



# 911 CENTER



## Raleigh County Emergency Services Authority

162 Industrial Park Road, Beaver, WV 25813

John S. Zilinski  
Director

Administration  
304-255-0911

raleigh911@suddenlinkmail.com  
www.raleigh911.org

Addressing/Alarms  
304-255-0970

Fax Line  
304-255-9117

### APPLICATION FOR EMPLOYMENT

#### PERSONAL INFORMATION

(LAST NAME) (Maiden Name) (FIRST NAME) (M.I.)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

(ALTERNATE MAILING ADDRESS - I.E. PO BOX)

(HOME PHONE NO.) (CELLULAR PHONE NO.)

#### EMERGENCY CONTACT INFORMATION

(LAST NAME) (FIRST NAME) (M.I.)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE NO.) (CELLULAR PHONE NO.)

#### QUESTIONNAIRE

Do you have a valid West Virginia Driver's License? Yes \_\_\_ No \_\_\_

Do you have access to a personal vehicle to use in getting to work? Yes \_\_\_ No \_\_\_

Will you accept part-time work? Yes \_\_\_ No \_\_\_

Will you accept full-time work? Yes \_\_\_ No \_\_\_

Will you accept overtime work? Yes \_\_\_ No \_\_\_

Will you accept night and/or day shifts? Yes \_\_\_ No \_\_\_

Will you work holidays and weekends? Yes \_\_\_ No \_\_\_

Have you ever been charged with a felony? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**(If you have been convicted of a felony, you are not eligible for employment with Raleigh County 911)**

Have you ever been charged with a misdemeanor or arrested for a crime other than a traffic/moving violation? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

Have you ever been discharged or forced to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

Have you ever been employed by Raleigh County 911? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide years of service:* \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

**MILITARY SERVICE**

(BRANCH OF SERVICE) (RANK) (DATES OF SERVICE)

(TYPE OF DISCHARGE)

**EDUCATION**

Indicate which of the following levels of education you have successfully completed:

	COMPLETED		NAME OF SCHOOL
	YES	NO	
High School			
Vocational/Tech School			
College/University			

If you attended College/University, please list your major(s) for which you received a degree:

Provide a description of any special skills or training received from any of the above educational institutions: \_\_\_\_\_

What are your present plans, if any, for improving your education? \_\_\_\_\_

Describe any special work skills or abilities you have that are applicable to emergency telecommunication's work: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

CURRENT EMPLOYER: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Reference (Name & Phone No.): \_\_\_\_\_

PREVIOUS EMPLOYER (1): \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Reference (Name & Phone No.): \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

PREVIOUS EMPLOYER (2): \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Reference (Name & Phone No.): \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

**TYPING SPEED**

How many words per minute do you type (if applicable)? \_\_\_\_\_ WPM

**REFERENCES**

*Please exclude relatives and former employers.*

1. \_\_\_\_\_  
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)
2. \_\_\_\_\_  
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)
3. \_\_\_\_\_  
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)

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**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

Word of Mouth \_\_\_\_\_

Internet \_\_\_\_\_

Social Media \_\_\_\_\_

Newspaper \_\_\_\_\_

Radio \_\_\_\_\_

Other: -----

## WAIVER FOR PRE-EMPLOYMENT SCREENING

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SEX: FEMALE  MALE  WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

I do hereby authorize and request any physician, hospital, person or any City, County, State, Federal Agency, Credit Bureau, or any other business firm or corporations to furnish any information in their files under the above name.

I authorize the checking of all police files for an arrest record I may have.

I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_