

Application for Employment

Henry County Emergency Services E-911

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Desired Salary						
Position Applied for		Part time ____ Full Time ____							
Are you a citizen of the United States?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have dispatch experience?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain			
EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my disqualification. Return application to 1215 Race St. Suite 010 New Castle, IN 47362	
Signature	Date