

List three persons, other than relatives or former employer, who can serve as references to your character, training and ability. It is preferred that these persons live in Labette County.

Name, address and daytime phone number.

1. _____

2. _____

3. _____

Record of Education and Training:

What is the highest grade of school you have completed? _____

If you did not complete high school, do you have a high school equivalency diploma or certificate? _____ Yes _____ NO Date: _____

In the area below list the information requested about schools and or special training you have attended, including High School.

Education	Name & Location of school	Year Graduated	Major	Diploma/ Degree
High School				
College/Univ.				
College/Univ.				
Other Training/Education				

Please give any additional information you feel would be helpful in evaluating your qualifications for employment.

Give your employment history beginning with your current or most recent employer. List all positions held. Include any applicable military positions and duties also. If additional space is required attach an additional sheet.

Employer	<u>Dates</u>	<u>Employed</u>	Work Performed
Address	From	To	
Telephone #'s	Hourly Rate	Salary	
Job Title Supervisor	Starting	Final	
Reason for leaving			
May we contact your employer? And if no, why?			

Employer	<u>Dates</u>	<u>Employed</u>	Work Performed
Address	From	To	
Telephone #'s	Hourly Rate	Salary	
Job Title Supervisor	Starting	Final	
Reason for leaving			
May we contact your employer? And if no, why?			

Labette County Emergency Communications
 718 5th Street
 Oswego, KS 67356
 Office: (620) 795-2565 Fax: (620) 795-4664

Employer	<u>Dates</u>	<u>Employed</u>	Work Performed
Address	From	To	
Telephone #'s	Hourly Rate	Salary	
Job Title Supervisor	Starting	Final	
Reason for leaving			
May we contact your employer? And if no, why?			

Have you ever been convicted of a law violation? YES NO

If Yes, was it a Felony? YES NO

Were you dishonorable discharged from any branch of the US Armed Forces? YES NO

Have you ever been fired or asked to resign from a job? YES NO

If any details are needed for the above questions please use the space below and indicate which question you are referring to.

Labette County Emergency Communications
718 5th Street
Oswego, KS 67356
Office: (620) 795-2565 Fax: (620) 795-4664

NOTICE: You must read the following statement, sign and date the application.

I declare that the foregoing statements are true and correct to the best of my knowledge and belief. I realize that falsification of any information on this application and supplement is grounds for disqualification or dismissal from employment.

Signature: _____ Date: _____

Printed Name: _____

LABETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

- See attached page for criminal history release.

Labette County Emergency Communications
718 5th Street
Oswego, KS 67356
Office: (620) 795-2565 Fax: (620) 795-4664

**Authorization to Investigate Criminal History Record of Applicant for
Employment with the Labette County Emergency Communication Center**

I hereby authorize Labette County Emergency Communications Center to investigate all law enforcement files and records available to it for the purpose of determining if I have a ever been convicted of any criminal act or ordinance violation. I understand that information obtained through this investigation will be used to determine my suitability for employment.

Applicant's Signature _____ Date _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any authorized representative of Labette County Emergency Communications Center bearing this release or copy thereof, within one year of it's date, to obtain any information in your files pertaining to my employment, military credit or educational records including, but not limited to; academic, achievement, athletic personal history and disciplinary records, medical records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Labette County Emergency Communications Center. Consent is grand for the Labette County Emergency Communications Center to furnish such information as is described above, to third parties in the course of fulfilling it's official responsibilities. I hereby release you as the custodian of such records and any school, college, university or other educational institution, consumer reporting agency or retail business establishment including it's officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which any at any time result to me, heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated.

FULL NAME: _____
(signature)

FULL NAME: _____
(type or print)

DATE: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER: _____

WITNESS SIGNATURE: _____