

# Harrison County Bureau of Emergency Services Application for Employment

## PLEASE READ CAREFULLY!

As part of this application package, you should have received a position description for the position of Telecommunicator. It is very important to read and understand this description before completing this application.

The selection process consists of the following items:

- *Delivery of position description and application for prospective employees.*
- *Application is completed and returned to the Bureau of Emergency Services.*
- *Criminal background checks are performed on all applicants.*
- *Personnel test measuring general cognitive ability is administered.*
- *Applicants complete a mandatory 2 hour observation session in the Communications Center.*
- *Job demonstration tests are administered.*
- *Preliminary interviews are conducted by an evaluation committee.*
- *Conditional job offer extended.*
- *Reference checks and employment background checks are completed.*
- *Medical tests may be given to all applicants.*
- *Final job offer extended.*

### *Agreement*

I certify that I have received a copy of the Harrison County Bureau of Emergency Services Position Description for Telecommunicator.

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I also understand that I am required to abide by all rules and regulations of the Harrison County Commission.

I hereby authorize the Harrison County Bureau of Emergency Services or its agents to make an investigation of my employment, personal and criminal history through any investigative or credit agencies of its choice.

I also understand that neither this application nor a commitment of employment by the Harrison County Bureau of Emergency Services constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by the Harrison County Bureau of Emergency Services.

I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at the Harrison County Bureau of Emergency Services.

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*Applicant's signature*

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*Date*

# Harrison County Bureau of Emergency Services Application for Employment

*Please complete in your own handwriting  
(Please print)*

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City, State, ZIP*

Telephone: \_\_\_\_\_  
*Home Work Other*

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

*If less than five years at the present address, please list all addresses from the last five years and dates lived there:*

<i>Address</i>	<i>From-To</i>
_____	_____
_____	_____
_____	_____

I am available to work  full time  part time. Date available to work: \_\_\_\_\_

Yes  No  Are you a U. S. Veteran?

Yes  No  Are you a member of the National Guard or Reserves?

Yes  No  Have you ever filed an application for employment with the Harrison County Commission? If so, date? \_\_\_\_\_

Yes  No  Have you ever been employed by the Harrison County Commission? If so, dates? \_\_\_\_\_

Yes  No  Are you able to perform the tasks associated with this position with or without accommodation(s) (job description attached)?  
If yes, how would you perform the tasks, and with what accommodations?  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No  If a conditional job offer is extended, do you object to the inquiry of your present or past employers in regard to your character, work record, qualifications or abilities?

Yes  No  Are you laid off from a previous job, subject to recall?



# Harrison County Bureau of Emergency Services Application for Employment

## *Work History*

*Begin with your current or most recent employer*

**#1**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*Job title, responsibilities, tasks performed and equipment operated*

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**#2**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*Job title, responsibilities, tasks performed and equipment operated*

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## Harrison County Bureau of Emergency Services Application for Employment

**#3**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*Job title, responsibilities, tasks performed and equipment operated*

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**#4**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Dates employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

*Job title, responsibilities, tasks performed and equipment operated*

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**Harrison County Bureau of Emergency Services  
Application for Employment**

*Character References*

*Please provide four character references (other than family)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP*

Telephone: \_\_\_\_\_  
*Home Work Other*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP*

Telephone: \_\_\_\_\_  
*Home Work Other*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP*

Telephone: \_\_\_\_\_  
*Home Work Other*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, ZIP*

Telephone: \_\_\_\_\_  
*Home Work Other*