

**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 <input type="checkbox"/> No <input type="checkbox"/>
Physical & Mailing Address (if different)			City	
State	Zip Code	Primary Number	Secondary Number	Are you a Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Position**

Position You Are Applying For	Available Start Date	Min. Accepted Wage/Salary
Employment Desired (Check one or both) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Education (List chronologically, beginning with high school)**

School Name	Location	Degree Received	Major

**Professional References**

Name	Address	Phone	Relationship

**Personal References (References should not be related to applicant)**


## Employment History(List chronologically, beginning with most recent)

<b>Employer (1)</b>		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	
<b>Employer (2)</b>		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	
<b>Employer (3)</b>		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	
<b>Employer (4)</b>		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	

## Position Related Training

Do you have any Emergency Dispatch Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
Certification level(s) (if any):	Expiration Date:
Do you have any Emergency Medical Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
Certification level(s) (if any):	Expiration Date:
Do you have any Fire Service Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
Certification level(s) (if any):	Expiration Date:
Do you have any Law Enforcement Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
Do you have any Hazardous Material Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
Do you have any Medical Professional Training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours of training: 0 <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-60 <input type="checkbox"/> 61-121 <input type="checkbox"/> 121+ <input type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have formal keyboarding training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Words per minute:
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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 or 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.

Printed Name:

Signature:

Date:

E-mail Address:



### 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