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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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **[** |
| **Professional References** |
| Name | Address | Phone | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Personal References(References should not be related to applicant)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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