



Trumbull County 911 Center

911 Howland Wilson Rd NE
Warren, OH 44484

Application for Employment

The Trumbull County 911 Center is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion, or any other legally protected status.

NOTICE:

The following additional documents must be attached to this application:

1. A copy of your social security card
2. College transcripts and/or copies of certification of other advanced training

Today's Date: _____

Name: _____

Phone#: _____

Email Address: _____

<i>Instructions</i>

This application must be completely filled out. Once completed, it can be dropped off or emailed to Patty.Goldner@co.trumbull.oh.us or Tacy.McDonough@co.trumbull.oh.us

Applications which are not complete, or completed improperly, 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.

Personal History

Full Name _____

Address Street Name Apartment Number

City County State Zip Code

Telephone Number: _____

Email Address: _____

Social Security Number: _____

Other: List all other names you have used, including the circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstances	Dates From Mo./Yr.	Dates To Mo./Yr.

Have you ever been charged or convicted of any crime? () Yes () No

Where: _____

When? _____

Education/ Training

High School

Address

Did You Graduate?

*College/University	From	To	CreditHours Earned	Did You Graduate?	Type of Degree

Other Schools (Trade, Vocational, Business, or Military):

Name/Address	From	To	Credit Hours Earned	Area of Study	Did You Graduate?	Type of Certificate

Are you fluent in any foreign language? _____

Indicate any relevant training that may assist you in this job:

Have you used computers or computer terminals in your prior or current position?

() Yes

() No

If yes, list programs, software used:

Are you willing to work any shift assigned (day/afternoon/nights)? ☐ Yes ☐ No

Are you willing to work holidays and weekends? ☐ Yes ☐ No

Are you willing and able to work emergency overtime? ☐ Yes ☐ No

Are you willing to accept last minute changes to your work schedule that might require you to cancel personal plans? ☐ Yes ☐ No

Can you perform the essential functions of the job duties set forth in the job description for which you applied, either with or without reasonable accommodation ?
☐ Yes ☐ No

For job descriptions which include testing or examination, can you take the test? examination either with or without a reasonable accommodation ? ☐ Yes ☐ No

Notice

All applicants are subject to: background investigation, medical examination, and drug screening. Only applicants that pass the above listed testing will be considered for employment.

Employment History

List chronologically all employment **beginning with present employment**, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer	From	To	Salary	Job Responsibilities	Reason for Leaving
Name					
Address					
City, State, Zip					
Area Code & Phone No.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					

Personal References & Acquaintances

Personal References:

Give three (3) references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you for the past five (5) years. If retired, give former occupation.

Name	Street Address	City, State	Occupation	Years Known	Phone

Social Acquaintances:

Give three (3) social acquaintances who have known you well for the past five (5) years.

Name	Street Address	City, State	Occupation	Years Known	Phone

Applicant's Certification

I understand that my appointment will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Trumbull County 911 Center. I agree to the conditions and certify that all statements made by me on this application are true and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this employment application shall become the property of the Trumbull County 911 Center and that it and the information received in response to the background examination are public records.

I also understand that I may be required to furnish the Trumbull County 911 Center with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment of appointment will be contingent upon the results of a complete drug test.

I understand that the use of drugs or alcohol is not permitted during work time, whether paid or unpaid, in the areas, including vehicles, where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of employment or appointment and the maintenance of personal physical fitness, to the degree necessary, to perform satisfactorily the duties of my position or assignment with the Trumbull County 911 Center.

I understand the following types of information will be collected: employment and educational histories; medical, military, insurance, credit and financial information, motor vehicle and police records; information about your abilities, family, character, lifestyle, and organization memberships, and information about any current drug use via drug testing. Information will be obtained by letter, by telephone, and by personal interview with both primary and secondary sources. This information is used as one element for appointment decisions.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise regarding my ability and fitness for employment or appointment with the Trumbull County 911 Center and I relieve all such parties from any and all liability for any damage that might result from furnishing such information to the Trumbull County 911 Center.

I agree to conform to the rules, regulations, and orders of the Trumbull County 911 Center and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Trumbull County 911 Center, at its discretion, at any time and without any prior notice to me.

Signature of Applicant

If you have any questions or issues completing this application, please contact:

Trumbull County 911 Center



Assistant Director Patty Goldner
911 Howland Wilson Rd NE
Warren, Ohio 44484
(330) 675-2728