

Garland County 911 Communications Center

Application for Employment

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

Please Print

Personal Information: All fields are required

First Name

Last Name

Date of Birth

Address

City

State

Zip

Phone Number

Email Address

Have you been convicted of a violation of the law, other than a minor traffic violation?

Are you eligible to work in the United States?

Are you currently in "Lay-Off" status and subject to recall?

Do you have any friends or family members that work here?

If yes, who:

Have you applied with us before?

Date you are available for work?

Arkansas Driver's License Number?

Social Security Number?

Citizenship

U.S. Born

U.S. Naturalized

Other

Position Information: All fields are required

For which position are you applying?

Type of employment desired?

Full Time

Part Time

Internship

Salary desired?

Hours of work (per week) desired?

How did you hear about the position?

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Education: All fields are required (if applicable)

High School

Address

College

Address

Degree

Other

Address

Degree

Describe any specialized training, apprenticeship, or skills related to the position that you are applying for:

Employment History: From Most Recent

Company 1

Position

Supervisor

Phone Number

May we contact your previous supervisor for a reference?

Yes No

Address

Responsibilities

Employed From – To

Salary

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Employment History Continued:

Company 2

Position

Supervisor

Phone Number

May we contact your previous supervisor for a reference?

 Yes No

Address

Responsibilities

Employed From – To

Salary

Company 3

Position

Supervisor

Phone Number

May we contact your previous supervisor for a reference?

 Yes No

Address

Responsibilities

Employed From – To

Salary

References: List 3 professional references who can provide information about your character, ability, experience, personality and other qualities

Reference 1

Full Name

Relationship

Company

Phone Number

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Reference 2

Full Name

Relationship

Company

Phone Number

Reference 3

Full Name

Relationship

Company

Phone Number

Disclaimer

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test and a background check as a condition of employment and that continued employment may be based on the successful completion of similar tests.

Your electronic signature below indicates your agreement with the following statements: By typing my name in the following box and submitting this application, I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing my employment application and information.

Applicant Signature:

Garland County Is an Equal Opportunity Employer. It is our policy not to discriminate based on race, color, religion, gender, national origin, age, handicap, disability or veteran status in activities, services or employment practices.

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Applicant Information

Applicant's Name _____ SS#: _____ DOB: _____
(last 4 digits only)

Thank you for taking the time to continue the hiring process with Garland County 911. Please take the time to read each sentence carefully and select your corresponding response for each task. Garland County 911 requires your willingness to complete each task as outlined below before your testing will be given. If you are unwilling to perform all of the duties you need not continue in the hiring process. If upon hiring, failure to perform these tasks may result in disciplinary action, including termination of employment. This is not a comprehensive list of the work environment.

If you are a convicted felon or have certain misdemeanor convictions there is no need to continue with this selection process.

Checklist

		YES	NO
1.	Are you willing to work any shift required? Our current shifts are: 6:00am-2:00pm, 2:00pm- 10:00pm, and 10:00pm-6:00am.		
2.	Are you willing to have your shift assignment changed as needed to provide for the safety and security of the Communication Center?		
3.	Are you willing to work weekends, holidays, and double shifts?		
4.	Do you have a current valid Arkansas Driver's License?		
5.	If you do not have, are you willing to obtain a current valid Arkansas Driver's License? If so, when: _____.		
6.	Do you have access to a mode of transportation that can get you to/from work on time?		
7.	Are you willing to report to work during inclement weather? <div style="text-align: center;"><u>Address</u> 525 Ouachita Avenue Hot Springs, AR 71901</div>		
8.	Are you willing to maintain a method of immediate telephone communication?		
9.	Are you willing to dress in a professional manner while on duty?		

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10.	Are you willing to undergo a thorough physical, mental and medical examination as well as a complete personal/professional background investigation?		
11.	Are you willing to participate in a variety of training programs which may require overnight traveling?		
12.	Are you willing to maintain an alcohol and drug free work environment?		
13.	Are you willing to follow the Communication Center Policy and Procedure Manual, even if you have a personal preference for how a task may be completed?		
14.	Are you willing to work in a locked facility/confined space?		
15.	Are you willing to work with staff from a varied social, economic, and ethnic background?		
16.	Are you willing to be a positive influence and communicate effectively to resolve issues before they escalate?		
17.	Are you willing to act politely, professionally and fairly?		
18.	Are you willing to work in an environment where you will be required to interact with the public in various stages of duress?		
19.	Are you willing to work in a potentially emotional environment?		
20.	Periodically, are you willing to perform minor maintenance or housekeeping duties as needed?		

_____ “I understand that if I am not hired for the position I initially applied for, I may be considered for employment in other Garland County offices or departments. I am interested in being considered for other employment and I hereby authorize that my application and the information contained therein may be shared with any county office or department solely for the purposes of potential employment, and I consent to being contacted for those purposes. If I am hired by any Garland County office or department and my employment ends for any reason (resignation, termination, retirement) I consent that I may be contacted by other county offices and departments for potential employment.”

_____ “I am interested in only the specific position I applied for, and if I am not hired for that position I do not wish to be considered for employment in other county offices or departments. I do not consent to the sharing of my application or the information contained therein with other county offices or departments, and I do not wish to be contacted about other employment opportunities with Garland County.”

I, _____ certify, that all the above statements made on this Willingness Screening are true, complete, and correct to the best of my knowledge and belief. I understand that falsification or misrepresentation on this Willingness Screening may be cause for my application to be rejected or termination, if employed.

Signature: _____ Date: _____

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CONCERNING THE APPLICATION OF: _____ (Applicant - print name)

I hereby authorize the release of all information and records concerning myself to any agent of Garland County Arkansas.

The intent of this authorization is to give my consent for complete disclosure of information regarding my background, reputation and character. This includes, but is not limited to: records of educational institutions; military records; employment and pre-employment records; training records; financial or credit records; complaints or grievances filed by or against me; records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law; the results of polygraph examinations; records of civil complaints made by or against me; and verbal or written statements by any person; however personal or confidential they may appear to be. I respectfully request and direct you to release all such information upon the request of any representative of Garland County Arkansas, regardless of any agreement to the contrary I may have previously made with you.

I understand that the above information is for use by Garland County Arkansas in conducting a background investigation to determine my suitability for employment, and will be kept confidential. I understand that all materials obtained become the property of Garland County Arkansas and will not be released to me. In the event my application is disapproved, the specific reason therefore cannot be revealed to me.

I understand that I have rights guaranteed by law to privacy with regards to the disclosure and access of records or information concerning me, and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by Garland County Arkansas in conjunction with employment procedures.

For and in consideration of the acceptance and processing of my application for employment, I agree to hold Garland County Arkansas, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with Garland County Arkansas.

I agree to indemnify and hold harmless any person or organization, and their agents and employees, to whom this request is presented, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with request.

A photocopy or fax of this release form will be valid as an original hereof, even though said photocopy does not contain my original signature.

Applicant Signature Birthdate _____

Complete Address _____ Phone _____

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____, 20____.

Date Commission Expires

Notary Public

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Consumer Disclosure and Authorization Form



The Garland County 911 Communication’s Center (hereinafter called “Garland County”) may request, for lawful employment purposes, background information about you from a consumer-reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable). This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). An investigative consumer report is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews) , the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by Garland County, throughout your employment or your contract period, as allowed by law.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications, address history, credit reports and history, criminal records and history, public court records, driving records, accident history, workers compensation claims, bankruptcy filings, educational history verifications (e.g. Dates of attendance, degrees obtained), employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.), personal and professional reference checks, professional licensing and certification checks, drug / alcohol testing results, and drugs / alcohol history in violation of law and / or Garland County policy, and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; Educational institutions; former employers; and, for investigative Consumer Reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. Yes Garland County should obtain information bearing on your creditworthiness, credit standing or credit capacity for reasons would present an unacceptable risk of theft or other dishonest behavior in the job from which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Director of the Garland County 911 Center.

A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, are also being provided to you.

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Consumer Disclosure and Authorization Form



I have carefully read and understand this disclosure and authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency and to the release of such background reports to the Garland County 911 Communication Center (herein called Garland County) and its designated representatives and agents, for the purpose of assisting the county in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the county hires me or contracts for my services, my consent will apply, and the County may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period, from any other consumer-reporting agency.

I hereby Authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents; law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), Testing agencies, information service bureaus, credit bureaus, record/data repository's, courts (federal, state and local), motor vehicle record agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer-reporting agency and its agents include, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed), form, will be valid for any background reports that may be requested by or on behalf of the County.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Authorization for Release of Confidential Information
Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

Arkansas law now permits Central Registry to charge a fee for child maltreatment background checks, investigative files, photos, audio and video recordings. This fee applies to everyone except potential employees, non-profit organizations and indigent persons. ~~This request will be processed if you return it to us with a check or money order for \$10.00 made payable to the Department of Human Services. We are unable to accept cash. If you feel that you should not have to pay this fee, please provide us with your proof of 501C3. Please allow 7-10 business days for processing.~~

This information should be addressed to:

Mr. James Martin (jmartin@garlandcounty.org)
Garland County 911 Communications Center
525 Ouachita Ave. Hot Springs, AR 71901
(501) 651-7774

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

Applicant's Name (print or type) Social Security Number

Maiden Name/Aliases Race Age DOB

Child's Full Name, DOB, and Social Security # Child's Full Name, DOB, and Social Security #

Child's Full Name, DOB, and Social Security # Child's Full Name, DOB, and Social Security #

Please provide the last ten (10) years

Present Address:	Past Addresses:
From: _____ To: _____	From: _____ To: _____
_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip

Past Addresses:	Past Addresses:
From: _____ To: _____	From: _____ To: _____
_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip

Applicant's Signature

County of _____ State of Arkansas acknowledges before me this _____ day of _____ 20 ____.
My commission expires: _____

Notary Public