

## Cabell County E-911 Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**You must bring a copy of high school diploma or GED to the 911 Center and sign this application in person when you take the pre-employment test before your application will be considered.**

Application will be  
kept on file for  
six months

**APPLICATION FOR EMPLOYMENT**  
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

<b>PLEASE COMPLETE PAGES 1-4</b>	DATE _____		
Name _____			
Last	First	Middle	Maiden
Present address _____			
Number	Street	City	State      Zip
How long have you lived at this address? _____		Telephone _____	
When will you be available to start work? _____		Email _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN ARRESTED?       YES       NO

If yes, please provide a brief explanation of the charge(s), date & nature of offense(s), disposition(s), and sentence(s).

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE OR STATE ISSUED ID?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
License or ID number _____	State of issue _____	<input type="checkbox"/> Operator	<input type="checkbox"/> ID Card <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration Date _____			

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?

YES

NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

YES

NO

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give the company name.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or Salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were at this Company.			
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or Salary
		From To	Start Final
	Your last job title		
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you were at this Company.			
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