



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: **Call -Taker**

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: _____

Start Date: _____ End Date: _____

Position Held: _____ Starting Salary _____
Ending Salary _____

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: _____

Start Date: _____ End Date: _____

Position Held: _____ Starting Salary _____
Ending Salary _____

Duties: _____

Reason for Leaving? _____

3. Next Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Start Date: _____ End Date: _____

Position Held: _____ Starting Salary _____
Ending Salary _____

Duties: _____

Reason for Leaving? _____

4. Next Employer Name: _____

Address: _____

Contact Phone number: _____ Supervisor Name: _____

Start Date: _____ End Date: _____

Position Held: _____ Starting Salary _____
Ending Salary _____

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: _____ Years Known: _____

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Years Known: _____

Name: _____ Relationship: _____

Mailing Address: _____

Phone Number: _____ Years Known: _____

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.

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