

APPLICATION FOR EMPLOYMENT

1. Print application
2. Complete the full application
3. Submit completed application to St. Mary Parish 911 by mail, email, fax, or in person:

Email:

mrandle@stmary911.com

Fax:

(985) 385-4467

Mail to or Drop Off at:

St. Mary Parish 911/Career
1200 David Dr. Building B
Morgan City, LA 70380

**ST. MARY PARISH 9-1-1 COMMUNICATIONS
APPLICATION FOR EMPLOYMENT**

Name _____
Last _____ First _____ MI _____ Date _____
Address: _____
Home Phone Number _____ Cell Phone Number _____
Married _____ Yes _____ No **If yes, spouse's name** _____
Type of Employment desired: _____ Full Time _____ Part Time _____ Temporary

Position Desired _____
Salary Desired _____
Are you able to meet the attendance requirements of this job? _____ Yes _____ No
Are you available to work any shift (day, evening, night) including 8 hr. and 12 hr. shifts? Yes _____ No _____
Earliest available date for employment. _____

Date of Birth _____
Do you have a valid driver's license? _____ Yes _____ No
If yes- License Number _____ State _____
Have you ever been denied a driver's license or had your license suspended or revoked? _____ Yes _____ No
If yes, explain fully _____
Social Security Number _____

Have you ever been employed by the Parish before? _____ Yes _____ No
If yes, give agency, dates, position, and reason for leaving _____
If you worked for St. Mary Parish E-911 Communications District before, give detailed reason for leaving and name of Supervisor/Director when you worked.

Are you legally eligible for employment in this country? _____ Yes _____ No
Have you ever been discharged from employment or asked to resign? _____ Yes _____ No If yes, explain in detail:

Have you ever been convicted of or pled guilty to a crime? Yes _____ No _____ IF yes, explain fully:

Have you ever served in the Armed Forces? _____ Yes _____ No If yes, Branch? _____
Dates of Duty _____ to _____ Type of Discharge _____
Are you presently a member of the U.S. Military Reserves or National Guard? _____ Yes _____ No

Do you have any relatives employed by St. Mary Parish? _____ Yes _____ No
If yes, who? _____ Job/Title: _____
Do you have any health or physical issues that would affect your job performance? Yes _____ No _____
If yes, explain: _____

Emergency Contact:

Name _____ Home Phone Number _____ Cell Phone Number _____

St. Mary Parish 9-1-1 is an equal opportunity employer. Every effort has been made to comply with applicable federal and state laws. The questions on this application are asked to properly evaluate your ability and chances for success in this profession.

EDUCATION:

High School _____

Years Attended _____ Grade Completed _____

Did you graduate? ____ Yes ____ No

If no, did you receive a GED? ____ Yes ____ No If yes, what year? _____

College _____

Years Attended _____ Did you graduate? ____ Yes ____ No

If yes, what major or degree? _____

Other education/training: Have you received any diplomas or certifications from any other source?

____ Yes ____ No If yes, from where and in what discipline?

Are you proficient in any language other than English? Yes ____ No ____

If "Yes", what language(s)? _____

SPECIAL TRAINING:

List any special training, abilities or skills you have that would be pertinent to this position.

Do you belong to any professional organizations? ____ Yes ____ No If yes, which ones?

REFERENCES:

List three (3) personal references who do not live at your address and are not related to you.
By listing these references, you agree that we may contact them.

1. Name _____ Phone Number _____

Address _____

Company/Organization _____
Position _____

2. Name _____ Phone Number _____

Address _____

Company/Organization _____
Position _____

3. Name _____ Phone Number _____

Address _____

Company/Organization _____
Position _____

I understand and acknowledge that if I voluntarily leave the employ of St. Mary Parish E-911 withing 180 days of employment, I will be required to reimburse the full cost of the pre-employment physical.
I also acknowledge that I will be required to return all property of the Communications District, including, but not limited to, all training material, policy and procedure manuals, uniforms locker keys and any other property of the Communications District.

_____ Yes

Signature

WORK HISTORY:

Provide the following information regarding past employment, starting with the most recent.

Employer: _____	Phone #: _____
Address: _____	
Date Hired: _____	Date Employment Terminated: _____
Position: _____	Immediate Supervisor _____
Starting Salary: _____	Ending Salary: _____
Reason for Leaving: _____	

Employer: _____	Phone #: _____
Address: _____	
Date Hired: _____	Date Employment Terminated: _____
Position: _____	Immediate Supervisor _____
Starting Salary: _____	Ending Salary: _____
Reason for Leaving: _____	

Employer: _____	Phone #: _____
Address: _____	
Date Hired: _____	Date Employment Terminated: _____
Position: _____	Immediate Supervisor _____
Starting Salary: _____	Ending Salary: _____
Reason for Leaving: _____	

Applicant Consent and Release Form

In consideration for my being considered for employment by St. Mary Parish 9-1-1 Communications

District, I, _____ hereby give my consent to and authorize Bourgeois Medical Clinic to perform any testing or medical procedure to determine the presence and/or level of alcohol or drugs in my body.

I further give my consent to release to St. Mary Parish 9-1-1 or its designated agents, the results of any medical tests performed by the above named facilities, including any tests or medical procedures to determine the level and/or presence of alcohol or drugs in my body.

I realize that my refusal to sign this form constitutes a violation of the stated policy of St. Mary Parish 9-1-1 and, for that refusal, I will not be considered for, and knowingly waive any possibility of, employment with said agency.

I hereby authorize and request that solicited entities or individuals furnish to St. Mary Parish 9-1-1 any and all information, whether written or non-written, including opinions, that these entities and/or individuals may have concerning information given on this application form, as well as information regarding my suitability for employment.

I hereby release, hold harmless, and indemnify from any and all liability St. Mary Parish 9-1-1 Communications District, its administration, and board and the individuals, agencies or entities who receive and supply information as noted above.

I understand that this consent and release shall be valid for the entire duration of my employment with St. Mary Parish 9-1-1 Communications District. I also understand that random drug testing is a provision of continued employment with this agency.

Signature of Applicant

Date

THIS APPLICATION WILL NOT BE CONSIDERED VALID WITHOUT THE SIGNATURE OF THE APPLICANT.

AFFIDAVIT

I certify that all the information I have provided in order to apply for a position with this agency is complete and correct, without any consequential omissions of any kind whatsoever. I agree that the St. Mary Parish 9-1-1 Communications District shall not be liable in any respect if my employment is terminated because of any false information, statement, answers, omissions or misrepresentations made by me in this application.

I understand that nothing in this application or in the granting of an interview creates a contract between St. Mary Parish 9-1-1 Communications District and myself for either employment or for providing any benefits. No promises have been made to me, and I understand that no such promise or guarantee is binding upon St. Mary Parish 9-1-1 Communications District.

I expressly authorize, without reservation, this employer, its representatives, agents or employees to contact and obtain all information from the references, both personal and employment, and to verify the accuracy of all statements I have made regarding employment with this agency. I hereby release and hold harmless all companies, schools and individuals from any and all liability for any damage that may arise from disclosing or furnishing any information regarding the information I have entered on this application.

In consideration of my employment, I agree to conform to the rules and regulations of St. Mary Parish, and that my employment and compensation may be terminated, with or without cause, and without prior notice at any time at the option of either myself or St. Mary Parish 9-1-1 Communications District. I understand that no representative of 9-1-1 Communications has the authority to enter an agreement with me for employment for any specified period of time, or to make any agreement with me to the foregoing.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

I also understand that any offer of employment will be conditioned on results of a pre-employment medical examination, drug screen, background check, driver's license check and accurate and complete information on the application form.

St. Mary Parish 9-1-1 Communications District reserves the right to terminate employment at any time and for any reason, including violation of District policy.

Signature of Applicant

Date

Background and MVR Check Authorization

I am applying for a position with St. Mary Parish 9-1-1 Communications; therefore, I hereby authorize St. Mary Parish 9-1-1 Communications to have a background check performed as part of my application of employment. I authorize the release of all information to St. Mary Parish 9-1-1 Communications regarding this background check.

I understand that to be considered for employment, and MVR (driver's license check) is required to determine eligibility for hire. This information is used for this purpose only and will not be used for any discrimination purposes.

Signature of Applicant

Date

THIS APPLICATION WILL NOT BE CONSIDERED VALID WITHOUT THE SIGNATURE OF THE APPLICANT.