



Employment Application
for
911 Calltaker-Dispatcher
Trainee

Submit by:
Mail: ECSO
400 Pech Rd
Central Point OR 97502
Fax: (541) 772-1817
Email: HR@ECESO911.com

Applicant Information

Last Name First Name Middle Name

Maiden name, married names, nicknames / AKA or other name(s) you have used Primary Phone

Email Address Alternate Phone if any

Address of Present Physical Residence

Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different from above)

Street Address or PO Box Apartment/Unit #

City State ZIP Code

When would you be available for employment?

Affirm the following statements are TRUE. All boxes must be checked for your application to be considered.

- I am 18 years of age or older. I graduated high school or have a General Education Degree.
I am a U.S.A. citizen or can prove eligibility to work in the U.S.A.
I would be available to work night and weekend shifts.
I am able to type a minimum of 45 WPM, after deductions for errors, on a computer keyboard.
I understand that ECSO does not accommodate the use of marijuana in any form since marijuana is still illegal under federal law, despite its use being legal in the State of Oregon.
I am willing to undergo a thorough personal history background check, a criminal history check, a psychological exam, a pre-employment drug screen, and a physical examination declaring my ability perform the job duties.

ECESO is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability or other protected status in accordance with applicable federal and state equal opportunity laws. If you require an accommodation to participate in our application process, please call ECSO's HR Manager at 541-774-5062.



# Employment Application for 911 Calltaker-Dispatcher Trainee

\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

## Employment History

List at minimum your five most recent jobs, starting with your present or most recent job. Include self-employed periods, part-time or summer work and indicate dates. Do not skip over any jobs.

**Employer** \_\_\_\_\_ **From** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **To** \_\_\_\_\_

**Duties** \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_

**Employer** \_\_\_\_\_ **From** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **To** \_\_\_\_\_

**Duties** \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_

**Employer** \_\_\_\_\_ **From** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **To** \_\_\_\_\_

**Duties** \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_



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\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

## Employment History, Continued

**Employer** \_\_\_\_\_ From \_\_\_\_\_

Job Title \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_

**Employer** \_\_\_\_\_ From \_\_\_\_\_

Job Title \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_

**Employer** \_\_\_\_\_ From \_\_\_\_\_

Job Title \_\_\_\_\_ To \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

What did you like least about this job? \_\_\_\_\_

If this is not your current job, how did it end?  Discharged  Resigned Enter reason for leaving below:

\_\_\_\_\_



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\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

## Education & Training

If you have any educational degrees or courses of study beyond high school, list them here:

|   |
|---|
| College _____<br><i>Degree</i>                  |
| Grad School _____<br><i>Degree</i>              |
| Other* _____<br><i>Course of study / Degree</i> |
| Other* _____<br><i>Course of study / Degree</i> |

*\* Other includes post-graduate, vocational, technical or other education or training courses*

In the box below, list any relevant certifications, skills, qualifications, volunteer activities, military training, etc. **Military Veterans:** please include information on any transferrable skill(s) obtained through military education or experience that relates, directly or indirectly, to the position for which you are applying.

## Background

Have you ever been convicted of (or pled guilty/no-contest to) a crime other than minor traffic violations?

Yes     No    (Do not include any crime for which the record was expunged.)

If Yes, please provide the date and location of each conviction or plea and a description of each offense, including the charge and level (misdemeanor/felony, etc.) and any explanation you would like considered:

Are you currently out on bail or awaiting trial on a pending criminal matter?     Yes     No

If Yes, please explain (including the nature and level of the charge).

**Please note that a "Yes" answer regarding pleas, misdemeanor convictions or pending charges will not automatically bar you from consideration; however, individuals with a felony on their record will not be eligible for employment.**



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\_\_\_\_\_ *Last Name*

\_\_\_\_\_ *First Name*

### Background Continued

Are you now or have you ever been a person or member of any organization, association, movement or group that advocates the overthrow of our constitutional form of government, or that has adopted a policy of advocating or approving the commission of acts of force of violence to deny other rights under the constitution of the United States of America, or that seeks to alter the form of government of the United States of America by unconstitutional means?

Yes    No   If yes, please explain:

\_\_\_\_\_

Do you know of anything that might disqualify you for this position or prevent your full discharge of the official duties of such a position?    Yes    No   If yes, please explain:

\_\_\_\_\_

*Please read the following statements carefully. Type or write your initials next to each statement to affirm.*

\_\_\_\_\_ I affirm that all answers and statements I have made on this application (and any supplementary materials) are true and complete without omissions. I understand that any false, misleading or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed.

\_\_\_\_\_ I understand that I must have a passing score on the skill tests administered by ECSO before I will be offered an interview.

\_\_\_\_\_ I understand that a complete character and personal history investigation will be conducted on all candidates who are selected to continue after the interview.

\_\_\_\_\_ I understand that if I am offered employment, a condition of being hired is my passing all four of the following: the character and personal history investigation; a criminal history check; a pre-employment drug screen and a physical examination declaring my ability to perform the job duties.

\_\_\_\_\_ I understand that if I am hired I will be responsible for complying with all policies and rules of ECSO as they presently exist or are later modified.

\_\_\_\_\_ I understand there is an 18-month probationary period, during which time an employee must demonstrate fitness for the position to continue employment.

Signing this application affirms that you have understood and agree with all of the above statements. Only those applications that are fully completed, signed and dated are considered valid. If you have any questions regarding these statements, please ask the ECSO personnel office before signing.

\_\_\_\_\_ *Signature (type if submitting electronically)*

\_\_\_\_\_ *Date*