

911 DIRECTOR
CHRIS HARDIN

ASSISTANT 911 DIRECTOR
AMANDA THOMPSON



1854 EAST LIBERTY STREET
PO Box 415
MEXICO, MISSOURI 65265
USNG: 15S WD 9898135472
PHONE: 573-473-5800
FAX: 573-473-3426

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Driver's License Number and State	Desired Salary	
Position Applied for Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>			
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 worked for Audrain County Joint Communications?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when?	
Are you related to any current employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, provide their name and relationship	

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
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

List any correspondence course, special courses, seminars, workshops, training sessions, etc., that might relate to this position. Also, list any licenses or certificates relating to this position.

EMPLOYMENT HISTORY			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

Any further employment history you wish to include, please list on a separate sheet.

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

CONVICTION INFORMATION

Audrain County Joint Communications will not automatically reject an applicant who has been convicted. Before any applicant is rejected, he/she will be notified. This notice will state the reason for rejection. The applicant will be given one week to appeal.

Have you ever been convicted as an adult for a misdemeanor or felony violation? YES NO

If yes, please list the dates, charges and dispositions _____

AFFIRMATIVE ACTION POLICY

We welcome you as an applicant for employment. You application will be considered with others in competition for the position in which you are interested. It is the policy and intent of Audrain County Joint Communications to provide equality of opportunity in employment to all persons. The policy prohibits discrimination because of race, color, religion, national origin, place of residence, political affiliation, disability, marital status, sex or age in all aspects of our personnel policies, programs, practices and operations. This policy applies to all phases of full-time, part-time, temporary and seasonal employment. Audrain County Joint Communications is an E-Verify employer.

All information contained in or connected with this application will be considered personal and confidential and used only in conjunction with your possible employment by Audrain County Joint Communications. You are encouraged to attach any additional information that you believe qualifies you for the position for which you are applying. Please use typewriter or ink.

DISCLAIMER AND SIGNATURE

The facts set forth in my application are true and complete. I understand that, if employed, false statements on this application will be considered sufficient cause for dismissal. I hereby authorize Audrain County Joint Communications without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I also understand that neither this application nor a commitment of employment by Audrain County Joint Communications constitutes a contract of employment. If a contract is to exist, that document will be executed in writing by Audrain County Joint Communications. I understand that this application for employment is valid for no more than 60 days. After that, I must resubmit an application in order to be considered for positions at Audrain County Joint Communications.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statements contained in this application may cause rejection of this application or termination of employment without notice or benefits.

Signature

Date

AUDRAIN COUNTY JOINT COMMUNICATIONS

PHYSICAL EXAM AND SCREENING POLICY

Post offer of employment, prior to start date, Audrain County Joint Communications may require a physical examination, drug and/or alcohol screening paid for by Audrain County Joint Communications. In addition, Audrain County Joint Communications may require a physical or mental health examination by qualified physicians, periodically, after an individual is employed, paid for by Audrain County Joint Communications. However, disabled employees shall not be singled out for testing, unless their job performance is unsatisfactory, and this is probable cause to believe a physical or mental impairment may be the reason for poor performance. Likewise, if an individual is performing a job which involves risk of physical injury to the individual, other employees or the public and Audrain County Joint Communications has probable cause to suspect that a physical or mental impairment may increase the risk of injury, Audrain County Joint Communications may require a medical examination to determine whether the continued functioning of the individual in that position poses an unreasonable risk of physical injury. In all other cases, all employees will be treated the same.

Signature

Date

AUDRAIN COUNTY JOINT COMMUNICATIONS

RELEASE OF INFORMATION FOR PRE-EMPLOYMENT BACKGROUND INVESTIGATION

I, the undersigned applicant for employment with Audrain County Joint Communications, hereby authorize the officials of Audrain County Joint Communications to conduct an investigation of my background by contacting my former employers and by examining criminal justice records to determine whether I have been convicted of a crime. I further authorize any and all enforcement officials to cooperate with Audrain County Joint Communications in this investigation and to release any information concerning my job performance or criminal record to Audrain County Joint Communications. A photo or fax of this authorization may be used as and has the same effect as an original document.

Signature _____

Name (Print) _____

Date of Birth _____

Social Security Number _____

Driver's License Number and State _____