

**Marion County Emergency Services**

Attn: Human Resources

3246 Highway 61

Hannibal, MO 63401

(573) 221-1121

**EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT  
PERSONAL HISTORY QUESTIONNAIRE**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

**INSTRUCTIONS**

1. Use blue or black ink pen only. Complete this document in your own handwriting or printing. If you need special accommodation in completing this form, contact the Administrative Offices by calling (573) 221-1121.
2. Be certain that your answers are *legible*.
3. Read each question *carefully*.
4. Be certain that each question is answered completely and correctly. Submit all documents as requested. If a question does not apply to you, write N/A (Not Applicable) in the space. Leave no blank spaces.
5. Initial each page on the bottom right corner. Be sure to sign and have a witness sign Page 10 of this document. Failure to do so will remove you from consideration for employment.
6. Deliver in person or mail this document, along with the required paperwork listed on Page 11 and any other enclosures to the address listed above. Be sure to calculate the correct postage if sending via US Mail.
7. You may submit a resume if you wish, but it may not take this place of this document. Please note that writing "see resume" in any space on this document is not acceptable.

If you need assistance or have questions when completing this application,  
please contact us at (573) 221-1121

**FOR OFFICE USE ONLY**

Received Date	Testing Date	Test Result	Interview Date	Hire Date

**Applicant Personal Information**

Last Name		First Name		Middle Initial
List any other names you have ever used:				
Current Street Address (No P.O. Boxes)				
City		State		Zip
Current Mailing Address (If different from above)				
City		State		Zip
Date of Birth (MM-DD-YYYY)			Social Security Number	
Home Phone		Mobile Phone		Other Phone

**List any addresses at which you have lived in the last 10 years, including those for military service. Use back side of this page if necessary to provide a complete address history.**

From	To	Street Address	City	State/Zip

Have you ever applied for employment with us?    Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month & Year: _____				
Are you a citizen of the United States?    Yes <input type="checkbox"/> No <input type="checkbox"/> Where you naturalized?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Does your current employer know you have applied for a position with us?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
Position Desired _____				
Pay Expected _____		Date Available to begin work: _____		
Are you currently in any phase of a hiring process with any other potential employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, list the employer(s): _____				

### Arrest History

Other than traffic citations, have you ever been arrested, convicted, charged, questioned, accused, or detained for any reason by any police or security officer, military police authority, either in the United States of America or in any foreign country?      Yes       No

Date	Charge	Agency	Location – City, County State	Disposition

Have you ever been served with a criminal or civil subpoena or summons to court for matters other than traffic?      Yes       No       *Note: Use back of this page to list additional arrests if needed.*

### Arrest History (continued)

Have the police ever been called to any of your former or current residence for any reason?

Yes       No

If yes, explain:

Have you ever been involved in *any* undetected crime, including the buying or selling of illicit drugs?

Yes       No

If yes, explain:

Does any agency currently have criminal charges pending against you for any reason?

Yes       No

If yes, explain:

### Education

LEVEL	NAME AND LOCATION	COURSE OF STUDY	NO. OF YEARS	DEGREE COMPLETED
COLLEGE				
HIGH SCHOOL				
ELEMENTARY				
OTHER				

Have you ever been suspended, expelled, or asked to leave any school for disciplinary reasons?

Yes       No

If yes, explain:

Indicate any languages you speak, read, and/or write other than English:

	Fluent	Above Average	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Miscellaneous**

Special Skills, Qualifications, and Awards (Summarize special skills, qualifications, and accomplishments (including those for attendance, performance excellence, and clerical skills that you wish to have considered):

Federal Information Security Clearance Level:

**Certifications**

Do you currently possess, or have you ever received any of the following certifications?

Certification	No	Yes	Date of Last Use
MULES			
APCO 40 Hour Basic Telecommunicator			
Cardio Pulmonary Resuscitation (CPR)			
Priority Dispatch EMD			
Priority Dispatch EFD			
Priority Dispatch EPD			
Priority Dispatch EDQ			
Missouri P.O.S.T. License			
EMT/Paramedic			
Firefighter Basic/I/II			

**Software Programs**

Have you ever used any of the following computer programs?

Program	No	Yes	Date of Last Use
LAWMAN			
ThinkGIS			
ProQA			
AQUA			
Computerized Radio System (Please name) _____			
Computerized Telephone System (Please name) _____			

**Membership in Professional or Civic Organizations**

(Exclude those which may disclose your race, color, religion, or national origin)

Are you now, or have you ever been, a member of any foreign or domestic subversive organization, association, movement, group, or club which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States or the State of Missouri, by any lawful or unlawful means?      Yes       No

Please list any current or former Marion County Emergency Services / 9-1-1 employees with whom you are acquainted or to whom you are related.

Employee/Former Employee	Relationship
Employee/Former Employee	Relationship
Employee/Former Employee	Relationship

**Personal References**

Do not list relatives or current/past employers

**REFERENCE 1**

Name		Telephone Number
Job Title and Employer		
Address		
City	State	Zip
Relationship		Length of time acquainted

**REFERENCE 2**

Name		Telephone Number
Job Title and Employer		
Address		
City	State	Zip
Relationship		Length of time acquainted

**REFERENCE 3**

Name		Telephone Number
Job Title and Employer		
Address		
City	State	Zip
Relationship		Length of time acquainted

**REFERENCE 4**

Name		Telephone Number
Job Title and Employer		
Address		
City	State	Zip
Relationship		Length of time acquainted

### Employment History

Start with present or most recent employer.

*Include all positions, paid or volunteer, over the past 10 years.*

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State		Zip
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State		Zip
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			

**Employment History (continued)**

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			

**Employment History (continued)**

Company Name		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address			
City	State	Zip	
Supervisor		Telephone Number	
Employed (Month/Year) From:		To:	
Starting Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>		Last Salary: Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>	
Job Title (of last position held)			
Job Description and Duties			
Reason for Leaving:			

***ATTACH EXTRA SHEETS OF PAPER IF NEEDED TO COMPLETE JOB HISTORY. APPLICATIONS WITHOUT A COMPLETE 10 YEAR HISTORY WILL BE CONSIDERED INCOMPLETE AND REJECTED. IF YOUR WORK HISTORY DOES NOT GO BACK AT LEAST 10 YEARS, PLEASE PROVIDE WRITTEN EXPLANATION HERE:***

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**Additional Employment Information**

Have you ever been dismissed, fired, or asked to resign from any employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:
Have you ever stolen any money or merchandise from any place of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain and include final disposition of all items (sold, retained for personal use, returned, etc):
Have you ever been unemployed for a period greater than six months? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:



### Military Status

Please complete the table below if you have ever served in the Air Force, Army, Coast Guard, Marine Corps, Navy, R.O.T.C., or any other military or semi-military organization. If you have never served in any capacity, write "None" in the first field under the MONTH/YEAR ENTERED column.

Month/Year Entered	Branch/Organization	Discharge Date	Type of Discharge	Rank	Occupational Specialty

Were you ever reduced in rank in the military? Yes  No

If yes, Reduced From: \_\_\_\_\_ To: \_\_\_\_\_

Were you ever court-martialed? Yes  No  Type: Summary  Special  General

If court-martialed, what was the sentence you received?

Have you ever received a Captain's Mast, Company Punishment, or Article 15? Yes  No

If yes, explain:

### Personal Financial Accountability

Have you even been delinquent in any of your financial obligations? Yes  No

Have you been refused credit at any time in the last 10 years? Yes  No

Have you ever had any of your property repossessed? Yes  No

Have you ever filed for bankruptcy? Yes  No

Have you ever been sued in court? Yes  No

Have you ever received a settlement in payment for damages, injury, libel, etc with or without court action? Yes  No

Have you ever filed a lawsuit or had a representative file a lawsuit on your behalf? Yes  No

Has your tax return ever been audited by the IRS for any reason other than a random audit? Yes  No

If you answered "Yes" to any of the above questions, explain the situation here:



# Marion County Emergency Services

3246 Highway 61 • Hannibal, Missouri 63401  
Administrative Offices: (573) 221-1121  
Dispatch/TDD (573) 221-1806 • FAX (573) 221-0694  
<http://www.marion911.com>

## Certificate of Applicant And Authorization for Release of Information

I, \_\_\_\_\_, PRINT FULL NAME authorize and empower the Executive Director of Marion County Emergency Services, Members of the Marion County Emergency Services Board, consumer reporting agencies, or any other service company engaged by said Board for the purpose, now or subsequently, to obtain, prepare, use, and furnish information concerning my current and former employment, education, credit, general reputation, health, personal characteristics, and mode of living through correspondence or personal interviews with employers, former employers, family members, neighbors, friends, or associates of others with whom I am acquainted, or who may have knowledge concerning any of the aforementioned characteristics.

I understand that my background will also be checked via services by LexisNexis, and I voluntarily give permission to conduct all of the above said checks and hereby hold Marion County Emergency Services completely harmless civilly, criminally, or administratively, and whether the forum would be state or federal for said background checks, that any interim offer of employment is conditional upon successfully passing said background checks.

I hereby authorize all law enforcement agencies, any branch of U.S. Military and all military agencies, the Veterans Administration, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities to provide Marion County Emergency Services with any and all available information regarding my past or present performance, conduct, or behavior. I further authorize the release of any punitive or disciplinary action, any medical, physical, psychiatric or physiological records to Marion County Emergency Services to assist in the determination of my suitability for emergency dispatch work.

I hereby release and agree to hold harmless any company, corporation, organization, entity, or person from any and all liability or damage whatsoever that may develop from furnishing information about me to Marion County Emergency Services.

I hereby certify that all statements made on, or in connection with this application are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material facts will cause forfeiture on my part of all rights to initial employment or continued employment by the Marion County Emergency Services Board.

A photographic copy of this signed authorization shall be as valid as the original.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### Application Checklist

A copy of the following documents must be included with this application, or an explanation as to why they are not included must be provided. All documents submitted become property of Marion County Emergency Services and will not be returned.

Doc. #	Description	Yes	No
1.	High school diploma or GED Certificate	_____	_____
2.	College diploma (if applicable)	_____	_____
3.	Vocational or Technical Certificates	_____	_____
4.	Military discharge DD214 indicating type of discharge	_____	_____
5.	Special awards (School, military, civic, professional)	_____	_____
6.	Naturalization papers (if applicable)	_____	_____
7.	Copy of any official training certificates related to public safety	_____	_____

Document number and reason not included:

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