



**Pope County 9-1-1
Emergency Communications**

**Application
for
Employment**

Please Read Before Filling Out This Application.

This application will be given consideration for 1 year.

The County of Pope does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry or on the basis of age against persons whose age is forty or older. No question is asked with the intent to discriminate. When college education is required for the position for which you are applying, complete college transcript(s) must be submitted.

APPLICANT INFORMATION				DRIVERS LICENSE # _____	
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
For what position(s) are you applying?		Do you have any objections to wearing a uniform? <input type="checkbox"/> yes <input type="checkbox"/> no			
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.?	
Have you ever worked for Pope County?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and where?	
Have you ever been convicted an offense other than traffic violations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Any objection to working overtime? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/>					
Name(s) of relatives working for Pope County, if any. _____					
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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
Do you have any objections to working: Days? _____ Evenings? _____ Nights? _____ Weekends? _____ Holidays? _____					
REFERENCES – PLEASE LIST THREE PROFESSIONAL REFERENCES					
Full Name					Relationship
Company					Phone
Address					
Full Name					Relationship
Company					Phone
Address					
Full Name					Relationship
Company					Phone
Address					

PREVIOUS EMPLOYMENT

List present and past employment beginning with most recent. (Resume alone is not acceptable)

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"/>			

What contributions do you feel you have made in your other employment?

MILITARY SERVICE

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

I understand that I will be subject to pre-employment, random, post accident and reasonable suspicion drug testing.

SIGNATURE _____

DISCLAIMER AND SIGNATURE

APPLICATION INVALID WITHOUT SIGNATURE

I hereby authorize investigation of all statements contained in this application for employment. This investigation will be conducted in accordance with guidelines set forth by the Fair Credit Reporting ACT and that all information and facts received will be made available upon request. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from County service if I have been employed. Applicant agrees that the filing of this application in no way obligates this County to employ Applicant and that in the event this application is accepted it is understood that the Applicant is not employed for any specific period of time and that the employment is at the will of the County. All County employees are "at will" employees and employment may be terminated at any time, without notice or liability of any kind (except for wages earned and unpaid) and with or without cause. No agent of Pope County has the authority to enter into any agreement that is in conflict with the "at will" policy or creates a property right to employment, entitlement to be hired or promoted, or an expectancy of continued employment.

Signature

Date



BACKGROUND AND REFERENCE INVESTIGATION

Authorization and Release for Employment Purposes

(Please sign the bottom of this page when turning in your application)

As part of its employment screening and selection procedures, Pope County 911 requires a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and to identify any factors that might be inconsistent with Pope County 911 requirements.

I, _____, give Pope County 911 and/or its designee's permission and authority to conduct a background investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, criminal records and other information contained in public records.

I authorize and request any former employers, schools, police departments or any person to furnish Pope County 911 and/or its designees information concerning my job performance assessments, attendance, work habits, disciplinary actions, reasons for termination, salary history, character, reputation, credit history, criminal record, vehicle driving record and other relevant information as determined solely by Pope County 911.

I release all persons, companies, corporations or individuals from all liability and responsibility that may result from providing Pope County 911 and/or its designees with such information as requested.

I understand that if hired, my employment is for no definite period of time and may be terminated with or without cause and with or without notice, at any time, at the option of either Pope County 911 or myself. No employee, representative, manager, official or supervisor of Pope County 911 other than the director or assistant director of Pope County 911, has authority to enter into any agreement for employment that is contrary to the foregoing.

(Name)

(Date)

(Address)

(Social Security Number)

(City, State, Zip Code)

(Date of Birth)

(Applicant Signature)
(Sign in front of authorized Agency Representative)

(Witness Signature)
(Witnessed by authorized Agency Representative)

State of Arkansas Statement of Selective Service Status
In Compliance with Act 228 of the 1997 Acts of the Arkansas General Assembly

All persons considered for hire by Pope County 9-1-1 Emergency Communications beginning July 1, 1997, must complete this form and submit with completed application for employment.

I understand that to be eligible for employment with Pope County 9-1-1 Emergency Communications I must register, or be exempt from registration, with the Selective Service System in accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq., as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly. I therefore swear or affirm under penalty of perjury that:

I have registered with the Selective Service System

-OR-

I am exempt from such registration because of the following provision(s) of the Military Selective Service Act as specified in Act 228 of the 1997 Acts of the Arkansas General Assembly:

_____ I am female

_____ I am a current member of the armed forces on active duty

_____ I am under 18 years of age

_____ I am 26 years of age or over

_____ I am an exempted resident alien

_____ Other (specify)_____

PRINT NAME

SIGNATURE

DATE