



City of Monett 911 Communications

911 COMMUNICATIONS OFFICER APPLICATION FOR EMPLOYMENT
1901 E Cleveland Ave.; P.O. Box 110
Monett, Missouri 65708
417-235-4241
www.cityofmonett.com

APPLICATION INSTRUCTIONS

Information on this application will be used to judge your qualifications and evaluate your education for the position that you are applying for. Please read all of the questions carefully and answer all questions completely and honestly. Do not leave any blank spaces. If a question does not apply, write "DNA" in the answer space. All information in this application is subject to verification. Any false, misleading, or incomplete information will result in your application being eliminated. Your ability to completely and honestly fill out this application is part of the process to determine your suitability for employment. If you intentionally leave out any information that you think might be detrimental to you obtaining a job, such as past drug use, any incident of theft or other crimes, it will automatically eliminate you from consideration for employment. The fact that you may have used drugs, committed a theft or another illegal act will not automatically eliminate you, but the omission of it during the application process will. Once submitted, this application becomes the property of the City of Monett.

BASIC PERSONAL INFORMATION

Name: _____
Last First Middle

Please list any other names by which you have been known as: _____

Social Security Number: _____ Email Address: _____

Telephone: _____
Home Number Daytime Number Cell Number

Driver's License: _____
Number State Type

Are you a commissioned police officer in the State of Missouri: _____ Yes _____ No

Are you a commissioned police officer in any state of the U.S.? _____ Yes _____ No

If yes, which state did you receive your commission: _____

Your place of birth (city, state, and country): _____

Have you applied for a position with the City before? _____ Yes _____ No

If yes, when and previous position applied for: _____

ELIGIBILITY

Are you at least 21 years of age? _____ Yes _____ No

Do you have a legal right to work in the United States? (check one)

_____ U.S. Citizen _____ Permanent Resident Status _____ Other (specify) _____

MILITARY

Please make copies of all applicable service records including any discharge papers and attach to the application.

Branch: _____ Serial Number: _____

Date of service: _____ to _____ Reserve Status: _____

Type of discharge: _____ If not honorable, explain: _____

Grade and duty assignment at discharge/separation: _____

Selective Service Number: _____ Classification: _____

Are you a member of the Reserves or National Guard? ____ Yes ____ No

If yes, give unit, location, grade, and duty assignment: _____

EDUCATION

Please fill in the information that applies and attach copies of your diplomas or copies of your course schedule and grades to the application.

If you did not complete high school, do you have a GED? ____ Yes ____ No

SCHOOL	NAME, ADDRESS, PHONE NUMBER	GRADUATE Yes/ No Dates Enrolled	COURSE OF STUDY / MAJOR
HIGH SCHOOL			
COLLEGE / UNIV			
GRADUATE SCHOOL			
OTHER			

SPECIALIZED SKILLS & TRAINING

Do you speak another language other than English? ____ Yes ____ No Fluent? ____ Yes ____ No

If yes, please list: _____

Briefly list any computer skills that you have. If you have copies of any certificates for any computer training that you have received, please attach them to the application: _____

Please list any social internet sites (Facebook, MySpace) that you have had an account with: _____

Briefly list any training or skills, including firearms, that you have that would be of assistance in the job(s) that you are applying for. If you have any copies of certificates for any training that you have received please attach them to the application:

PERSONAL HISTORY

1. Do you know of any reason why you could not pass a background check? Yes No
2. Have you ever been fired or asked to resign from a job? Yes No
3. Have you ever received disciplinary action from an employer? Yes No
4. Have you ever stolen from an employer? Yes No
5. Have you ever committed a crime for which you were not arrested? Yes No
6. Have you ever assisted someone in committing a crime? Yes No
7. Have you ever falsified a police report? Yes No
8. Have you ever accepted money not to report a crime? Yes No
9. Have you ever slept on the job? Yes No
10. Has any driver's license issued to you ever been suspended or revoked? Yes No
11. Have you ever used, sold, or otherwise handled in an illegal manner a controlled substance?
 Yes No
12. Have you ever been bonded? Yes No
13. Have you ever been refused bond? Yes No

If you answered yes to any of the questions listed above, please write brief explanation for that question on the back of this page... You will be asked about any "yes" answers if interviewed and/ or during any background checks. A "yes" answer does not automatically eliminate you from consideration for employment. Your omission of these facts will automatically eliminate you from consideration.

TRAFFIC, CIVIL, & CRIMINAL RECORD

On this page please list your history of any traffic citations, any civil court actions in which you were or are a defendant, and any arrests, convictions, and court actions that you have had:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

FINANCIAL STATUS

List all creditors or persons to whom you are financially obligated.

NAME	ADDRESS	BALANCE	MONTHLY PAYMENT

Have you ever declared bankruptcy? Yes No

If yes, give date and circumstance: _____

EMPLOYMENT HISTORY

NOTICE: Start with your current job, if employed, and list your past employment in reverse order. Include all employment from high school to the present. Account for any time that you were unemployed by stating the nature of your activities. You may use additional paper if necessary.

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

Company: _____ Position: _____ FT or PT
Address: _____ City: _____ State: _____ ZIP: _____
Dates from _____ to _____ Salary: \$ _____
Supervisor's Name: _____ Telephone No.: _____
Job Duties: _____
Reason for leaving: _____

RESIDENCES

List all residences where you have lived during the past five years. Begin with your present address and work backwards. List the complete address including street number, street name, city, state, and zip code.

ADDRESS	CITY	STATE	ZIP CODE	DATES

REFERENCES

List three personal references that are not related to you. Do not use former or current employers. Be sure to include all of the information requested.

NAME	ADDRESS, CITY STATE, ZIP CODE	AREA CODE & PHONE NUMBER

REMARKS

Please tell us about yourself. Include any awards, honors, licenses or certificates that you have received. What are your hobbies and interests? You can also use this section to expound upon any answers to any questions on this application:

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I declare that the foregoing statement are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application is grounds for disqualification. I further understand that any misrepresentation or omission of facts upon this application will be sufficient cause for cancellation and/or separation from City service if I have been employed. I also acknowledge that I received and understand the "Job Facts Information" document for the City of Monett 911 Communications Department.

Signature _____ Date: _____

CITY OF MONETT

WAIVER OF LIABILITY AND RELEASE FORM

In consideration of the City of Monett, Missouri, hereinafter referred to as the Agency, processing in my application for employment, I _____ hereby irrevocably agree to the following terms and conditions:

1. The term “background investigation” as used in this document refers to any and all information and sources of information that the Agency, in its sole discretion, may deem necessary to obtain or contact, to determine any fitness as a candidate for employment with the Agency.
2. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action any officer, agent, or employee of the Agency who may conduct my background investigation.
3. I hereby release from liability and promise to hold harmless under any and all possible causes of legal action, any and all person and entities who shall furnish any information or opinions to the officers, agents, or employees of the Agency who conduct my background investigation.
4. I authorize any person or entity contacted by the Agency’s officers, agents, or employees during the course of my background investigation, to furnish such officer, agents, or employees any information opinions they may have, and hereby expressly waive any and all legal privileges, the clergyman – penitent privilege, the husband-wife privilege, and the accountant – client privilege.
5. I hereby release from liability and promise to hold harmless, under any and all possible causes of legal action, the political subdivision, the Agency or any of its officers, agents or employees for any statements, acts or omissions in the course of my background check.
6. I expressly waive all of my legal rights and causes of actions to the extent that the Agency background check may violate or infringe upon these legal rights and causes of action.
7. I expressly agree that I will never, under any circumstances, attempt to obtain the results of my background investigation as conducted by the Agency, realizing such information must of necessity remain confidential.

This release from liability given by me to the political division, the Agency, its officers, agents and employees, and all others as mentioned above, shall apply my right of action of any nature whatsoever that might accrue to myself, my heirs or my personal representative.

DO NOT SIGN BEFORE READING

Date: _____ Signature of Applicant: _____

Date of birth: _____ SSN: _____

Driver’s License Number and State: _____

The foregoing instrument was acknowledged before me on this _____ date of _____, 20____,

by _____.

Notary Public Signature / Seal

CREDIT INFORMATION RELEASE FORM

Consumer Report Disclosure

By this document, the City of Monett discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

Name (typed or printed)

Signature

Date

Consumer Report Authorization

This document shall authorize the procurement of a consumer report by the City of Monett as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for the City of Monett to procure consumer reports at any time during my employment period.

Name (typed or printed)

Signature

Date

**CITY OF MONETT
PRE-EMPLOYMENT DRUG SCREEN CONSENT**

1. I, _____, as an applicant with the City of Monett, Missouri consent to allow my blood, breath and/or urine to be tested for drugs. I further consent to allow the results of such testing to be released to the City of Monett, Missouri or its authorized agents to representatives.
2. I hereby release the City of Monett and its employees from any action that may arise out of results of such tests or information being released to the City of Monett.
3. I understand that if I fail to sign and return this consent to the City of Monett, Missouri, my application will no longer be considered. I understand that if I test positive for any illegal substance, any offer of employment I have received will be withdrawn.

APPLICANT

DATE

WITNESS

DATE