

RIVERCOM 911

P.O. Box 3344, Wenatchee, WA 98807

EMPLOYMENT APPLICATION

RiverCom is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, gender, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

APPLICATION INSTRUCTIONS: Please TYPE or PRINT all information in a legible manner. DO NOT USE WHITE-OUT to correct or change an answer. If you need to change an answer, either cross out the original entry and write in a new entry or re-write your entry on a new page. The entire application form must be completed, signed, and dated for consideration of employment. Even if you attach a resume, all items on the application must be completed; incomplete applications will not be considered.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

| | | | |
|----------------------------|------------------------------|--------------|------------------------|
| <i>Last Name</i> | <i>First Name</i> | | <i>Middle Initial</i> |
| <i>Permanent Residence</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <i>Mailing Address</i> | <i>City</i> | <i>State</i> | <i>Zip</i> |
| <i>Home Phone Number</i> | <i>E-Mail Address</i> | | |
| <i>Cell Phone Number</i> | <i>Driver License Number</i> | <i>State</i> | <i>Expiration Date</i> |

Other names under which your education, employment, or other records may be listed:

| | | |
|---|--|---|
| Where did you find out about this job? | | |
| Are you seeking a fulltime or part-time position? | <input type="checkbox"/> Fulltime only | <input type="checkbox"/> Part-time only <input type="checkbox"/> Either |
| Are you over the age of 18? | YES NO | |
| Are you a U.S. citizen or do you have a Permanent Resident Card? | YES NO | |
| Have you previously applied, tested, or interviewed for this position at RiverCom? | YES NO | If YES, provide estimated date. |
| Have you ever tested with Public Safety Testing for a Dispatcher position? | YES NO | If YES, provide estimated date. |
| Do you have work experience as a 911 call-taker or dispatcher? | YES NO | |
| If required for the job, are you able to work a rotating shift schedule (days, evenings, and night shifts)? | YES NO | |
| If required for the job, are you able to be on-call and work overtime? | YES NO | |

EDUCATION AND TRAINING

Elementary and High School Education

Highest Grade Completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12

Name and location of last school attended (High School, Junior High, or Elementary)

Did you graduate from High School or obtain a GED?

YES NO

Technical Training

| Name of School and City, State | Dates Attended | | Type of Training | Diplomas/Certificates Received |
|--------------------------------|----------------|----|------------------|--------------------------------|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

Colleges and Universities (Undergraduate and Graduate)

| Name of College and City, State | Dates Attended | | Major Subjects | Degree EARNED <small>(Do not list unearned degrees)</small> |
|---------------------------------|----------------|----|----------------|---|
| | From | To | | |
| | | | | |
| | | | | |
| | | | | |

Other Related Licenses and Certifications

| Professional License Issued By | Field/Trade Specialization | License Number | Issue Date | Expiration Date |
|--------------------------------|----------------------------|----------------|------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

Additional Skills

Languages spoken and written **FLUENTLY**:

Typing Speed (words per minute): Computer Skills and Experience:

Other related qualifications, special skills or abilities that should be considered for this position:

Customer Service Skills:

EMPLOYMENT HISTORY

BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND LIST YOUR ENTIRE WORK RECORD FOR THE PAST 10 YEARS. In evaluating your qualifications, preference will be given to experience during this period. However, if you feel that your work experience beyond 10 years is important, please feel free to include it. Include any periods of self-employment, military service, job-related volunteer experience. If additional space is necessary, please attach a separate sheet. Complete all sections accurately and completely and to the best of your ability.

May we contact your present employer(s)? YES NO

| | | | |
|--|---|--|-------------------------------------|
| 1 | Employer Name and Address (City and State are required) | | Starting Date (month/year) |
| | | | Ending Date (month/year) |
| <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer | | Name and Title of Immediate Supervisor | Employer Telephone Number |
| Title of Position | | Hours per Week | Number of Employees You Supervised: |
| Primary Job Responsibilities | | | |
| Reason for Leaving or Considering Change (be specific) | | | |

| | | | |
|--|---|--|-------------------------------------|
| 2 | Employer Name and Address (City and State are required) | | Starting Date (month/year) |
| | | | Ending Date (month/year) |
| <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer | | Name and Title of Immediate Supervisor | Employer Telephone Number |
| Title of Position | | Hours per Week | Number of Employees You Supervised: |
| Primary Job Responsibilities | | | |
| Reason for Leaving (be specific) | | | |

| | | | |
|--|---|--|-------------------------------------|
| 3 | Employer Name and Address (City and State are required) | | Starting Date (month/year) |
| | | | Ending Date (month/year) |
| <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer | | Name and Title of Immediate Supervisor | Employer Telephone Number |
| Title of Position | | Hours per Week | Number of Employees You Supervised: |
| Primary Job Responsibilities | | | |
| Reason for Leaving (be specific) | | | |

| | | |
|----------|---|----------------------------|
| 4 | Employer Name and Address (City and State are required) | Starting Date (month/year) |
| | | Ending Date (month/year) |

| | | |
|--|--|---------------------------|
| <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer | Name and Title of Immediate Supervisor | Employer Telephone Number |
|--|--|---------------------------|

| | | |
|-------------------|----------------|-------------------------------------|
| Title of Position | Hours per Week | Number of Employees You Supervised: |
|-------------------|----------------|-------------------------------------|

Primary Job Responsibilities

Reason for Leaving (be specific)

| | | |
|----------|---|----------------------------|
| 5 | Employer Name and Address (City and State are required) | Starting Date (month/year) |
| | | Ending Date (month/year) |

| | | |
|--|--|---------------------------|
| <input type="checkbox"/> Paid Work <input type="checkbox"/> Volunteer | Name and Title of Immediate Supervisor | Employer Telephone Number |
|--|--|---------------------------|

| | | |
|-------------------|----------------|-------------------------------------|
| Title of Position | Hours per Week | Number of Employees You Supervised: |
|-------------------|----------------|-------------------------------------|

Primary Job Responsibilities

Reason for Leaving (be specific)

REFERENCES

List three (3) persons who can provide a professional reference.

| | |
|---------------------|------------------|
| Name and Occupation | Telephone Number |
| | |

| | |
|---------------------|------------------|
| Name and Occupation | Telephone Number |
| | |

| | |
|---------------------|------------------|
| Name and Occupation | Telephone Number |
| | |

OTHER INFORMATION

Are you related to or currently living with any other RiverCom employee, an employee of an affiliated agency, or a member of the RiverCom Administrative Board? ANSWER YES OR NO. If yes, list the name of the person and their relationship to you.

Have you been free from illegal drugs (based on Federal and State law) for the past three (3) consecutive years? ANSWER YES OR NO.

Have you ever been fired or forced to resign from a position? ANSWER YES OR NO. If yes, list the employer and briefly explain the situation. Responses will be evaluated on a case by case basis.

APPLICANT AGREEMENT

UNDER PENALTIES OF PERJURY, I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT ANY MISREPRESENTATION OR OMISSION SHALL BE SUFFICIENT CAUSE FOR DISQUALIFICATION FOR EMPLOYMENT OR DISCHARGE FROM EMPLOYMENT.

I authorize RiverCom to investigate all statements herewithin this application and to secure any additional information as necessary from academic institutions, employers, and references. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include personal information as to my personal characteristics, employment verification, credential verification, personal identity verifications, reference checks, criminal records, motor vehicle records, and other records appropriate for employment. I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, corporations, or institutions furnishing such information in good faith.

I understand that candidates selected for hire are required to successfully pass a drug screening, thorough background investigation conducted by law enforcement, psychological testing, criminal background check, credit check, and polygraph test (if applicable), or any combination of tests thereof, prior to any final offer of employment.

I acknowledge that I have received, read, and understand the job description for the position for which I am applying and that I meet the qualifications and agree to any terms outlined in the job description.

I hereby acknowledge that I have read and understand the preceding statements.

Applicant Name - Printed

Applicant Signature

Date

The following documents must be completed and included in your job application packet. Please follow all instructions for the job in which you are applying.

- Cover Letter
- Resume
- Employment Application, Signed and Dated
- Signed Job Description
- Typing Score (if required)

Application materials must be mailed to:

**RIVERCOM 911
P.O. Box 3344
Wenatchee, WA 98807**

