

# APPLICATION FOR EMPLOYMENT

Initial Review	YES	NO
Date	Reviewer	

Genesee County 9-1-1 Consortium Commission\*  
 Central Dispatch  
 G-4481 Corunna Rd.  
 Flint, MI 48532  
 (An equal opportunity employer)

**Position Applied For:**  
 Dispatch \_\_\_\_\_  
 Supervisory \_\_\_\_\_  
 Clerical \_\_\_\_\_  
 Other \_\_\_\_\_

PLEASE PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Is any additional information relative to a different name necessary to check work or other records? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Previous address if less than one (1) year at above address: \_\_\_\_\_

When can you start? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, when, where and nature of offense: \_\_\_\_\_

Are there any criminal charges pending against you? \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Please list below each type of specialized equipment you are skilled in operating: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issuance: \_\_\_\_\_

Person to be notified in case of accident or emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially qualify you for the position for which you are applying? (Applicants are invited to submit resumes or other pertinent information in written form.)

\*The Genesee Count 9-1-1 Consortium Commission is an independent entity which provides dispatch services for communities through Genesee County.

Int. Date	Ergo: _____	Score: _____
	Int. _____	
	Int. _____	Hire Date: _____
	Int. _____	

## PERSONAL REFERENCES

Please list three persons who have knowledge of your work experience or ability.  
(Not former employers or relatives)

Name and Occupation	Address	Phone
	Street _____ City _____ State _____ Zip _____	Work # _____ Home # _____
Name and Occupation	Address	Phone
	Street _____ City _____ State _____ Zip _____	Work # _____ Home # _____
Name and Occupation	Address	Phone
	Street _____ City _____ State _____ Zip _____	Work # _____ Home # _____

## RECORD OF EDUCATION

Include current course of study or training.

Educational Institution	Graduated	Extracurricular Activities:		
High School:	____ Yes ____ No	Offices, Honors, Awards:		
<i>Name, City &amp; State</i>				
Educational Institution	Graduated	If no degree, credits earned	Type of Degree Received/Expected	
College or University:	____ Yes ____ No		Month	Year
<i>Name, City &amp; State</i>				

## MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

List duties in the services, include special training: \_\_\_\_\_

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# PAST AND PRESENT EMPLOYMENT

List below your present and all past employment, beginning with your most recent employer.  
 (Use an extra page if necessary.)

Employer	From	To	Last Salary	Reason for Leaving	Name of Supervisor
Name: _____	Mo. / Yr.	Mo. / Yr.			
Address: _____ _____	Describe the work you did:				
Type of Business: _____					
Telephone: _____					

Employer	From	To	Last Salary	Reason for Leaving	Name of Supervisor
Name: _____	Mo. / Yr.	Mo. / Yr.			
Address: _____ _____	Describe the work you did:				
Type of Business: _____					
Telephone: _____					

Employer	From	To	Last Salary	Reason for Leaving	Name of Supervisor
Name: _____	Mo. / Yr.	Mo. / Yr.			
Address: _____ _____	Describe the work you did:				
Type of Business: _____					
Telephone: _____					

Employer	From	To	Last Salary	Reason for Leaving	Name of Supervisor
Name: _____	Mo. / Yr.	Mo. / Yr.			
Address: _____ _____	Describe the work you did:				
Type of Business: _____					
Telephone: _____					

Employer	From	To	Last Salary	Reason for Leaving	Name of Supervisor
Name: _____	Mo. / Yr.	Mo. / Yr.			
Address: _____ _____	Describe the work you did:				
Type of Business: _____					
Telephone: _____					

## PLEASE READ AND SIGN BELOW

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I certify that the facts set forth in this Application of Employment, in my resume and in the other materials I have submitted are true and complete.

I hereby authorize the Genesee County 9-1-1 Consortium Commission (hereinafter "the Employer"), to contact all my former and current employers, educational institutions and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also hereby release the Employer and its employees and agents, and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my performance record and work, academic and/or military experience. I also hereby waive any right under the Bullard-Plawecki Right to Know Act, 1978 PA 397, to receive written notice from the Employer or any former or current employer, that disciplinary reports, letters of reprimand, or other disciplinary action taken against me while employed, will be or have been disclosed to a third person or entity.

I also understand that the Employer may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history search on me. I hereby consent to this search being conducted and to the disclosure of the results of that search by the individual or entity conducting the search to the Employer. I further hereby release the individual or entity conducting the search, the Employer, and its employees and agents, from any and all liability, claims and damages, including but not limited to, claims for releasing or using any information revealed as a result of this search. I also understand and acknowledge that false information provided by me or criminal arrests or convictions will result in disqualification from employment with the Employer or in dismissal from employment if an offer of employment has been made and accepted.

I hereby consent to having a physical and/or psychological examination and/or test(s), including but not limited to drug and/or alcohol testing, conducted by a physician or other professional of the Employer's choice, and understand that any offer of employment is conditioned upon the results of this examination(s) and/or test(s).

Subject to the terms of any collective bargaining agreement applicable to me, I agree not to commence any action or suit relating to my employment with the Employer more than 180 days after the occurrence of the facts giving rise to the claim, or more than 180 days of the date of my termination of such employment, whichever is earlier, and to waive any statute of limitations to the contrary.

If I am employed, I understand that additional personal data will be required for determination of benefit eligibility and for statistical purposes .

I hereby certify that the statements made on this application are true, complete and correct and are made in good faith. I understand that false or misleading statements made herein are sufficient cause for rejection of this application or discharge in the event of appointment.

I will abide by all policies, rules and regulations of the Employer.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_