



EMPLOYMENT APPLICATION

This District is an Equal Opportunity Provider.”

PLEASE TYPE OR PRINT IN INK. EACH SECTION MUST BE COMPLETED; “SEE RESUME” IS NOT ACCEPTABLE. IF ANY INFORMATION IS ILLEGIBLE OR INCOMPLETE, THE APPLICATION WILL NOT BE CONSIDERED. APPLICANTS ARE ENCOURAGED TO ATTACH RESUMES OR OTHER DOCUMENTATION FOR CONSIDERATION.

Position Applying For: _____

Name: _____
Last First Middle

Have you ever used another name? [] Yes [] No If yes, list any assumed name, nickname, maiden, other married names:

Current Address: _____
Street Mailing City State Zip

How long have you lived at this address: _____ Years _____ Months

Previous address if less than 3 years at current address:

_____ Street City State Zip

How long did you live at this address: _____ Years _____ Months

Telephone Number: _____ Alternative Number: _____

Email Address: _____

Have you ever applied or worked for the District before? [] Yes [] No If Yes, when _____

Social Security Number: _____ Driver's License Number _____ State _____

Have you ever been convicted of a crime: [] Yes [] No If Yes, Please give details:

Education and Training

High School Name: _____

City and State _____

Year of Graduation: _____ with Diploma _____ or GED _____

College Name: _____

City and State: _____

Degree or Number Credits _____ Major _____

Trade or Technical School Name: _____

City and State: _____

Certification, Diploma: _____ Major Study Area: _____

Employment History

List employment information beginning with your current or most recent employer working backwards in chronological order for a minimum period of the past 5 years. Be sure to account for all periods of time to include school, unemployment, and military service. If Self Employed, list name of company and business references. Attach separate sheet if necessary.

1. Most Recent or Current Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Email Address: _____

Start Date: _____ End Date: _____

Position Held: _____

May we contact this employer? [] Yes [] No

Duties: _____

Reason for Leaving (even if still employed, why are you seeking other employment)? _____

2. Next Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Email Address: _____

Start Date: _____ End Date: _____

Position Held: _____

Duties: _____

Reason for Leaving? _____

3. Next Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Email Address: _____

Start Date: _____ End Date: _____

Position Held: _____

Duties: _____

Reason for Leaving? _____

4. Next Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Email Address: _____

Start Date: _____ End Date: _____

Position Held: _____

Duties: _____

Reason for Leaving? _____

Have You Ever Been Terminated Or Asked To Resign From Any Job? [] Yes [] No

If yes, please explain circumstances:

Fully explain any gaps in your employment history:

Please indicate any actual experience; special training and/or qualifications that you have which you feel are relevant to the position for which you are applying:

References

List three personal references:

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Years Known: _____

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Years Known: _____

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Years Known: _____

THIS DISTRICT IS AN EQUAL OPPORTUNITY PROVIDER

Klamath 9-1-1 Communications District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment. In compliance with the Americans with Disabilities Act, the District will provide reasonable accommodations to qualified individuals with disabilities.

Veterans' Preference (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this Veterans' Preference Form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

CERTIFICATION AND AGREEMENT

I certify all information given on this application and any supporting information is true and complete. I agree that if accepted for employment, I may be discharged if the District, at any time learns of any falsification or material omission in the information I have provided and if discovered prior to acceptance, I would be ineligible for consideration.

I agree that, if accepted for employment, I will follow all District policies, rules, procedures and all other directions. I understand that the District is committed to promoting safety and high professional standards of performance, productivity and reliability. **In order to achieve this, all considered candidates must pass mandatory skills based tests and finalists may be subjected to a psyche and drug and physical tests prior to being hired to assure the applicant meets the mental stability and physical requirements and does not currently have narcotics, sedatives, stimulants, and other controlled substances in their body.** I further understand that if I am selected as a finalist with the District, a thorough background investigation will be conducted.

Applicant's Signature

Date

Veterans' Preference Form (ORS 408.230)

Veterans who meet the minimum qualifications for a position open for recruitment may be eligible for preference in employment under Oregon law. If you are a Qualified Veteran or Qualified Disabled Veteran and would like to be granted preference in the selection and hiring process for a specific posted job, please fill out this form and provide proof of eligibility by submitting a copy of form DD-214 or 215 (copy 4). This completed form and required supporting documentation must be submitted with your application for consideration for Veterans' Preference.

Qualified Veteran Questions: *Veterans' preference may be claimed if you check at least one of the boxes below and provide proof via form DD-214 or 215 (Copy 4)*

ORS 408.225(f) – I served on active duty with the Armed Forces of the United States:

- For a period of more than 90 consecutive days beginning on or before January 31, 1955, and was discharged or released under honorable conditions
- For a period of more than 178 consecutive days beginning after January 31, 1955, and was discharged or released from active duty under honorable conditions
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions because of a service due to a service related disability
- For a period of 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs
- For at least one day in a combat zone and was discharged or released from active duty under honorable conditions
- And received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions
- And am receiving a nonservice – connected pension from the United States Department of Veterans Affairs

Qualified Disabled Veteran Questions: *Additional preference may be claimed if you check at least one box below and provide proof of eligibility via a copy of DD214 or 15, Copy 4, and a public employment preference letter from the United States Department of Veteran's Affairs (letter may be requested by calling 800-827-1000)*

- I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or
- I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or
- I was awarded the Purple Heart for wounds received in combat.

I hereby claim Veterans' Preference, have attached proof of eligibility as directed and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification, or dismissal, regardless of when discovered.

Signature: _____ **Date:** _____

Position Applied For: _____

Pre-Employment Background Check Authorization Form

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Klamath 911 Emergency Communications District** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature

Date

Supplemental Questionnaire

Name: _____ Date: _____

Please complete the following questionnaire and return it with your employment application.

1. Please place a check on the appropriate line to indicate your response to each of the following statements or questions.
2. If you require reasonable accommodations to answer yes to any of the conditions below, please identify the item and explain the required accommodation on the back of this form.
3. The following conditions are a requirement of the position vacancy, and therefore **MUST** be met for consideration.

WORKING ENVIRONMENT

How many words per minute can you keyboard? (Minimum requirement 30 WPM) _____

Sit for long periods of time? (Normal shift is 8 hours, but can be 12 hours) YES _____ NO _____

Wear a headset? (Continuously for the entire duty shift) YES _____ NO _____

Work in a room with subdued lighting? YES _____ NO _____

Have your work evaluated and constructively critiqued on a regular basis? YES _____ NO _____

Work at a rapid pace over which you have little control? YES _____ NO _____

Work rotating shifts as assigned? (Days of the week and hours of the day, including holidays)
YES _____ NO _____

Work mandatory overtime with minimal notice? YES _____ NO _____

Working in emergency services structured breaks, including lunch, are only taken when the emergency call volume allows. Can you work your entire shift under those circumstances?
YES _____ NO _____

Deal courteously with irate callers, and not take it personally? YES _____ NO _____

Be able to accept that your action or inaction could result in the loss of human life?
YES _____ NO _____