



Richardson County

EMERGENCY MANAGEMENT AGENCY

BRIAN W. KIRKENDALL

Director

Application of Employment

Date of Application: _____

Full Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Are you over the age of 18? Yes No

Position(s) Applying for: _____

Work Availability: Full-Time Part-Time On-Call

Start Date: _____ Salary/Wage Desired: _____

Do you hold a valid driver's license or have the ability to obtain it prior to employment? Yes No

Have you filed an application with Richardson County before? Yes No

If "yes", give date: _____ Department: _____

Have you ever been employed with Richardson County before? Yes No

If "yes", give date: _____ Department: _____

Have you volunteered with the Richardson County Emergency Management Agency before?

Yes No If "yes", number of years volunteering: _____

How did you learn of the position you are applying for? (Be specific) _____

BACKGROUND INFORMATION

Do any of your relatives work for Richardson County? Yes No

If “yes”, include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, and sister-in-law.

NAME	RELATIONSHIP	DEPARTMENT/AGENCY

Are you legally authorized to work in the United States? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the regulations prepared by the United States Citizenship and Immigration Services. Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of , pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentence for any felony or misdemeanor in any jurisdiction? Yes No

Do you have any pending criminal charges in any jurisdiction that have not yet been fully resolved or disposed of? Yes No

If “yes” to either of the above questions, provide details for each crime or charge (date, jurisdiction, crime involved, disposition, current status, etc.). *Conviction or pending arrest will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction or pending arrest to the job will all be considered. Add additional sheets if necessary to fully explain.*

EDUCATION AND QUALIFICATIONS

Highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

High School: _____ Location: _____

Number of Years Completed: _____ Degree(s) Earned: _____

College: _____ Location: _____

Number of Years Completed: _____ Degree(s) Earned: _____

Trade/Business School: _____ Location: _____

Number of Years Completed: _____ Degree(s) Earned: _____

Describe any additional and/or special training and/or certificates you have received which may be helpful to you in working for the Emergency Management Agency.

EMPLOYMENT EXPERIENCE

Name of Employer: _____

City: _____ State: _____ Phone Number: _____

Date of Employment: (From) _____ (To) _____

Title of Position: _____ Salary/Wage: _____

Name of Supervisor: _____ Hours Worked per Week: _____

May we contact this supervisor? Yes No Contact Me First

Reason for Leaving: _____

Describe your duties, accomplishments, and related skills:

Name of Employer: _____

City: _____ State: _____ Phone Number: _____

Date of Employment: (From) _____ (To) _____

Title of Position: _____ Salary/Wage: _____

Name of Supervisor: _____ Hours Worked per Week: _____

May we contact this supervisor? Yes No Contact Me First

Reason for Leaving: _____

Describe your duties, accomplishments, and related skills:

Name of Employer: _____

City: _____ State: _____ Phone Number: _____

Date of Employment: (From) _____ (To) _____

Title of Position: _____ Salary/Wage: _____

Name of Supervisor: _____ Hours Worked per Week: _____

May we contact this supervisor? Yes No Contact Me First

Reason for Leaving: _____

Describe your duties, accomplishments, and related skills:

Name of Employer: _____

City: _____ State: _____ Phone Number: _____

Date of Employment: (From) _____ (To) _____

Title of Position: _____ Salary/Wage: _____

Name of Supervisor: _____ Hours Worked per Week: _____

May we contact this supervisor? Yes No Contact Me First

Reason for Leaving: _____

Describe your duties, accomplishments, and related skills:

REFERENCES *(must provide two Professional References)*

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mark which applies: Personal Professional

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mark which applies: Personal Professional

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Mark which applies: Personal Professional

APPLICANT'S STATEMENT

Richardson County is an equal opportunity employer and will not discriminate against any employee or applicant on the basis of age, color, disability, gender, national origin, race, religion, sexual orientation, genetic information, marital status, pregnancy, veteran status, or any classification protected by federal, state, or local law.

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

Disaster related work may involve dangerous and/or hazardous locations and/or assignments involving situations that are physically, mentally, and emotionally demanding and/or exhausting. Work may include execution of considerable independent judgment in high stress situations where course of action is not always obvious.

This certifies that this application including all entries and information within it are true and complete to the best of my knowledge. Richardson County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.

Signature of Applicant: _____ Date: _____