

**McLENNAN COUNTY 9-1-1
EMERGENCY ASSISTANCE DISTRICT
EMPLOYMENT APPLICATION**



EMPLOYMENT DESIRED

CURRENT DATE: _____

Position applying for:	Salary desired \$	Date available:
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you related by blood/marriage to any employee of McLennan County 9-1-1 Emergency Assistance District? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, whom? (Name & Relation)	

PERSONAL INFORMATION

Last Name		First Name		MI
Address		City	State	Zip Code
Driver's License Number	State	Expiration Date	Indicate Type(s) of Driver's License(s) Possessed	
Social Security Number		Contact Phone Number:		
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, employment is subject to verification of age.				

EDUCATION

High School Attended and Location	No. years completed	Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Achieve GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. years completed	Major	Degree/Certificates
College Attended and Location	No. years completed	Major	Degree/Certificates
Trade, Business or Correspondence School Attended and Location		No. years completed	Degree/Certificates

CITIZENSHIP

Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, do you have the legal right to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not a U.S. Citizen, proof of the right to work in the United States must accompany this application.	

U.S. MILITARY SERVICE

Dates of service (from / to)	Duties
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REQUEST FOR WORK-RELATED REFERENCES (5 Required)

Name	Address	Phone	Relationship
1.			
2.			
3.			
4.			
5.			

EMPLOYMENT HISTORY

(Provide employer information for last 10 years and any other work you feel is relevant to the position you have applied for. Attach additional sheets if necessary). ALL QUESTIONS MUST BE ANSWERED.)

(1) Present or last employer		Phone No. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary at start \$	Annual Salary on leaving \$	Reason for leaving
Your duties		
(2) Previous employer		Phone No. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for leaving
Your duties		

(3) Previous employer		Phone No. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for leaving
Your duties		
(4) Previous employer		Phone No. ()
Address	Date Started	Date Left
Immediate Supervisor	Their Title	Your Title
Annual Salary At start \$	Annual Salary on leaving \$	Reason for leaving
Your duties		

SPECIAL SKILLS APPLICABLE TO POSTED JOB DESCRIPTION

List all special skills you possess and/or machines or office equipment pertinent to this position you can use, such as calculators, computer equipment, types of software/hardware, road construction equipment, etc.

Other course work, professional memberships and honors, and professional certifications applicable to this type of work:

PRE-EMPLOYMENT STATEMENT

I authorize McLennan County 9-1-1 Emergency Assistance District and/or its agents/representatives to make any inquiries they desire regarding my education, employment, abilities, habits, criminal history, and personal character for the purpose of determining my fitness for employment. I also authorize previous employers, or any other persons to whom the District may refer, to give any and all information regarding my employment or scholastic record together with any information, personal or otherwise, and I hereby release such persons and any companies which they represent from all liability or any damages whatsoever in connection with their compliance. I understand that misrepresentation or omission of any information called for in this application which would affect my application unfavorably, or receipt of unsatisfactory references may result in termination of my employment without liability to me for salary except as may have been earned at the time of my termination. If employed I understand that my employment with the District will be "at will", meaning that either the District or myself may terminate the employment relationship at any time, for any reason or no reason at all, with or without notice of any kind, unless otherwise agreed upon in contract.

Upon signature of this document and as a condition of employment, I understand and agree that I may be required to submit to a test for illegal drugs.

APPLICANT'S SIGNATURE	DATE
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EQUAL OPPORTUNITY EMPLOYER - McLennan County 9-1-1 Emergency Assistance District does not discriminate on the basis of race, color, religion, sex, national origin, age or disability in employment or provision of services.

RETENTION OF THIS APPLICATION WILL BE SIX MONTHS.