

APPLICATION FOR EMPLOYMENT

Decatur County Communications

An Equal Opportunity Employer

Decatur County Communications does not discriminate on the basis of race, color, gender, nation origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. *An application not completed in its entirety will be disqualified.*

Position sought _____

Last name _____ First name _____

Middle initial _____ Former name(s) _____

Address _____

City/State/Zip _____ Phone (____) _____

Are you at least 18 years of age? Yes _____ No _____

Are you interested in: Full-time work? Yes _____ No _____

Part-time work? Yes _____ No _____

Date available to start work _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here _____ and skip to **Previous Employer** below.

- Current employer _____

Address _____

City/State/Zip _____ Phone (____) _____

Hire date _____ Job Title _____

Beginning salary _____ per _____ Current Salary _____ per _____

Supervisor _____ Title _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, etc.

Why do you want to leave? _____

May we contact your current employer? Yes _____ No _____

If no, please explain why: _____

- Previous employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates employed ___/___/___ to ___/___/___ Job Title _____
Beginning salary _____ per _____ Ending Salary _____ per _____
Supervisor _____ Title _____
Briefly describe the work you do, such as duties, responsibilities, equipment you operate, etc.

Reason for leaving? _____

May we contact this employer? Yes _____ No _____
If no, please explain why: _____

- Previous employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates employed ___/___/___ to ___/___/___ Job Title _____
Beginning salary _____ per _____ Ending Salary _____ per _____
Supervisor _____ Title _____
Briefly describe the work you do, such as duties, responsibilities, equipment you operate, etc.

Reason for leaving? _____

May we contact this employer? Yes _____ No _____
If no, please explain why: _____

- Previous employer _____
Address _____
City/State/Zip _____ Phone (____) _____
Dates employed ___/___/___ to ___/___/___ Job Title _____
Beginning salary _____ per _____ Ending Salary _____ per _____
Supervisor _____ Title _____
Briefly describe the work you do, such as duties, responsibilities, equipment you operate, etc.

Reason for leaving? _____

May we contact this employer? Yes _____ No _____
If no, please explain why: _____

If you had additional employers within the last five years, attach additional pages as needed.

List and explain periods of unemployment in the last five years.

From _____ to _____ Reason _____
From _____ to _____ Reason _____
From _____ to _____ Reason _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed and to describe your skills, knowledge and abilities to perform the duties of the position. *Attach additional pages as needed.*

- High School attended _____
Address _____
City/State/Zip _____
Diploma? Yes _____ No _____ GED? Yes _____ No _____
Activities, awards _____

- College(s) or Trade School(s) attended
Name _____
Address _____
City/State/Zip _____
Degree(s) _____
Major/minor courses of study _____
Name _____
Address _____
City/State/Zip _____
Degree(s) _____
Major/minor courses of study _____
Name _____
Address _____
City/State/Zip _____
Degree(s) _____
Major/minor courses of study _____
Activities, awards _____

Seminars/workshops, other relevant information _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch

Dates of Service

Highest Rank Attained

Rank at Separation

Type of discharge _____

Citations/awards received _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/Special license(s) or certificate(s):

Type

License #

State

Issued By

Date Issued

Expiration

Have you ever had any license suspended, revoked, or terminated? Yes _____ No _____

If yes, explain: _____

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

Organization Name

Address

Phone

Offices/Positions

PERSONAL INFORMATION

- Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes _____ No _____

If yes, please explain: _____

- Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

- List three references who are not related to you and are not former employers or supervisors.

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ Number of years known _____

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ Number of years known _____

Name _____ Phone (_____) _____

Address _____

City/State/Zip _____ Number of years known _____

APPLICATION CERTIFICATION

Read each of the following statements carefully. Indicate your understanding of and consent to the contents and conditions of each statement by signing your initials at the end of each paragraph. If you have any questions regarding the statement, please contact the employer before initialing.

- I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials _____

- I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration.

Initials _____

- I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsifications of the information provided may lead to withdrawal of an employment offer.

Initials _____

- I understand that the employer provides emergency services on a seven day per week and twenty four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials _____

DECATUR COUNTY COMMUNICATIONS BACKGROUND INVESTIGATION FORM

This is to inform you that, as part of our procedure for processing your employment application, an investigation will be made whereby information will be obtained through a computer criminal records check from the National Crime Information Center (NCIC), the Indiana Data Communications System (IDACS), court records, credential verifications and through personal interviews with neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to the existence of a criminal record, your character, general reputation, personal characteristics and mode of living. Criminal convictions other than felonies are not an absolute bar to employment and will only be considered with respect to the specific requirements of the job for which you are applying.

The nature of services provided by Decatur County Communications requires that such information obtained through this background investigation be handled in a private, confidential manner. Therefore, this form will be maintained separate from your application form and will be handled only by a qualified recipient. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

I, the undersigned, understand and authorize the use of all information provided for the purpose of conducting a background investigation as outlined on this form.

Applicant Signature

Date

The following questions are necessary to obtain accurate information and verification of your identity on the NCIC/IDACS computer systems and other records sources and will not be used for any other purposes.

PLEASE PRINT

Legal Name _____
(Last) (First) (Middle)

Maiden Name _____

Previous Married Name(s) or Alias(es) _____

Social Security Number _____

Date of Birth _____ Sex _____ Male _____ Female

Place of Birth (City, State) _____

Drivers License Number _____ State _____

Current Address _____
(Number) (Street)

(City) (State) (Zip)