



LENOIR COUNTY EMERGENCY SERVICES DEPT.
Communications Division

APPLICATION FOR EMPLOYMENT
(application should be read carefully and understood before completing)

FOR OFFICE USE ONLY:

Date Received: _____ Fingerprinted: _____

TELECOMMUNICATOR POSITION APPLYING FOR:

Full Time Part Time

(Use typewriter or print with ink)

Applicant Name: _____
(First) (Middle) (Last) (Maiden Name)

Residence (Present): _____

Phone: _____ Social Security Number: _____

Residence for past ten years (Give complete address and specify date of each place of residence)

Complete date of birth (attach copy of Birth Certificate): _____

Driver's License Number: _____ State: _____

> Father's Name: _____ Phone No.: _____

Address: _____

> Mother's Name: _____ Phone No.: _____

Address: _____

> Brother(s):

_____ Address: _____

_____ Address: _____

> Sister(s):

_____ Address: _____

_____ Address: _____

> Spouse's Complete Name: WIFE HUSBAND

_____ Address: _____

> Children: _____ (number of children)

_____ (age) _____ (age)

_____ (age) _____ (age)

Are you a citizen of the United States? _____

If naturalized, date and place of naturalization _____

Military Record:

Organization _____ Serial No. _____

Date & Place of entry _____

Date & Place of discharge _____

Are you in active or inactive service _____

Financial Status:

Are you entirely dependent on your salary? _____

List to whom you are financially indebted to and to what extent:

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

Education: (list name, location & dates of attendance)

Elementary

High School

College

Did you graduate: _____ Highest grade completed: _____

What were the courses pursued: _____

List any Credits/Degrees received: _____

List names of clubs, societies and other similar organizations you were a member of: _____

PERSONAL INFO

Specify any arrest (include all traffic arrest and/or citations)

Location of arrest(s) (City/County)

Judgement of court on each case

Have you ever been a defendant in any civil or domestic court actions? _____

If yes, specify: _____

Are you now, or have you ever been, a member of the Communist Party, USA, or any Communist organization? _____

Are you now, or have you ever been a member of a Fascist organization? _____

Are you now, or have you ever been a member of any organization, association, movement, group or combination of persons with advocates the overthrow of our constitutional form of government, or any organization, association, movement, group of combination of persons which has adopted a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or of seeking to alter the form of government of the United States by unconstitutional means? _____

Name any friends or acquaintances employed by Lenoir County Communications.

Do you drink intoxicating liquors? Yes No

If yes, to what extent? _____

Have your employers usually treated you right? Yes No

If no, specify _____

What are your hobbies? _____

List names of relatives who are employed by the City/County

Name _____ Dept: _____ Relation: _____

Name _____ Dept: _____ Relation: _____

Do you know of anything that would disqualify you for employment with Lenoir County Communications or prevent your full discharge of the official duties of such a position? _____

List any special interest in the Communications Department work: _____

You may indicate in the space below and on additional blank sheets, if necessary, such experience and training you have had or specialized ability which, in your opinion, will qualify you for the position for which this application is filed. Describe fully positions you have held which required executive ability, the exercise of authority, and ability to lead others.

*******WORK EXPERIENCE*******

(Full particulars must be given and all time accounted for - begin with first employment)

Name & Address of employer: _____	

From _____ To _____	Position & kind of work: _____
Annual Salary \$ _____	_____
Reason for leaving: _____	

Name & Address of employer: _____	

From _____ To _____	Position & kind of work: _____
Annual Salary \$ _____	_____
Reason for leaving: _____	

Name & Address of employer: _____	

From _____ To _____	Position & kind of work: _____
Annual Salary \$ _____	_____
Reason for leaving: _____	

Name & Address of employer: _____	

From _____ To _____	Position & kind of work: _____
Annual Salary \$ _____	_____
Reason for leaving: _____	

If you are presently employed, are you willing for us to ask your present employer about your work? _____

******PERSONAL REFERENCES******

Give five (5) personal references, more than 30 years of age, who are householders, or property owners, business or professional men or women of good standing in the community, and who have known you well during the past five (5) years. (PLEASE PRINT)

Name: _____ Address: _____

No. of years Acquainted: _____ Business Address: _____

Type of Business: _____ Phone Number: _____

Name: _____ Address: _____

No. of years Acquainted: _____ Business Address: _____

Type of Business: _____ Phone Number: _____

Name: _____ Address: _____

No. of years Acquainted: _____ Business Address: _____

Type of Business: _____ Phone Number: _____

Name: _____ Address: _____

No. of years Acquainted: _____ Business Address: _____

Type of Business: _____ Phone Number: _____

Name: _____ Address: _____

No. of years Acquainted: _____ Business Address: _____

Type of Business: _____ Phone Number: _____

I hereby certify that there are no intentional misrepresentations in or falsifications of the above statement and answers to questions.

Signature of Applicant

Date

STATEMENT:

ANY INTENTIONAL MISREPRESENTATION OR FALSIFICATIONS CONTAINED IN THIS APPLICATION WILL AUTOMATICALLY DISQUALIFY THE APPLICANT FOR FURTHER CONSIDERATION. IF SUCH MISREPRESENTATION OR FALSIFICATION IS DISCOVERED AFTER EMPLOYMENT, IT SHALL BE GROUNDS FOR IMMEDIATE DISMISSAL.



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any member of the Lenoir County Communications Department, within one (1) year of this date to obtain any information in your files pertaining to my employment, military, medical, credit or educational records including, but not limited to, academic, achievement, attendance, athletic, personal history, and disciplinary records; medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Lenoir County Communications Department. Consent is granted for the Lenoir County Communications Department to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and any school, college, university or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Typed or Printed)

Date: _____ **Telephone #:** _____

Current Address: _____

Witness _____

Subscribed and sworn to before me this _____ **day of**
_____ **20** _____.

My commission expires _____.

Notary Public

Address