|  | | | | | |  | |  |  | |
| Duties | | | | | | | | Reason for Leaving | | |

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| **Position Related Training** | | | | | | | | |
| Do you have any Emergency Dispatch Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Certification level(s) (if any): | | | | | | | | Expiration Date: |
| Do you have any Emergency Medical Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Certification level(s) (if any): | | | | | | | | Expiration Date: |
| Do you have any Fire Service Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Certification level(s) (if any): | | | | | | | | Expiration Date: |
| Do you have any Law Enforcement Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Do you have any Hazardous Material Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Do you have any Medical Professional Training? | | | | Hours of training: | |  | | |
| Yes No | | | | 0  1-30  31-60  61-121  121+ | | | | |
| Current licensure: | | | | | | | | Expiration Date: |
| **Volunteer Experience (Fire/EMS Department, Organizations, Church, Other)** | | | | | | | | |
| Name of Organization | | | | Positions Held | | | Dates of Service | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
|  | | | |  | | |  | |
| **Computer Experience** | | | | | | | | |
| Do you have typing experience? | | | | Do you have formal keyboarding training? | | | | Words per minute: |
| Yes No |  |  |  | Yes No |  |  | |  |
| Please list any computer programs/machines you can use? | | | | | | | | |

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| --- | --- | --- | --- |
| **Schedule Preferences** | | | |
| Which of the following are you willing to work? | | |  |
| Days (6a-6p)  Nights (6p-6a)  Weekdays  Weekends  Holidays | | | |
| **Closing Statement** | | | |
| Please use this space to include any additional information that you think would help us evaluate your application? Training, workshops, experience, special achievements, specialized skills, or other closing statements: | | | |
| **Signature Disclaimer** | | | |
| I here certify that every statement I have made on this application is true and complete. I understand that any false information or omission may be grounds for not employing me of for dismissal. I understand that this employment application shall be considered for this recruitment only. If I wish to be considered for other positions, I shall submit a new application for every position for which I wish to apply. I understand that I may have to produce documentation verifying all information given here. I release all employers, firms, schools, and individuals of any and all liability for release of this information. My signature authorizes pre-employment drug screening, investigative reports, and a criminal records check. I understand that his employment application is not an employment contract and, if employed, my employment with the Eastern Shore of Virginia 9-1-1 Commission is at will and may be terminated at any time and for any or no stated reason. | | | |
| Name (Please Print) |  | Signature | |
|  | |  | |
| Date |  |
|  | |

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**Return Completed Applications to:**

Eastern Shore of Virginia 9-1-1 Communications

(In-Person) 23201 Front St. Accomac, VA. 23301

(By mail) P.O. Box 337 Accomac, Va. 23301

(By fax) 757-787-1044

**If you have any questions or to submit via e-mail, please contact us at:**

757-787-0911 or 757-824-0911 or 757-442-0911