

Marion County Emergency Services

Attn: Human Resources

3246 Highway 61

Hannibal, MO 63401

(573) 221-1121

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Last Name

First Name

Middle Initial

INSTRUCTIONS

1. Complete this document in your own handwriting or printing. If you need special accommodation in completing this form, contact the Administrative Offices by calling (573) 221-1121.
2. Be certain that your answers are legible or typed.
3. Read each question carefully.
4. Be certain that each question is answered completely and correctly. If a question does not apply to you, write N/A (Not Applicable) in the space. **Leave no blank spaces.**
5. Deliver in person or mail this document to the address listed above. Be sure to calculate the correct postage if sending via US Mail.
6. You may submit a resume if you wish, but it may not take the place of this document.
7. Please note that writing "see resume" in any space on this document is not acceptable.

If you need assistance or have questions when completing this application,
please contact us at (573) 221-1121

Applicant Personal Information

Last Name		First Name		Middle Initial
List any other names you have ever used:				
Current Street Address (No P.O. Boxes)				
City		State		Zip
Current Mailing Address (If different from above)				
City		State		Zip
Date of Birth (MM-DD-YYYY)		Social Security Number		
Mobile Phone		Email Address		

List any addresses at which you have lived in the last 10 years, including those for military service. Use back side of this page if necessary to provide a complete address history.

From	To	Street Address	City	State/Zip

Have you ever applied for employment with us? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month & Year:				
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you naturalized? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Position Desired				
Pay Expected		Date Available to begin work:		

Education

LEVEL	NAME AND LOCATION	NO. OF YEARS	DEGREE COMPLETED
COLLEGE			
TRADE SCHOOL			
HIGH SCHOOL			

Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons?
 Yes No

If yes, explain:

Indicate any languages you speak, read, and/or write other than English:

	Fluent	Above Average	Fair
Speak			
Read			
Write			

Miscellaneous

Special Skills, Qualifications, and Awards (Summarize special skills, qualifications, and accomplishments (including those for attendance, performance excellence, and clerical skills that you wish to have considered):

Federal Information Security Clearance Level:

Certifications

Do you currently possess, or have you ever received any of the following certifications?

Certification	No	Yes	Date of Last Use
MULES			
APCO 40 Hour Basic Telecommunicator			
Cardio Pulmonary Resuscitation (CPR)			
Priority Dispatch EMD			
Priority Dispatch EFD			
Priority Dispatch EPD			
Priority Dispatch EDQ			
Missouri POST License			
EMT/Paramedic			
Firefighter Basic/I/II			

Software Programs

Have you ever used any of the following computer programs?

Program	No	Yes	Date of Last Use
LAWMAN			
ThinkGIS			
ProQA/Paramount Medical			
AQUA			
Computerized Radio System (Please name) _____			
Computerized Telephone System (Please name) _____			

Organizational Membership

Are you now, or have you ever been, a member of any foreign or domestic subversive organization, association, movement, group, or club which has adopted or shows 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 the State of Missouri, by any lawful or unlawful means? Yes No

Please list any current or former Marion, Ralls, or Lewis County 9-1-1 employees with whom you are acquainted or to whom you are related.

Employee/Former Employee	Relationship
Employee/Former Employee	Relationship
Employee/Former Employee	Relationship

Personal References

DO NOT LIST RELATIVES, CLERGY, OR PAST SUPERVISORS

REFERENCE 1

Name		Telephone Number	
Job Title and Employer			
Address			
City State Zip	State	Zip	
Relationship		Length of time acquainted	

REFERENCE 2

Name		Telephone Number	
Job Title and Employer			
Address			
City State Zip	State	Zip	
Relationship		Length of time acquainted	

REFERENCE 3

Name		Telephone Number	
Job Title and Employer			
Address			
City State Zip	State	Zip	
Relationship		Length of time acquainted	

Employment History

Start with present or most recent employer.
Include all positions, paid or volunteer, over the past 10 years.

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			

Employment History (continued)

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State		Zip
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State		Zip
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			

ATTACH EXTRA SHEETS OF PAPER IF NEEDED TO COMPLETE JOB HISTORY. APPLICATIONS WITHOUT A COMPLETE 10 YEAR HISTORY WILL BE CONSIDERED INCOMPLETE AND REJECTED. IF YOUR WORK HISTORY DOES NOT GO BACK AT LEAST 10 YEARS, PLEASE PROVIDE WRITTEN EXPLANATION HERE:

Additional Employment Information
Have you ever been dismissed, fired, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:
Have you ever stolen any money or merchandise from any place of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain and include final disposition of all items (sold, retained for personal use, returned, etc):
Have you ever been unemployed for a period greater than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:

Military Service					
Please complete the table below if you have ever served in the Air Force, Army, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military or semi-military organization. If you have never served in any capacity, write "None" in the first field under the MONTH/YEAR ENTERED column.					
Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty
Were you ever reduced in rank in the military? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, Reduced From: _____ To: _____					
Were you ever court-martialed? Yes <input type="checkbox"/> No <input type="checkbox"/> Type: Summary <input type="checkbox"/> Special <input type="checkbox"/> General <input type="checkbox"/>					
If court-martialed, what was the sentence you received?					
Have you ever received a Captain's Mast, Company Punishment, or Article 15? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, explain:					

Certificate of Applicant

By submitting this application, I understand that Marion County Emergency Services may inquire about my criminal history using the Missouri Uniform Law Enforcement System, National Crime Information Center, Missouri Information Analysis Center, local criminal justice databases, and other systems. This information will be used to determine eligibility for employment based on required adherence to federal and state laws and policies regarding access to state and federal criminal justice information systems.

I certify that all information provided in this application is truthful and accurate. I understand that discovery of false statements and/or undisclosed employment history may result in disqualification from the application process and/or termination if discovery occurs after an offer of employment.

Applicant Signature & Date