

# APPLICATION FOR EMPLOYMENT

## CAMPBELL COUNTY CONSOLIDATED DISPATCH CENTER

Read these instructions carefully prior to completing this application. If you have any questions about the application or the information requested, you should inquire of the Dispatch Center Director prior to completion.

If you find any information requested to be objectionable or offensive to you, please state your reasons for same in lieu of answering the questions.

**THE CAMPBELL COUNTY CONSOLIDATED DISPATCH CENTER IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, AGE, RELIGION, NATIONAL ORIGIN, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.**

Overview of the hiring and employment process: This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number and ask to speak to the Dispatch Center Director: (859) 581-3622. Our mailing address is: 998 Monmouth St. Newport, KY 41071.

As you complete this application, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record.
- If you need accommodation in order to complete this application, please notify the Dispatch Center at the number provided.

We appreciate your interest in employment with the Campbell County Consolidated Dispatch Center.

Email your completed application to [mmcnay@ccdcky.org](mailto:mmcnay@ccdcky.org)

# CAMPBELL COUNTY

## CONSOLIDATED DISPATCH CENTER

### Employment Application

#### I. GENERAL INFORMATION

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

Are you applying for: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
If Part Time, what days/hours are you available? \_\_\_\_\_

Have you ever been employed by a Campbell County government entity before?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what agency and in what capacity?  
Agency \_\_\_\_\_ Position \_\_\_\_\_

#### II. PERSONAL INFORMATION

Name: (Last, First, MI) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_

Home Address: \_\_\_\_\_

Number Street

City State Zip Code

Are you a U. S. citizen? (circle) Yes No If not, what is your immigration status?  
\_\_\_\_\_

Are you over 18 years of age? (circle) Yes No

Have you ever been convicted of a felony? (circle) Yes No If "yes", please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(This information may be relevant if job-related, but does NOT bar you from employment.)

Do you hold a valid vehicle driver's license? (circle) Yes No

### III. YOUR EDUCATION AND TRAINING

High school attended: \_\_\_\_\_

City State

Do you have a high school diploma? (circle) Yes No

Please list other formal education you have received:

College, University, Trade or Business School attended?	City/State	Type of Degree or Cert. Earned	Graduation Date	Major Area of Study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other training received (special courses, work training programs, military training, etc.)

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

List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, etc.)

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

Were you in the U. S. Armed Forces? (circle) Yes No Branch: \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_.

#### IV. JOB DESCRIPTION DATA

Based on the JOB DESCRIPTION of the position for which you are applying:

Are you able to perform the essential functions of the job for which you've applied?

\_\_\_\_\_ Yes, and I will not need reasonable accommodations in order to perform the essential functions of this position.

\_\_\_\_\_ Yes, but I will need reasonable accommodations in order to perform the essential functions. (Please complete the next question.)

What accommodations, if any, will you need to adequately perform the essential functions of the position for which you've applied? (Describe in detail.)

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#### V. REFERENCES

Please list two professional references and one personal (non-relative) reference.

Name	Address	Phone	Time Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### VI. PRIOR EMPLOYMENT RECORD

List prior employers (starting with most current) and substantive volunteer work

	Most current	2nd most current
Dates:	_____	_____
Employer:	_____	_____
Address:	_____	_____
Salary:	_____	_____
Reason for leaving:	_____	_____
Duties performed:	_____	_____
	_____	_____
	_____	_____

	3rd most current	4th most current
Dates:	_____	_____
Employer:	_____	_____
Address:	_____	_____
Salary:	_____	_____
Reason for leaving:	_____	_____
Duties performed:	_____	_____
	_____	_____
	_____	_____

## VII. RELEASES

*Verification:* I hereby affirm that the information provided on this application (and accompanying resume if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

*Waiver:* I waive any right of privilege, privacy and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

*Release:* I hereby release any and all individuals, companies and organizations to provide requested data to Campbell County, its agents and employees, so that the County may verify the contents of this application on my suitability for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date signed

**This Employment Application is designed to be continuing in nature as to all information contained herein.**

**Between the date of completing this employment application and the date of notification of my possible appointment to a dispatch position, I hereby agree to inform the Director of the Dispatch Center, of any change in:**

- 1. My physical well being or injury that may have occurred. This includes any medical procedures which a physician diagnoses as necessary or may be necessary.**
- 2. Update my arrest record, including felonies, D.U.I.'s, reckless driving, traffic violations, license suspensions or automobile accidents.**
- 3. All other information or data contained in the application.**

**Failure to inform Campbell County Dispatch Center could be cause for disciplinary action up to dismissal and/or might seriously impact my medical benefits.**

**In addition, if any physical, mental or emotional condition exists which could impair my ability to perform my job in an unrestricted manner, I agree to provide a doctor's statement so indicating and reflecting what type of accommodations I might require to perform the requirements of the position to which I may be appointed.**

**Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_**