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

Emergency Contact		Relationship		Hon	ne Phone #	Work/Cell #	
		and the same of th		()	() -
Address			City			State	Zip
Do you have any defects in hearing?		Do you have any defe				nave any defects with vision?	
□ No □ Yes	No L	Yes			No L	Yes	
Were you ever injured? No Yes (if	Yes, Please provid	e details)					
			-			-	
List any physical defects of limitations	-	-					
	-						
			-				

Physical Record

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ldress	Ci	ity		State	Zip
ollege	From	То	Did you Gra	duate?	Degree
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usiness or Trade School	From	То	Did you Gra	duate?	Degree
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Last Name Address Indicate how reference is known Last Name Address	you have se references other than relatin First Name	res or employers that H	you have known at lome Phone #) -	State	Work/Cell # () - Zip Work/Cell # () -

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Work Experien	CG Please list your work exper	ience for the pas	(5 years beginning with t	he most recent j	ob heid:
Name of Employer			Phone #		Rate Pay or Salary
		100		State	Zip
Address		City			- L
Name of Last Supervisor	Name of Last Supervisor Last Position Held		Employment Date From	То	
Reason for leaving (Be specific) -					
List the jobs you held, duties perfo	ormed, skills used or learned, adva	ancements or pron	notions while you worked at	this company.	
		2 4			
Name of Employer		-	Phone # () -		Rate Pay or Salary
Address		City		State	Zip
Name of Last Supervisor	Last Position Held		Employment Date	То	
Reason for leaving (Be specific) -					*
List the jobs you held, duties perfo	ormed skills used or learned, adv	ancements or pror	notions while you worked a	t this company.	*
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Address	4	City		State	Zip
Name of Last Supervisor	Last Position Held		Employment Date From	То	4
Reason for leaving (Be specific) -					*
List the jobs you held, duties perfo	ormed, skills used or learned, adv	ancements or pro	motions while you worked a	t this company.	*
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Reason for leaving (Be specific) -					
List the jobs you held, duties perfe	ormed, skills used or learned, adv	rancements or pro	motions while you worked a	at this company.	
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authorize investigation of a omission of facts called for i	in statements contained i	urther lunde	refand and agreed fl	hat my emplo	vment is for no
definite period and may, reg	ardice of the date of pay	ment of my v	vages and salary, be	terminated a	t any time withou
any previous notice.	aiviess of the vale of pa)	inone or my v	. and an arrive action 1, to a		
any previous nonce.					CONTRACTOR
X		Maria Maria			
Signature			A CONTRACTOR OF THE CONTRACTOR	Date	
Signature					

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APPLICANT QUESTIONNAIRE

NAMEDATE
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)
contacting several agencies of individuals: (If yes explain)
Will you be willing to work any shift assigned including weekends and holidays? Yes or No
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?PoliceMedicalFire
Why would you notify these entities in this order?

Attach your resume to this application.