



GENESEE COUNTY 9-1-1 CONSORTIUM COMMISSION APPLICATION FOR EMPLOYMENT

AVAILABILITY

On what date would you be available to start work? _____

Are you available for work Full-Time? Yes No

How many hours can you work weekly? _____ Are you available to work nights? Yes No

Are you able to work weekends? Yes No Do you have access to transportation? Yes No

EDUCATION AND TRAINING

<i>Type of School</i>	<i>Name of School</i>	<i>Address of School</i>	<i>Did You Graduate?</i>	<i>Type of Degree</i>	<i>Number of Years Attended</i>
<i>High School</i>					
<i>College</i>					
<i>Graduate School</i>					
<i>Technical/ Trade School</i>					
<i>Other</i>					

Please list awards, scholarships, honors received (includes publications, inventions, technical awards, etc.)

Please list professional certifications, licenses, or designations, and dates received _____



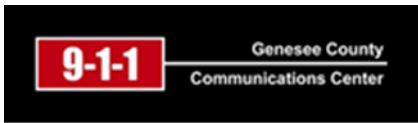
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EMPLOYMENT HISTORY

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list full-time and part-time jobs, summer or volunteer work during the last 10 years. **Include periods of military service**, self-employment, and unemployment. Please leave no unexplained gaps. Attach separate sheets if necessary.

1	Present or Past Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Previous Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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EMPLOYMENT HISTORY, CONTINUED

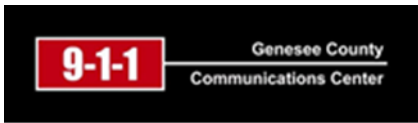
3	Previous Employer	Telephone # ()
	Address	Employed (Month and Year) From: _____ to _____
	Supervisor's Name and Title	Wages Start: _____ Last: _____
	State Job Title and Describe Your Work Below	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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REFERENCES

Please list at least three (3) references, not related to you, whom you have known for at least one (1) year, who have knowledge of your work experience or ability.

Name	Company	Address (Street, City, State)	Phone Number	Relationship



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Applicants Certification and Agreement *(Please read the following carefully and sign below)*

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct, and complete to the best of my knowledge. I authorize Genesee County 9-1-1 Consortium Commission (and/or its designee/agents) to investigate my past and present employment, education, and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize and give my consent for Genesee County 9-1-1 Consortium Commission (and/or its designee/agents) to conduct reference and background checks for employment purposes. I authorize all individuals, schools, and/or firms named herein to provide any information requested about me. I release from all liability any persons, company, corporations, or educational institutions supplying such information. I release Genesee County 9-1-1 Consortium Commission (or its designee/agents) from any and all liability resulting from the verification of such information. 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 party or entity.

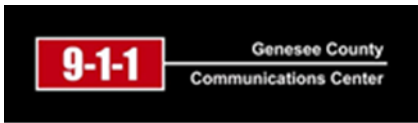
I understand that my application does not guarantee any type of employment, however, should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules, and regulations of employment of Genesee County 9-1-1 Consortium Commission. I understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of Genesee County 9-1-1 Consortium Commission or me. I also understand that no representative of the company has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

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 given 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 understand that if I am offered employment at Genesee County 9-1-1 Consortium Commission, I will be required to provide evidence of my identity and authorization to work in the United States. I understand that the company may require a physical examination, reference checks, background checks, and/or drug and alcohol screening as condition of employment. I understand that any false statement or material omission on this application, or on any supporting documents, may be grounds for non-hire or discharge, regardless of when discovered by Genesee County 9-1-1 Consortium Commission. My signature below constitutes my understanding of the above.

Signature of Applicant: _____ Date: _____



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MSP: Background Check: _____
(MSP Initials needed)

CritiCall Testing Score: _____

Any Deficiencies: _____

Observation Reports: _____

Interview Scores: _____

Background Investigation: By: _____ Date: _____

Result: _____

Psychological Evaluation: _____

Medical Testing: _____

Drug Screen: _____

Letter sent: _____

or

Start date: _____