



## **Trumbull County 911 Center**

**Interim Director Patty Goldner**

911 Howland Wilson Rd NE

Warren, OH 44484

(330) 675-2728

### **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:** \_\_\_\_\_

***Instructions***

This application must be printed legibly in ink. Do not Type. All questions must be answered.

**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

\_\_\_\_\_

Last Name

First

Middle

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.

Are you a United States Citizen?             Yes             No

Are you over the age of 18?             Yes             No

Social Security Number \_\_\_\_\_

Do you have or have you ever applied for a passport?             Yes             No

Passport Number \_\_\_\_\_

Have you ever taken a polygraph test ? ( ) Yes ( ) No

If yes what were results of polygraph test? \_\_\_\_\_

\_\_\_\_\_

Have you ever been sued in Civil Court? ( ) Yes ( ) No

Case Number \_\_\_\_\_

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

Where: \_\_\_\_\_

When? \_\_\_\_\_

***Education/ Training***

High School Name/Address	Did You Graduate?

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

\*Attach diploma or official transcript from last institution of higher education attended.

Major \_\_\_\_\_ Minor \_\_\_\_\_

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

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

Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school:

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Indicate any foreign language you can

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

Indicate any law enforcement education/training: \_\_\_\_\_

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Did you receive a certificate for this training? ( ) Yes ( ) No

Certificate Number \_\_\_\_\_

Name of Academy or School \_\_\_\_\_

Address of Academy or School \_\_\_\_\_

Describe any special abilities, interests, and hobbies.

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Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license)

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Indicate any special skills you possess and equipment you can use which may related to emergency dispatch. (Example: two way radio communications, police officer, fireman, EMS):

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Typing Speed \_\_\_\_\_ Shorthand Speed \_\_\_\_\_

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

Yes       No      If yes, list programs, software used:

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Are you willing to work      Nights?      ( ) Yes      ( ) No

Evenings?      ( ) Yes      ( ) No

Weekends?      ( ) Yes      ( ) No

<b><i>Employment History</i></b>
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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.					
Name					
Address					
City, State, Zip					
Area Code & Phone NO.					

Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from any employment or position you have held?

Yes       No

Do you own a business, or are you a partner or corporate officer in a business or organization not listed previously as a current or former employer?

Yes       No

If yes, Please provide name and address of business, corporation, or organization and describe your relationship or position.

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<b><i>Residences</i></b>
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Actual places of residence for past 10 years – list chronologically all addresses, including residences while at school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

From	To	Street Address	City	County	State



**Driving History**

Are you a licensed Ohio automobile operator?      ( ) Yes      ( ) No

Do you have a Commercial Driver's license?      ( ) Yes      ( ) No

License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions: \_\_\_\_\_

Do you hold or have you ever held an automobile operator's license or commercial Driver's License (CDL) in another state?      ( ) Yes      ( ) No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?      ( ) Yes      ( ) No

If yes list from what State and reason

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military History**

Have you ever served on active duty in the Armed Forces of the United States?

( ) Yes      ( ) No      Branch of Service: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_

Form of Discharge: \_\_\_\_\_

Are you now or have you ever been a member of a reserve unit or the National Guard?

( ) Yes      ( ) No

If yes, state branch of service, name and location of your unit and whether you **attend** drills, meetings, or camps:

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Was any type of disciplinary action taken against you in the service?

( ) Yes      ( ) No

If yes, please provide: Date: \_\_\_\_\_ Place: \_\_\_\_\_

Nature of Offense: \_\_\_\_\_

Action Taken: \_\_\_\_\_

***Business Interests & Licenses***

Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages?

( ) Yes      ( ) No

Are you now issued or have you ever been issued a license to engage in a business or profession?

( ) Yes      ( ) No

Was license ever cancelled, suspended, or revoked?    ( ) Yes ( ) No

If yes to question #1, #2, or #3, please provide details:

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***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

Are you acquainted with any members of the Trumbull County 911 Center?  
If so, list name (s) and your relationship to each.

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<b><i>Organization Membership</i></b>
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List all clubs of which you are or have been a member. Please exclude the name of any club or organization which may reveal your membership in a protected group including race, color, religion, sex, national origin, handicap, age, or ancestry.

Name	City & State	Former	Present ( list position held & describe activity)

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means ?

Yes                       No

Have you ever made a financial or other material contribution to any organization of the type described in question # 2 above ?

Yes                       No

At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes                       No

Did you intend to promote any unlawful aims of the organization?

Yes                       No

If yes to question # 2, # 3, # 4, or # 5, explain, including the name of the organization and its location.

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## *Applicant's Certification*

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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.

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Signature of Applicant



***Confidential Employee History***

Applicant's Current Address :

\_\_\_\_\_  
Address                      Street Name    Apartment Number

\_\_\_\_\_  
City                                      County                                      State                                      Zip Code

\_\_\_\_\_  
Mailing Address if different from above

\_\_\_\_\_  
(       )  
Telephone Number

Spouse's Name and Address (if different) :

\_\_\_\_\_  
Name    Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      County                                      State                                      Zip Code

Children's Name and Ages : (Voluntary)

Name	Age	Address ( if Different)



Former Spouse(s) Name and Address:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

Do you now, or have you possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to, marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature ? ( ) Yes ( ) No

If yes, please complete the following:

- a. Drug : \_\_\_\_\_
- b. Circumstances : \_\_\_\_\_
- c. Number of times possessed/supplied/sold : \_\_\_\_\_
- d. First time possessed/supplied/sold : \_\_\_\_\_
- e. Last time possessed/supplied/sold : \_\_\_\_\_

Do you currently use any narcotic or controlled substance, such as those listed? in paragraph 7 or have you used such a narcotic or controlled substance within the last year? ( ) Yes ( ) No

Please provide name and address of next of kin or other person to be contacted  
in case of emergency:

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Name

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Address

City

State

Zip Code

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( )  
Home Phone

( )  
Business Phone

Please provide the name and address of your personal or family physician to be  
contacted in case of emergency:

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Name

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Address

City

State

Zip Code

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( )  
Business Phone

## **Notice**

All applicants are subject to a medical examination as well as drug screening. Only applicants that pass the above listed testing will be considered for employment.

## **Notice**

If you need a question further answered or further information on completing this application, contact:

**Trumbull County 911 Center**  
Interim Director Patty Goldner  
911 Howland Wilson Rd NE  
Warren, Ohio 44484

(330) 675-2728

**Applicant Activity Log – For Office Use Only**

Date	By Whom	Description

***For Office Use Only***

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Ohio Driver’s License    | <input type="checkbox"/> Complete addresses info   |
| <input type="checkbox"/> Discharge-DD214     | <input type="checkbox"/> Notarized Authorization  | <input type="checkbox"/> Citizenship Certification |
| <input type="checkbox"/> SS Card             | <input type="checkbox"/> License or Certification | <input type="checkbox"/> Name Changes or Alias     |
| <input type="checkbox"/> Drivers License     | <input type="checkbox"/> References/ Employers    |  |