

# Clark County 911 Emergency Communications Center EMPLOYMENT APPLICATION

**General Instructions:** Type or hand-print an answer to every question. If question does not apply to you, so state with N/A. If space is insufficient, use a separate sheet and precede each answer with the title of the reference box. **DO NOT MISTATE OR OMIT MATERIAL FACTS.** The statements made herein are subject to verification to determine your qualifications.

## SECTION 1

### GENERAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ALIASES, NICKNAMES, MAIDEN NAME, OTHER CHANGES IN NAME					
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY	STATE	ZIP
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	OTHER CONTACT NUMBER		
( )	( )	( )	( )		
POSITION APPLIED FOR		DATE YOU CAN START			
FULL-TIME Y N		IF PART-TIME (NUMBER OF HOURS PER WEEK)		_ _ - _ _ , 200_	
PART-TIME Y N				WORK HOLIDAYS? YES NO	
HAVE YOU EVER APPLIED PREVIOUSLY? IF YES		WHEN?		WORK SHORT NOTICE? YES NO	
YES NO					
HAVE YOU WORKED FOR CLARK COUNTY PREVIOUSLY? IF YES		WHEN?			
YES NO					
REASON FOR LEAVING? IF YES		WHY?			

## SECTION 2

### EDUCATION / TRAINING

List all elementary, junior high, high schools and colleges/trade schools attended.

NAME	ADDRESS	DATES ATTENDED	GRADUATED?
			Yes No
			Yes No
			Yes No
			Yes No
COLLEGE/UNIVERSITY/TRADE SCHOOL			GRADUATED?
			Yes No
			Yes No
			Yes No
SPECIAL TRAINING/CERTIFICATION			
SPECIAL SKILLS/LANGUAGE SKILLS			

**SECTION 3****EMPLOYMENT HISTORY***List previous employment history, starting with the most recent.*

<b>NAME OF PRESENT OR LAST EMPLOYER</b>		<b>JOB TITLE</b>			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE		
			( ) ext.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER? YES NO					

<b>NAME OF PREVIOUS EMPLOYER</b>		<b>JOB TITLE</b>			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE		
			( ) ext.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER? YES NO					

<b>NAME OF PREVIOUS EMPLOYER</b>		<b>JOB TITLE</b>			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE		
			( ) ext.		
DESCRIPTION OF WORK					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER? YES NO					

SECTION 4	REFERENCES
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*Below, provide the names of three persons, to which you are not related, and you have known at least one year*

	NAME	PHONE NUMBER	RELATIONSHIP	YEARS AQUAINTED
1		( )		
2		( )		
3		( )		

SECTION 5	SERVICE RECORD
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*Please list Military History if applicable.*

BRANCH OF SERVICE	DISCHARGE DATE	DISCHARGE CLASSIFICATION	RANK

SECTION 6	CRIMINAL HISTORY
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*Have you been convicted of a felony? Yes No If yes explain all convictions.*

DATE	CONVICTION

SECTION 7	CIVIC/ COMMUNITY
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*Past or present membership in organizations.*

NAME/TYPE	ADDRESS	OFFICE HELD	DATES OF MEMBERSHIP

SECTION 8	OPERATOR'S LICENSE
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*Do you have a valid Driver's License? Yes No If yes provide requested information.*

DRIVER LICENSE NUMBER#	STATE OF ISSUE	EXPIRATION DATE

THE CLARK COUNTY 911 CENTER IS AN EQUAL OPPORTUNITY EMPLOYER. ADHERING TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATURAL ORIGIN, AGE OR DISABILITY.

### AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT NO WILFULL MATERIAL MISREPRESENTATION OR OMISSION IS CONTAINED THEREIN. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE CLARK COUNTY OFFICE OF EMERGENCY COMMUNICATIONS FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF CLARK COUNTY OFFICE OF EMERGENCY 911 COMMUNICATIONS HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME..

SIGNATURE OF APPLICANT	DATE

## MINIMUM EMPLOYMENT REQUIREMENTS

1. APPLICANTS MUST, AT A MINIMUM, BE (21) YEARS OF AGE.
2. APPLICANTS MUST POSSESS, AT A MINIMUM, HIGH SCHOOL DIPLOMA OR EQUIVALENT
3. APPLICANTS MUST HAVE A WORKING KNOWLEDGE OF CLARK COUNTY STREETS, ROADWAYS, INTERSTATES AND GEOGRAPHICAL BOUNDARIES.
4. APPLICANTS MUST AGREE TO COMPLETE ALL TRAINING, SCREENING AND CERTIFICATIONS TO INCLUDE, BUT NOT LIMITED TO:
  - A. PROVIDE PRE-EMPLOYMENT:
    1. PROOF OF RESIDENCY
    2. BIRTH CERTIFICATE
    3. SOCIAL SECURITY CARD
    4. DRIVER'S LICENSE (IF VALID)
    5. IMMIGRATION AND NATURALIZATION VERIFICATION
    6. DRUG AND ALCOHOL SCREENING
    7. HEARING AND VISION SCREENING
  - B. POST EMPLOYMENT:
    1. TELECOMMUNICATIONS 1 CERTIFICATION
    2. REQUIRED NIMS CERTIFICATION
    3. RED CROSS/ AMERICAN HEART(OR EQUIVALENT) CPR/OBSTRUCTED AIR-WAY
    4. EMERGENCY MEDICAL DISPATCH
    5. LOCAL,STATE FEDERAL CERTIFICATIONS AS REQUIRED
    6. RE-CERTIFICATIONS AS NECESSARY
    7. FIRE COMMUNICATIONS TRAINING
    8. EMS COMMUNICATIONS TRAINING
    9. VESTA SYSTEM COMMUNICATIONS TRAINING
    10. 911 LAND AND CELLULAR COMMUNICATIONS
    11. CLARK COUNTY TORNADO WARNING SYSTEM
    12. ZETRON SYSTEM COMMUNICATIONS
    13. KENWOOD MANUAL BACK UP SYSTEM TRAINING
    14. BACK-UP POWER GENERATOR SYSTEM
    15. LANGUAGE LINE SYSTEM
    16. ON STAR SYSTEM
    17. VOICE OVER INTERNET PROTOCOL(VOIP) TRAINING

JERRY HALL

DIRECTOR  
CLARK COUNTY 911