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	Social Security #
Physical & Mailing Address (if different)		City	State	Zip
Primary Number	E-Mail Address	Year Graduated/GED	Is a resume attached? Yes☐ No☐	Are you a veteran? Yes☐ No☐

Have you ever been convicted of a law violation? Felony, misdemeanor, other (Excluding minor traffic violations)

Yes☐ No☐ If yes, list violations:

If selected for employment are you willing to submit to a substance abuse screening and a detailed background investigation?	Can you verify that you can legally work in the United States?
Yes☐ No☐	Yes☐ No☐

Position

Position You Are Applying For	Available Start Date	
Employment Desired (Check one or both) ☐Full Time ☐Part Time	May we contact your present employer? Yes☐ No☐	

Education (List chronologically, beginning with high school)

School Name	Location	Years Attended	Degree Received	Major

Personal References (References should not be related to applicant)

Name	Address	Phone	Relationship

Employment History (List chronologically, beginning with most recent)

Employer (1)	Job Title	Dates Employed to
Work Phone / Immediate Supervisor		Type of Business
Address	City / State / Zip	
Duties		Reason for Leaving

Employer (2)	Job Title	Dates Employed to
Work Phone / Immediate Supervisor		Type of Business
Address	City / State / Zip	
Duties		Reason for Leaving

Employer (3)	Job Title	Dates Employed to
Work Phone / Immediate Supervisor		Type of Business
Address	City / State / Zip	
Duties		Reason for Leaving

Employer (4)	Job Title	Dates Employed to
Work Phone / Immediate Supervisor		Type of Business
Address	City / State / Zip	
Duties		Reason for Leaving

Volunteer Experience (Fire/EMS Department, Organizations, Church, Other)

Name of Organization	Positions Held	Dates of Service

Position Related Training

Do you have any Fire Service Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Certification level(s) (if any):

Expiration Date:

Do you have any Emergency Medical Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Certification level(s) (if any):

Expiration Date:

Do you have any Emergency Dispatch Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Certification level(s) (if any):

Expiration Date:

Do you have any Law Enforcement Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Do you have any Hazardous Material Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Do you have any Medical Professional Training?
Yes☐ No☐

Hours of training:
0 ☐ 1-30 ☐ 31-60 ☐ 61-121 ☐ 121+ ☐

Current licensure:

Expiration Date:

Computer Experience

Do you have typing experience?
Yes☐ No☐

Do you have formal keyboarding training?
Yes☐ No☐

Words per minute:

Please list any computer programs/machines you can use?

Miscellaneous Information

Which of the following are you willing to work?

Days (6a-6p) ☐ Nights (6p-6a) ☐ Weekdays ☐ Weekends ☐ Holidays ☐

Driver's License #:	State:	Expiration:

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 the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that my employment is contingent upon the results of a substance abuse screening, detailed background check, and successful completion of the pre-employment testing and interview process. I understand that I am required to abide by all rules and regulations of the Eastern Shore of Virginia 9-1-1 Commission. I also consent to having my references contacted regarding my application.

Name (Please Print)	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