

Personal Information

Southern Idaho Regional Communications

SIRCOMM

An Equal Opportunity Employer



APPLICATION FOR EMPLOYMENT

for

EMERGENCY COMMUNICATIONS OFFICER

To be considered an applicant, you must complete this form and attach your resume. Read instructions - each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered.

Name (first, middle, last):				
Other names used:				
Residential address:	Street:			
	City, State, and zip code:			
Email address:				
Primary phone number:				
Available start date:				
I understand the Emergency Communications Officer position is full-time only , and may include day and night shifts, weekends, holidays, and occasional overtime.				
Federal Law requires proof of	f identity and employment authorization	n for all new employees.		
Are you legally eligible to wo	rk in the United States?	Yes No		
Do you have a valid driver's	license?	Yes No		
	State:			
	Driver's License Number:			
Do you or have you ever hele	d a driver's license in another state?	Yes No If yes, which state?		

Today	's	Date					

Drug Testing	9							
	Would you take a physical examination (including but not limited to urine, blood, or other examination) for evidence of drug or other illegal chemical use? Yes No							
SIRCOMM reserves the right to require applicants or employees to take drug tests of our choice to determine fitness for duty, including but not limited to urine, blood, or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with SIRCOMM policy.								
Education								
	Name	Location	Attended From / To	Graduated? Y or N				
High school								
College								
Other (Vocational, Business, Military, etc)								
Professional Licenses or Certificates (including expiration dates if applicable)								

Professional Licenses or Certificates (including expiration dates if applicable)
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Employment History: positions help while obt	Start with the most recent, going back to age 18; exclude part-time aining higher education; add attachment if more room is needed.
Employer:	
Full address:	
Telephone number:	
Employment dates: (from / to)	
Position held:	
Primary duties:	
Supervisor name:	
Final rate of pay:	
Reason for leaving:	
Employer:	
Full address:	
Telephone number:	
Employment dates: (from / to)	
Position held:	
Primary duties:	
Supervisor name:	
Final rate of pay:	
Reason for leaving:	

Employment History (continued)
Employer:	
Full address:	
Telephone number:	
Employment dates: (from / to)	
Position held:	
Primary duties:	
Supervisor name:	
Final rate of pay:	
Reason for leaving:	
Employer:	
Full address:	
Telephone number:	
Employment dates: (from / to)	
Position held:	
Primary duties:	
Supervisor name:	
Final rate of pay:	
Reason for leaving:	

May we contact your current employer? ____ Yes ____ No

Today's Date		

Personal references #1: no	y blood or m	narriage.		
Name (first, middle, last):				
Residential address:				
Telephone number:				
Occupation:				
Connection to you:				
Personal references #2: no	t related to you by	y blood or m	narriage.	
Name (first, middle, last):				
Residential address:				
Telephone number:				
Occupation:				
Connection to you:				
Personal references #3: no	related to you by	y blood or m	narriage.	
Name (first, middle, last):				
Residential address:				
Telephone number:				
Occupation:				
Connection to you:				
Are you related by blood or person currently employed		Yes	No	
If yes, their name and rela	ationship to you:			

Today's Date	

Have you ever been charged with a crime (other than minor traffic infraction)?	Yes No If yes, explain including when and where:
Military and Veteran's Prefer	ence
If you are NOT claiming Vetera	an's Preference, initial here and proceed to the next page.
the event of equal qualification veteran who qualifies will be	er 5, SIRCOMM will afford a preference to employment of veterans. In ns and experience between candidates for an available position, a preferred. If claiming veteran's preference, please complete the and attach a copy of your DD-214 to this application.
	who Code, Title 65, Chapter 5, and 5 U.S.C. § 2108) full-time duty in the Armed Forces, but NOT active duty for training.
Preference Eligible Veterans	 ☐ I have a service-connected disability of 10% or more. ☐ I am the spouse of an eligible disabled veteran who has a service-connected disability. ☐ I am the widow or widower of an eligible veteran and have remained unmarried. ☐ I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
best of my knowledge. I und	at all statements on this form are true and complete to the erstand that should an investigation disclose inaccurate or elication may be rejected and my name removed from the notes of the state of the
☐ I have attached a cop	y of my DD-214. Veteran's preference will not be nis document.
Printed name	:
Signature	:
Date	:

Today's Date	
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Employment Disqualifiers: The following is a list of actions or behaviors that may result in an applicant being disqualified from consideration for employment. This is not intended to be an all inclusive list of employment disqualifiers. Other factors not listed may also result in disqualification. Please indicate yes or no to the following.

	YES	NO
Have you ever been terminated from employment?		
[IDAPA 11.11.01.055.01a] Since the age of 18, have you been convicted of a felony?		
[IDAPA 11.11.01.055.01b] Have you been convicted of misdemeanor driving under the influence within the past two years?		
[IDAPA 11.11.01.055.01b] Have you been convicted of two or more misdemeanor driving under the influence offenses within the past five years?		
[IDAPA 11.11.01.055.01c] Have you been convicted of a misdemeanor crime involving domestic violence within the past five years?		
[IDAPA 11.11.01.055.01d] Have you been convicted of any misdemeanor sex crime or crime of deceit within the past five years?		
[IDAPA 11.11.01.055.01e] Have you been convicted of a misdemeanor drug-related offense within the last year?		
[IDAPA 11.11.01.055.03a] Have you used marijuana within the past year?		
[IDAPA 11.11.01.055.04a] Have you used cocaine, methamphetamine, or similar drugs within the past three years?		
[IDAPA 11.11.01.055.04a] Have you ever used heroin, crack cocaine, LSD, PCP, or similar drugs?		
[IDAPA 11.11.01.055.05a] Have you unlawfully used any prescription drug or a legally obtainable controlled substance within the past three years?		
[IDAPA 11.11.01.055.06] Have you received any type of discharge from the United States Armed Forces or its components other than honorable?		
Do you have a history of behavior involving dishonesty, unprofessional, unethical, or immoral conduct which may affect your ability to perform the duties required in the emergency communications profession?		
By my signature below, I acknowledge that I have read and understand the employment disquisted above and that my answers are truthful. I also understand that my answers will be verifically graph examination and background investigation prior to employment, and any false state result in disqualification of my application.	ed thro	ugh a
Signature of Applicant Date		

Today's Date

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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful, incomplete, or misleading answers, my application may be rejected, my name removed from consideration, or my employment be terminated.

I understand and agree that, if hired, my employment is for no definite period, and either SIRCOMM or I may terminate our at-will relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant	Date

I, ______, an applicant for employment with SIRCOMM, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duty authorized agency of SIRCOMM, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by SIRCOMM. I hereby agree that any person(s) or entity(ies) who may furnish such information concerning me shall not be held liable for providing this information; I do hereby release said person(s) and entity(ies) from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Printed name:	
Signature:	
Date:	
All names I have previously used or been known by:	

Communication Exercise

Your responses to the following will be evaluated on your ability to communicate effectively. Single sentence answers are not considered responsive or adequate for proper evaluation. Add attachments should you require additional space to elaborate your answers.

1. Describe your work principles.

2. Out of all the jobs you have held, which did you like the least in terms of the nature of the work, and why?

3. Describe a critical public safety skill that you possess.

4. How would you deal with people who take their anger out on you due to their fear or frustration?