



**Humphreys County
Emergency Communications District**

103 East Main St
Waverly, TN 37185
931-296-7792

Application For Employment

JOB PREVIEW

We are pleased that you are interested in employment with the Humphreys County Emergency Communications District. Before you complete the employment application, we want to preview what you can expect as a Humphreys County Emergency Communications District employee.

We find that many applicants do not fully understand what a 9-1-1 Center does because the many duties performed are not always visible to the public/community. A Dispatch Position can be very rewarding if you like helping people and your community, however dispatching is hard work. You would be responsible for dispatching to several law enforcement, fire and EMS agencies, answering 9-1-1 calls, multiple phone lines, and entering information into a Computer Aided Dispatch system; all simultaneously. We often deal with callers who come to us in extreme emotional stress expecting help and a prompt professional response.

WE REQUIRE A FRIENDLY & COURTEOUS ATTITUDE

We expect all citizens to be treated with equality, dignity and respect at all times and under all circumstances. We expect employees to be alert and interested in helping the citizens of our County at all times. This is not an optional responsibility.

WE ARE ALWAYS OPEN

The 911 Center operates 24 hours a day, 7 days a week. We do not close for holidays, weekends or at night. The opportunity to be off for most holidays, weekends, etc., is rare.

We are a drug free workplace and require all employees to undergo pre-employment and random drug screens. All employees must pass a thorough background investigation, psychological testing and a physical prior to employment.

We are looking for high quality employees who are seeking a position that is challenging, yet rewarding. If a job as a Humphreys County Emergency Communications District employee interests you, please complete the Employment Application on the next page.

Thank you!

EMPLOYMENT EXPERIENCE

Please list information about your current or most recent employer first. Include military service or any self-employment. Please give all information requested even if it is included on your resume'.

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			
4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers (s)			
Job Title	Supervisor		
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

EDUCATION			
	High School	Undergraduate College/ University	Graduate/Professional
School Name and Location			
Years Completed			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received.			
State any additional information you feel may be helpful to us in considering your application.			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such a change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Please Print

Name		
Address		
City	State	Zip
Social Security Number		

Submission of This Information is Voluntary		
Current Job		
Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Check One Of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> African American	<input type="checkbox"/> Other	<input type="checkbox"/> Asian/Pacific Islander
Check If Any Of The Following Are Applicable		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Handicapped Individual
Birth date		