



APPLICATION FOR EMPLOYMENT

METCOM is an Equal Opportunity Employer

PLEASE PRINT OR TYPE

Position Applying For: _____ Will Consider: Full time

Name: (Last, First, Middle) _____ Part Time

Address: _____ Either / Both
Mailing and Street Address

City _____ State _____ Zip _____ Home Phone: _____

Driver's License Number & State: _____ May we contact you at work? Yes
(If required for position) No

Email Address: _____ Best time to call: _____

Have you ever been convicted of a felony? Yes No
If "Yes," please explain: _____

Have you worked as an Emergency Telecommunicator dispatching for any of the following: Yes No

911 Dispatch Center Police Agency Fire Agency Emergency Medical Dispatch / Ambulance

Other: (please list) _____

Please select any emergency equipment that you are proficient in operating:

CAD Multi-line phone system Radio/telephone headsets Radio/paging equipment

Other: (please list) _____

Is your age under 18? Yes No If yes, please list your work permit number: _____

Are you currently an employee of METCOM 911? Yes No

Have you ever been an employee of METCOM 911? Yes No If yes, please list dates: _____

If "yes" to either of the above, please specify: Full-Time Part-Time Other: _____

Please provide names and relationship of any relatives currently employed by METCOM 911:

Please list any last names in which your educational or employment records are filed: _____

Are you available to work: Nights? Yes No Weekends? Yes No Overtime? Yes No

If "no" to any of the above, please explain: _____

Are there any times during the day or evening you are not available to work? Yes No

If yes to above, please specify: _____

EDUCATION

Do you have a high school diploma or equivalency? Yes No

Name of school: _____ City and State: _____

List all schools attended beyond High School and their location	Number of Credits Completed	Course of Study	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any school course or vocational training (including related military experience), licenses, certifications, seminars or conferences you have attended that were offered by a recognized training organization, which is applicable to this position. *(Please attached copies of certificates if available. This information may be confirmed if applicant moves forward to the background process.)*

Class / Course Name	Location / Training Organization	Dates Attended
_____	_____	_____
_____	_____	_____

Please list any other qualification and/or training that you feel make you suitable for this position. This includes any military, volunteer and intern skills related to the job you are applying for. *(Please attached copies of certificates if applicable. This information may be confirmed if applicant moves forward to the background process.)*

A minimum typing speed of 45 WPM is require for this position. *(Typing speed will be tested as part of the pre-employment testing process. Applicant must meet a minimum typing speed of 45 WPM)* Can you type 45 WPM or greater?

Yes No Typing Speed WPM: _____

Do you operate a computer and/or Laptop? Yes No

If yes, which computer programs, software, etc. can you operate?

APPLICANT DATA RECORD (Please do not detach)

Applicants are considered for employment without regard to race, religion, sex, national origin, age, marital or veteran status, medical condition or disabilities, or any other legally protected status. This information will also be used in accordance with Title 1, Americans with Disabilities Act (ADA). METCOM 911 is an Equal Opportunity Employer.

To help us comply with government record-keeping and reporting, and to evaluate the effectiveness of our recruitment efforts, please fill out the APPLICANT DATA RECORD information below. This data will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY.

Position applying for: _____ Application Date: _____

Name: _____

- Please check applicable boxes:
- Female Male Under 21 Over 40
 White/Caucasian Black Hispanic Asian/Pacific Islander
 American Indian/Alaskan Native – Tribal Affiliation Other: _____
 Disabled *Upon your request, reasonable accommodations will be made during the selectin process and at the worksite.*

VETERANS' PREFERENCE

Are you a Veteran of the United States Armed Forces? Yes No

If you answered "Yes" to the previous question and would like to apply for Veterans' Preference Points, please indicate whether you would like to be considered for either a 5 point Veteran or 10 point Veteran. **If you answered "No" to the previous question, please select "Not Applicable." PLEASE CHECK ONE.** To receive credit as a 5 point Veteran you must attach to your application: A copy of your DD214/DD215 form; or A letter from the US department of Veteran's Affairs indicating you receive a non-service pension. To receive credit as a 10 point Disabled Veteran you must attach to your application: A copy of your DD214/DD215 form; and A copy of your Veterans' Disability Preference letter from the Department of Veterans' Affairs. For additional information on Veterans' Preference eligibility, including definitions of the terms "Veteran" and "Disabled Veteran," contact the Oregon Department of Veterans' Affairs at 1-800-692-9666.

Not Applicable (N/A) Yes, I qualify as a 5 Point Veteran Yes, I qualify as a 10 Point Disabled Veteran

EMPLOYMENT HISTORY

Please complete this section even if you have attached a resume. Resumes will not be accepted in place of a completed application and work history. List your work experience, most recent first, including military experience. Attach additional pages if needed to include the past 10 years of work history.

Name of Employer: _____ May we contact for a reference? Yes No

Address: _____
Street / Mailing Address

City _____ State _____ Zip _____ Name of Supervisor: _____

Job Title/Position: _____ Phone Number: _____

Full-Time # of hours worked per week: _____

Part-Time # of hours worked per week: _____

Check here if still employed Start Date: _____ End Date: _____

Description of job duties: _____

Reason for Leaving: _____

Name of Employer: _____ May we contact for a reference? Yes No

Address: _____
Street / Mailing Address

City _____ State _____ Zip _____ Name of Supervisor: _____

Job Title/Position: _____ Phone Number: _____

Full-Time # of hours worked per week: _____

Part-Time # of hours worked per week: _____

Start Date: _____ End Date: _____

Description of job duties: _____

Reason for Leaving: _____

Name of Employer: _____

May we contact for a reference? Yes No

Address: _____

Street / Mailing Address

Name of Supervisor: _____

City State Zip

Phone Number: _____

Job Title/Position: _____

Full-Time # of hours worked per week: _____
 Part-Time # of hours worked per week: _____

Start Date: _____ End Date: _____

Description of job duties:

Reason for Leaving: _____

Name of Employer: _____

May we contact for a reference? Yes No

Address: _____

Street / Mailing Address

Name of Supervisor: _____

City State Zip

Phone Number: _____

Job Title/Position: _____

Full-Time # of hours worked per week: _____
 Part-Time # of hours worked per week: _____

Start Date: _____ End Date: _____

Description of job duties:

Reason for Leaving: _____

Name of Employer: _____

May we contact for a reference? Yes No

Address: _____

Street / Mailing Address

Name of Supervisor: _____

City State Zip

Phone Number: _____

Job Title/Position: _____

Full-Time # of hours worked per week: _____
 Part-Time # of hours worked per week: _____

Start Date: _____ End Date: _____

Description of job duties:

Reason for Leaving: _____

APPLICANT'S STATEMENT (Must be signed)

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false statements, misleading answer, or any false information given during the selection process will be sufficient grounds for immediate dismissal at any time. METCOM 911 is hereby authorized to contact my present and past employers as references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. I hereby release METCOM 911, as well as those contracted by METCOM 911, from any liability or damage which may result from furnishing the information requested. METCOM 911 may make copies of this authorization available to those contracted.

I also understand as a temporary employee or non-represented employee, you cannot expect continued employment in your temporary or non-represented employee position or to automatically become a regular employee. As a temporary or non-represented employee, you may be disciplined or discharged from employment for any lawful reason without warning.

APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION. APPLICATIONS RECEIVED WITHOUT A SIGNATURE MAY NOT BE CONSIDERED FOR EMPLOYMENT.

Applicants Signature: _____ Date: _____

Note: An application and/or resume cannot be returned. METCOM 911 cannot make copies. Please make necessary copies of any documents before submitting. An application is required for each position for which you are applying and wish to be considered.

PLEASE PRINT OR TYPE

How did you hear about this vacancy? *(please check appropriate box and provide name)*

- | | |
|--|---|
| <input type="checkbox"/> METCOM Employee _____ | <input type="checkbox"/> Job Posting: _____ |
| <input type="checkbox"/> Organization _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Website: _____ | |

Please submit this application prior to the closing date and time listed on the job posting.
INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED FOR EMPLOYMENT.
Please be sure all documents requested in the job posting are attached.

Submit Application Packets via, US Postal Service, hand delivery, email or fax:

METCOM 911
ATTN: W. Patterson
1060 Mt. Hood Ave.
Woodburn, OR 97071

Wendy.patterson@metcom911.com

503-982-2375 (fax)