

SIRCOMM Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature. This application is to fill the current open position only.

Personal Information:				
Name:				
	Last	First	Middle	Other Names Used
Address:				
Telephone:	Street ()	City ()	State ()	Zip
	Home	Cell	Message	
Email Address:				
Webpage Address(es):				
Position Applying For:				
Job Title:				
Are you applying for:			May We Contact Present Employer?	
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work all shifts, as assigned, including holidays and overtime (including mandatory overtime)?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Available Start Date:				

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ License No. _____
Date of expiration: _____ Restrictions: _____
Do you hold or have you ever held an operator license in another state? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

Professional Licenses or Certificates Held:

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended From / To:</u>	<u>Diploma, Degree & Major</u>	<u>Graduated?</u>
High School					
College					
Other (Business, Vocational, Military)					

Employment History (Please Start With the Most Recent, Ending With Age 18, Excluding Part-Time Positions Held While Obtaining Higher Education—Use Additional Paper as Necessary.):			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			
Next Employer:			
Employer:			
Address:			
Street	City	State	Zip
Telephone: ()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:	
Position Held:			
Primary Duties:			
Reason for Leaving:			

Next Employer:				
Employer:				
Address:				
	Street	City	State	Zip
Telephone:	()	Supervisor Name:		
Dates From:	To:	Final Rate of Pay:		
Position Held:				
Primary Duties:				
Reason for Leaving:				

Drug Testing:
<p>Would you take a physical examination (including but not limited to urine, blood or other examination) for evidence of drug or other illegal chemical use? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>SIRCOMM reserves the right to require applicants or employees to take drug tests of our choice to determine fitness for duty, including but not limited to urine, blood or other examinations for evidence of alcohol or illegal substances, to be performed by an independent medical testing laboratory. Positive results of these examinations will dictate action in accordance with SIRCOMM policy.</p>

Military
<p>Are you a veteran or family member who qualifies for and are claiming preference pursuant to Idaho Code § 65-503 or its successor? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, fill out Page 5 of Application & attach proper documentation)</p> <p>Have you previously claimed such preference? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Personal Reference (Please list the names of three (3) persons <u>not</u> related to you by blood or marriage.)				
Name:				
	Last	First	Middle	
Address:				
	Street	City	State	Zip
Telephone:	()	()		
	Home	Other		
Connection To You (i.e. friend, co-worker):				Occupation:

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Personal Reference

Name: _____
 Last First Middle
 Address: _____
 Street City State Zip
 Telephone: (____) (____)
 Home Other
 Connection To You (i.e. friend, co-worker): _____ Occupation: _____

Have you ever been charged with a crime (other than a minor traffic infraction)? Yes No
 If yes, when & where: _____ Please Explain: _____

Are you related by blood or marriage to any person now employed by Employer? Yes No
 If yes, give name and relationship to you: _____

CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful, incomplete, or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand and agree that, if hired, my employment is for no definite period and either SIRCOMM or I may terminate our at-will relationship at any time, and that this employment application does not constitute an employment contract.

Signature of Applicant: _____ Date: _____

IT IS THE POLICY of SIRCOMM to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.

VETERAN'S PREFERENCE

If you are NOT claiming Veteran's Preference, please initial here _____ and proceed to the next page.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "active duty" means full-time duty in the Armed Forces, but NOT active duty for training.

Part 1. Preference Eligible Veterans:

- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I do not meet any of the selections above, but I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.

Part 2. Documentation & Signature:

By my signature, I certify that all statements on this form are true and complete to the best of my knowledge. I understand that should an investigation disclose inaccurate or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer.

- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

Name (Please Print)

Signature

DATE: _____

TODAY'S DATE: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, an applicant for employment with SIRCOMM, do hereby authorize a review of and full disclosure of all records or information concerning myself to any duly authorized agent of SIRCOMM, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of all records and information of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, either criminal or civil, in which I have, or have had any interest or involvement.

I understand that any information obtained during any personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization will be considered in determining my suitability for employment by SIRCOMM. I hereby agree that any person(s) or entities who may furnish such information concerning me shall not be held liable for providing this information; and I do hereby release said person(s) and entities from any and all liability which may be incurred as a result of furnishing such information.

I further authorize that a photocopy of this signed release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Witness

DATED: _____

Printed Name, including all names I have previously used or been known by:

Phone: _____

DOB: _____

Southern Idaho Regional Communications Center Application

Employment Disqualifiers

The following list of actions or behaviors may result in an applicant being disqualified from consideration for employment. This is not intended to be an all inclusive list of employment disqualifiers. Other factors that are not listed may also result in a candidate being disqualified from consideration for employment. Please answer yes or no to the following questions. Explain any "yes" answers.

	Yes	No
Have you ever been terminated from employment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you filed bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received five (5) or more traffic offenses within the past three (3) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you used marijuana or similar drugs within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any type of discharge from the United States Armed Forces or its components other than honorable?	<input type="checkbox"/>	<input type="checkbox"/>
Has your driver's license been suspended within the past two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of driving under the influence within the past (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted for any other misdemeanor within the past (2) years?	<input type="checkbox"/>	<input type="checkbox"/>

Explanations for "yes" responses in the above-section:

	Yes	No
Do you have a history of behavior involving dishonest, unprofessional, unethical or immoral conduct which may affect your ability to perform the duties required in the emergency services communications profession?	<input type="checkbox"/>	<input type="checkbox"/>
Have you abused prescription drugs within the past (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you used cocaine, methamphetamine, or similar drugs within the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER used heroine, crack cocaine, LSD, PCP, or similar drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER been arrested and convicted of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER been convicted of any misdemeanor sex crime, crime of deceit, or drug offense within the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER been involved in the commission of a felony, regardless or arrest or conviction?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

Explanations for "yes" responses in the above-section:

By my signature below, I acknowledge that I have read and understand the employment disqualifiers listed above and that my answers are truthful. I also understand my answers will be verified through a polygraph examination and a background investigation prior to employment, and any false statements will result in termination if employed, or disqualification of application.

Signature

Date