

BOONE COUNTY DISPATCH EMPLOYMENT APPLICATION

SECTION I: Administrative

DATE:

APPLICANT INFORMATION

Last Name:	First:	Middle:
Street Address:		Apartment/Unit #
City:	State	ZIP:
Aliases:		DOB : ____/____/____
Present Mailing Address:		
Physical Address:		
Phone:	Work Phone:	
Alternate phone:		E-mail Address:
DL Number:	Social Security Number: ____-____-____	
Emergency Contact Name	Emergency Contact Number	
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"/>
Have you ever served with any other government agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, who?	When?	

Marital

Marital Status: ____-Single ____-Married ____-Divorced ____-Engaged ____-Separated ____-Widowed

Name of Spouse or Fiancee: _____

**Please read the application carefully and complete each item.
Incomplete applications will be rejected.**

**Please return application, either in person or by mail to:
Boone County 911
400 E. Prospect Ave.
Harrison, AR 72601**

SECTION II: Questionnaire

1: Have you ever been arrested or charged with any violation or crime, including traffic tickets? Yes No
If yes, explain

2: Has your driver's license ever been revoked or suspended? Yes No
If yes, explain:

3. Do you object to wearing a uniform? Yes No
If yes, explain:

4. Are you willing to work nights, weekends, and holidays if necessary? Yes No
If no, explain:

5. Are you related to anyone with felonies or is a felony? Yes No
If yes, explain:

6. Are you willing to take a polygraph examination? Yes No
If no, explain:

7. Have you ever been fired or forced to resign because of misconduct or unsatisfactory job performance? ____Yes ____No
If yes, please explain below:

8. What have you learned from previous jobs/work experience that makes you the right candidate for the job?

9. Why do you want to work for Boone County Dispatch??

SECTION III: Education and Experience

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

PREVIOUS EMPLOYMENT (FOR THE PAST 10 YEARS, ATTACH ADDITIONAL SHEET IS NECESSARY)

Company:	Phone ()
Address:	Supervisor:
Job Title:	Salary / Rate:
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:		Salary / Rate:
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:		Salary / Rate:
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:		Salary / Rate:
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:		Salary / Rate:
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:		Salary / Rate:
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CERTIFICATIONS / TRAINING RELATED TO THE POSITION YOU ARE APPLYING FOR		
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:
Certification / Training:	Date Obtained:	Location:

SECTION IV: BACKGROUND

PROFESSIONAL REFERENCES	
<i>Please list three professional references. (No family)</i>	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()

Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	

RESIDENCE HISTORY (For the past 10 years) Attach additional sheets in necessary

MILITARY SERVICE

Branch:	From: To:
Serial Number:	Enlistment:
Rank at Discharge:	Type of Discharge:
Are you a member of a Reserve Unit? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, unit name:
If other than honorable, explain	

--

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application, and I agree and understand that my mis-statements of material facts contained herein may cause forfeiture upon my part of all rights to any employment.
If employed, I agree to abide by all of the provisions of Boone County 911 policies and county policy.

Signature of Applicant

Date

Required Application Attachments

- 1. Completed Authority to Release Information *

ADMINISTRATIVE USE ONLY

RECOMMENDATIONS

Interviewer :	Date:	Comments:
Type of Actions	APPROVE <input type="checkbox"/>	DECLINE <input type="checkbox"/>

COUNTY ADMINISTRATION

Date Application Received:	Background Investigation: PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
Overall: APPROVED <input type="checkbox"/>	DECLINED <input type="checkbox"/>	Reason:
_____ Boone County 911 Representative	_____ Date	

Authorization to Release Information

I, _____, am an applicant with Boone County 911. In order to process my application, certain information must be made available to their representative(s). This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); medical institutions and doctors; any other person, institution, or organization; and all governmental agencies, law enforcement agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Director or to any representative thereof, the following information, including but not limited to any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Pursuant to ARK. CODE ANN. SECTION 12-12-1009, I hereby authorize the Boone County 911 representatives to obtain conviction information from any local, state, federal or foreign agency, registry or repository. I understand that conviction information shall only be used for the purpose of employment with the department and that conviction information may not be re-disseminated.

Applicant Signature _____
Date

AFFIDAVIT

I, _____, being first duly sworn, deposes and says the following: I am the person who executed the above authorization. I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Signature _____

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

Commission Expiration Notary Public