

PART TIME PERSONAL DATA 911 DIRECTOR APPLICATION						
LAST NAME			FIRST NAME			MI
Street Address					apt/unit	
City			State		Zip	
Home Phone			Cell Phone			
Age	Height		Weight	Hair		Eyes
DOB		Place of Birth			SS#	
Operators License #				State Issued		
A. List any other names you have used						
B. Are you a citizen of the U. S.		yes	No	C. naturalized -		yes No
D. List first your present address, then list all addresses where you have lived for the past 10 years, including your address(es) in the military service or while attending college						
From	To	Street Address		County	State	Zip
Have you ever applied for a 911 position before with Dunklin Co						Yes No
if yes date of application:						
F. Have you filed an employment application with any other sources recently						yes No
If yes list below						
organization		date	address/zip		position applied for	
Are you acquainted with/kin to any Dunklin County 911 Board Member						Yes No
If yes Please list						

II REFERENCES

List four (4) character references, two of which are near your same age and are not relatives, In-laws or past employers who have known you well during the past three years or more.

1. Name		Phone #	Yr. Acquainted	
Resident address		City	State	Zip
Business Name and Address		Occupation		
2. Name		Phone #	Yr. Acquainted	
Resident Address		City	State	Zip
Business Name and Address		Phone#	Occupation	
3. Name		Phone #	Yr. Acquainted	
Resident Address		City	State	Zip
Business Name and Address		Occupation		
4. Name		Phone #	Yr Acquained	
Resident Address		City		Zip

III ARREST HISTORY																													
<p>A. Other than traffic citations, have you, as an adult or juvenile, been arrested, convicted, charged, questioned, accused or detained for any reason by any police, security officer or military police authority, either in the United States of America or in any foreign country Yes_____ No_____</p> <p>if "yes" describe below and explain in full detail on separate narrative page</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date</th> <th style="width: 20%;">Charge</th> <th style="width: 20%;">Dept/Agency</th> <th style="width: 30%;">location(city,County/state)</th> <th style="width: 20%;">Disposition</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Charge	Dept/Agency	location(city,County/state)	Disposition																				
Date	Charge	Dept/Agency	location(city,County/state)	Disposition																									
<p>B. Were you ever served with a criminal or civil subpoena or summons other than traffic</p> <p>Yes _____ No _____ describe in detail on narrative page</p>																													
<p>C. Has law enforcement ever been called to any of your former or current residence for any reason</p> <p>Yes _____ No _____ describe in detail on narrative page</p>																													
<p>D. Have you ever been involved in any undetected crime including the buying or selling of drugs</p> <p>Yes _____ No _____ describe in detail on narrative page</p>																													
<p>E. Are you now under charges for any violation of the law?</p> <p>yes _____ No _____ describe in detail on narrative page</p>																													

IV EDUCATION AND SKILLS

A. Do you have: (mark appropriate boxes)

GED/High School 3-31 hrs college credit 32 -63 college hours

64-119 College Credits Bachelor's Degree Post graduate

B. Starting with the most recent, list all elementary , high school, colleges you have attended

Month and year attended from to	name and location Street,City, State Zip	# credits	Type of degree
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C. student associations/Activities

D. Have you ever been suspended, expelled or asked to leave the school?

E. Have you ever been suspended, expelled or asked to leave any school for disciplinary reasons

yes No if yes describe on stationary page

if yes detail on narrative page

F. Are you a graduate of a certified police academy or law enforcement training program?

Yes No if yes describe on stationary page

Indicate languages you speak, read and/or write other than english

Fluent Above Average fair

H Special skills, qualifications & awards-summarize special skills, qualifications and accomplishments including clerical skills that you wish to be considered.

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V EMPLOYMENT HISTORY

A. Start with your present or last job and list all the places you have worked for the past 10 yrs.
 List any additional employers on the narrative page. If you are presently employed, may we contact your employer? Yes No

1. Employer			address			
City		State		Zip	Phone #	
Dates Employed	From	to	Hr. or Annual Salary	Start	Final	
job Title		Supervisor		Co-Worker		
work performed						
Reason for leaving						

2. Employer			address			
City		State		Zip	Phone #	
Dates Employed	From	to	Hr. or Annual Salary	Start	Final	
job Title		Supervisor		Co-Worker		
work performed						
Reason for leaving						

3. Employer			address			
City		State		Zip	Phone #	
Dates Employed	From	to	Hr. or Annual Salary	Start	Final	
job Title		Supervisor		Co-Worker		
work performed						
Reason for leaving						

4 Employer			address			
City		State		Zip	Phone #	
Dates Employed	From	to	Hr. or Annual Salary	Start	Final	
Job Title		Supervisor		Co-Worker		
work performed						
Reason for leaving						

B Have you ever been dismissed, fired or asked to resign from any employment
 yes No if yes describe on Narrative page

C Have you ever stolen any money or merchandise from any place of employment? Include
 Yes No if yes describe on Narrative page

D Have you ever been unemployed for a period of time in excess of 6 months?
 Yes No if yes describe on Narrative page

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VI MILITARY STATUS

A. Do you have a current obligation with the military service? Yes No

Unit	address/phone	commander
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B. Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or semi-military organization? If more than one period list separate periods

Yes No

Month/year entered	Branch/organization	Discharge date	type discharge
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C. Were you ever reduced in rank in the military? Yes No

if yes reduced from to

D. Were you ever courtmartialed? Yes No

Type of court martial Summary Special General

Sentence received

E. Have you ever served in a military or naval organization of any foreign government

Yes No If yes explain on narrative page

VII FINANCIAL STATUS

A. If any of the following answers are yes write explanation on narrative page

B. Have you ever been delinquent in any of your financial obligations yes No

C. Have you ever been refused credit yes No

D. Have you ever had any of your property repossessed? yes No

E. Have you ever filed bankruptcy? yes no

F. Have you ever been sued in court yes no

G. Have you ever received a settlement in payment for damages, injury, libel, etc Yes No

H. Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf Yes No

I. Have you ever failed to file or been delinquent in filing your tax return Yes No

j. Have you had any garnishments against you in the last 6 months. Yes No

k. Do you currently have any garnishments against you yes no if yes explain

VIII NARCOTIC AND LIQUIR USAGE

A. Within the last six months, have you consumed any alcoholic beverages because of addiction to alcohol yes No

B. Within the last six months, have you used a controlled substance without a prescription

Yes NO if yes explain on narrative page

C. If employed I understand that I will have to undergo drug testing yes No

X DRIVING HISTORY

A. List all driver's or chauffer's licenses you now hold or have previously held, either in Missouri or any other state.

State	Type of License	License #	expiration date

B. Have any of the above licenses ever been suspended or revoked yes No
if yes explain on narrative page

C. List all driving citations/tickets or summonses you have received as an adult or juvenile beginning with the most recent. If you cannot remember exact dates or locations give aproximate dates and locations

Month/Year	Charge	City/State	Issuing Agency

D. List all vehicles which you own, lease or have for your personal use (including motorcycles)

Year	Make	Model	License #	State

E. How many traffic accidents have you been involved in during the past 5 years? Number

Explain accidents on narrative page

F. Have you ever been denied automobile insurance or had insurance cancelled Yes No

if yes explain on narrative page

G. List your current insurance Name of Company	address	Zip
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H. current policy dates	from	to

Notes
