

**HOWELL COUNTY 911 EMERGENCY SERVICES**  
**35 COURT SQUARE, SUITE 1, WEST PLAINS, MO 65775**  
**PHONE (417) 256-0209 Fax (417) 255-0299**  
**EMPLOYMENT APPLICATION**

**Instructions**

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

**Applicant Information**

Last Name		First Name		Middle	Maiden	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Height	Weight	Hair Color	Eye Color	Date of Birth		Social Security #	
Present Address			City		State	Zip	
Previous Address			City		State	Zip	
Driver License #	State Issued	Expiration Date		Home Phone # ( ) - ( )		Work/Cell # ( ) - ( )	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married						Number of Children/Dependants	
Any relation employed at this agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (Who?) -							
Have you applied with this agency before? <input type="checkbox"/> No <input type="checkbox"/> Yes (When?)							
Employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time				Available Start Date			
Are you currently involved, in any way (i.e. suspect, witness, victim etc.), in a criminal case being investigated by any law enforcement agency? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Please provide details)							
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Please provide details)							

**Physical Record**

Emergency Contact		Relationship	Home Phone # ( ) - ( )		Work/Cell # ( ) - ( )	
Address		City		State	Zip	
Do you have any defects in hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have any defects with speech? <input type="checkbox"/> No <input type="checkbox"/> Yes		Do you have any defects with vision? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Were you ever injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, Please provide details)						
List any physical defects or limitations						



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**Education**

High School	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip
College	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip
Business or Trade School	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip
	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip
	From	To	Did you Graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes	Degree
Address		City	State	Zip

Do you speak, read, and write a foreign language? ☐ No ☐ Yes (if Yes, Please provide details)

List any special activities or special skills that you have

**References** List three references other than relatives or employers that you have known at least three years

1	Last Name	First Name	Home Phone # ( ) -	Work/Cell # ( ) -
	Address		City	State Zip
	Indicate how reference is known			
2	Last Name	First Name	Home Phone # ( ) -	Work/Cell # ( ) -
	Address		City	State Zip
	Indicate how reference is known			
3	Last Name	First Name	Home Phone # ( ) -	Work/Cell # ( ) -
	Address		City	State Zip
	Indicate how reference is known			



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Work Experience Please list your work experience for the past 5 years beginning with the most recent job held.				
1	Name of Employer		Phone # ( ) -	Rate Pay or Salary
	Address		City	State Zip
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific) -			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

2	Name of Employer		Phone # ( ) -	Rate Pay or Salary
	Address		City	State Zip
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific) -			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

3	Name of Employer		Phone # ( ) -	Rate Pay or Salary
	Address		City	State Zip
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific) -			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

4	Name of Employer		Phone # ( ) -	Rate Pay or Salary
	Address		City	State Zip
	Name of Last Supervisor	Last Position Held	Employment Date From To	
	Reason for leaving (Be specific) -			
	List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agreed that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

X  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



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APPLICANT QUESTIONNAIRE

NAME \_\_\_\_\_  
DATE \_\_\_\_\_

AT WILL EMPLOYMENT

I understand Howell County 911 operates employment on an At Will Basis. This means you are free to terminate your employment at any time and that Howell County 911 equally reserves the right to terminate the employment relationship without prior notice.

Signature \_\_\_\_\_

Have you ever preformed communications work? (If yes explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever held a communications training or supervisory position? (If yes explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever taken emergency calls or dealt with an emergency situation which involved contacting several agencies or individuals? (If yes explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be willing to work any shift assigned including weekends and holidays? Yes or No  
(7am – 7pm, 7pm – 7am) (If no explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever dealt with information that had to be kept confidential? (If yes explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you familiar with using a map to find locations and/or addresses? Yes or No

In a vehicle accident with all patients pinned in the vehicle, in what order would you notify  
Police, Fire/Rescue and Medical Personnel? \_\_\_\_\_ Police \_\_\_\_\_ Medical \_\_\_\_\_ Fire

Why would you notify these entities in this order?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach your resume to this application.