

**APPLICATION FOR EMPLOYMENT
FLEMING COUNTY 911
201 COURT SQUARE
FLEMINGSBURG, KY 41041
606 845 2121**



DATE RECEIVED: _____

GENERAL INFORMATION: All information must be completed so that all Applications can be given equitable consideration for Employment regardless of race, color, religion, sex, age National origin or disability. Fleming County Dispatch Is an equal opportunity employer.

Requirements For Dispatcher: Applicant must be at least 18 years of age.
Applicant shall not have been convicted of Any felony charges
Applicant must possess a valid drivers license
Applicant must be drug free and willing to take A drug test
Applicant must be willing to take a Polygraph and Psychological tests
Applicant must be able to type/take a typing test
Applicant must be willing to be fingerprinted

APPLICANTS FULL NAME: _____
FIRST M LAST

ADDRESS: _____
HOUSE/ST NUMBER CITY ST ZIP

SOCIAL SECURITY NO: _____ **CONTACT NUMBER:** _____

EMAIL ADDRESS _____

ARE YOU A CITIZEN OF THE UNITED STATES: YES NO

HAVE YOU RECEIVED ANY TRAFFIC CITATIONS IN THE PAST THREE YEARS: YES NO

IF YEST EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR: YES NO

IF YES EXPLAIN

HAVE YOU EVER BEEN SUSPENDED, DISMISSED OR ASKED TO RESIGN FROM ANY JOB:

YES NO

IF YES EXPLAIN: _____

DO YOU HAVE A VALID DRIVERS LICENSE: YES NO

CAN YOU TYPE: YES NO WPM

DO YOU HAVE EXPERIENCE MULTI-TASKING: YES NO

IF YES EXPLAIN: _____

DO YOU RESPECT AUTHORITY: YES NO

THE FLEMING COUNTY DISPATCH IS A 24 HOUR, SEVEN DAY WEEK OPERATION, DO YOU HAVE ANY PROBLEM WORKING SHIFT WORK: YES NO

CHECK WORK PREFERRED: PART-TIME FULL-TIME FILL-IN

DO YOU CURRENTLY WORK A JOB WHERE YOU WOULD NEED TO GIVE NOTIFICATION:

YES NO

MAY WE CONTACT YOUR PREVIOUS EMPLOYERS: YES NO

GIVE AN EXPLANATION WHY YOU CHOSE TO APPLY FOR THIS JOB: _____

DATE AVAILABLE IF OFFERED A POSITION: _____

LIST THREE PERSONAL REFERENCES WE MAY CONTACT BELOW:

NAME	HOW LONG KNOWN	PHONE NUMBER
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NAME	HOW LONG KNOWN	PHONE NUMBER
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NAME	HOW LONG KNOWN	PHONE NUMBER
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WORK HISTORY:

COMPANY NAME: _____

YOUR JOB TITLE: _____

DATE
FROM: _____ TO: _____

REASON FOR LEAVING: _____

WORK HISTORY:

COMPANY NAME: _____

YOUR JOB TITLE: _____

DATE
FROM: _____ TO: _____

REASON FOR LEAVING: _____

EDUCATION:

HIGH SCHOOL GRADUATE: _____ YES _____ NO TYPE OF DIPLOMA: _____

COLLEGE GRADUATE: _____ YES _____ NO DEGREE: _____

SOME COLLEGE: _____ YEARS/HOURS: _____

GED: _____ YEAR COMPLETED: _____

TECHNICAL SCHOOL: _____ CERTIFICATION TYPE: _____

DISPATCHERS ARE REQUIRED TO ATTEND AND PASS TRAINING COURSES PROVIDED BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING IN RICHMOND KY. THE REQUIRED TRAINING REQUIRES THE EMPLOYEE TO STAY AT THE TRAINING FACILITY DURING EACH WEEK OF TRAINING AND CAN COME HOME ON WEEKENDS.
ALL CERTIFIED DISPATCHERS ATTEND ANNUAL INSERVICE CLASSES AS REQUIRED.
WOULD YOU BE ABLE TO ATTEND THE TRAINING IF HIRED.

____ YES ____ NO

I ATTEST THAT ALL INFORMATION FILLED OUT BY ME ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY AND UNDERSTAND THAT ANY FALSIFICATION OF THIS APPLICANT MAY PROHIBIT ME FOR CONSIDERATION FOR EMPLOYMENT WITH THE FLEMING COUNTY DISPATCH. I UNDERSTAND AND AM WILLING TO SUBMIT TO THE REQUIRED TESTING FOR CONSIDERATION FOR EMPLOYMENT WITH THE FLEMING COUNTY DISPATCH GIVEN BY THE DEPARTMENT OF CRIMINAL JUSTICE TRAINING LAW ENFORCEMENT COUNCIL IN RICHMOND KY OR DESIGNATED FACILITY.

SIGNATURE

DATE