



## Putnam County 911 / Emergency Management Employment Application

Dear Applicant,

Thank you for your interest in employment with Putnam County 911 / Emergency Management.

Please mail or email the following documents in order for consideration for this position:

1. Completed application
2. Resume
3. Copies of applicable certifications

**Applications will not be accepted unless the above items are attached, and the application is completed and signed in its entirety.**

Applications will remain active for 6 months. After that time, those interested need to reapply.

We are located at 100 Emergency Lane Winfield WV 25213. If you choose, you may mail your application and the requested documents to the above address. If you choose to email your application and the requested documents in please send to PutnamCounty911@putnamwv.org.

If you have any questions, please feel free to call the office of the Deputy Director Monday – Friday 7am - 5pm at (304)586-4923.

Sincerely,

A handwritten signature in black ink, appearing to read "Noah Alvis".

Noah Alvis  
Deputy Director  
Putnam County 911 / Emergency Management



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We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Date of application: \_\_\_\_\_ Position for which you are applying: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: **Applicant** \_\_\_\_\_ Email Address: \_\_\_\_\_

## Questionnaire

Are You Employed Now? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we inquire with your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied with Putnam County 911 / Emergency Management before: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, when \_\_\_\_\_

Have you ever been employed with **any** 911 / Emergency Management agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, Please list agency name and position: \_\_\_\_\_  
\_\_\_\_\_

If employment is offered, what date are you available to start: \_\_\_\_\_

An affirmative response to the below is not necessarily a bar to employment.

1. Are you legally authorized to work in the United States? Y \_\_\_\_\_ N \_\_\_\_\_
2. Do you have a valid driver's license? Y \_\_\_\_\_ N \_\_\_\_\_
3. Have you ever been convicted of a traffic violation? Y \_\_\_\_\_ N \_\_\_\_\_
4. Have you ever been convicted of a misdemeanor? Y \_\_\_\_\_ N \_\_\_\_\_
5. Have you ever been convicted of a felony? Y \_\_\_\_\_ N \_\_\_\_\_
6. Are you currently under any pending criminal charges? Y \_\_\_\_\_ N \_\_\_\_\_

If you checked "yes" to any question numbered 3 through 6, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Are you willing to work the following:

12-Hour Shifts: Y \_\_\_\_ N \_\_\_\_

Night Shift: Y \_\_\_\_ N \_\_\_\_

Weekends: Y \_\_\_\_ N \_\_\_\_

Holidays: Y \_\_\_\_ N \_\_\_\_

Scheduled Overtime: Y \_\_\_\_ N \_\_\_\_

Unscheduled Overtime: Y \_\_\_\_ N \_\_\_\_

Day Shift: Y \_\_\_\_ N \_\_\_\_

EDUCATION	Name and address of school	Course of Study	Years Completed	Diploma / Degree
High School / GED				
College or University				
Graduate School				
Technical or Vocational School				
Other (Specify)				

## Specialized Skills / Certifications

### Specialized Skills

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying (including dispatch systems)?

Please describe your experience and knowledge of computer systems (software and hardware), particularly dispatch systems.

State any additional information about your skills which you feel may be helpful to us in considering your application.



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### CERTIFICATIONS

Do you currently possess a valid Emergency Medical Dispatch (EMD), or Public Safety Telecommunicator (PST) 1 certificates? If so, please attach a copy. If you do not have one, have you taken any steps to obtain one?

Do you currently possess a valid Cardio-Pulmonary Resuscitation (CPR) certificate? If so, please attach a copy. If you do not have one, have you taken any steps to obtain one?

Please list any other job-related certifications you possess.

### Military

Branch of Service	Rank	Dates of Service	Type of Discharge

**Employment History** List below your last four employers, starting with the most recent one.

Employment Dates	Name and Address	Phone Number	Supervisor	Position	Salary	Reason for Leaving
From To						
From To						
From To						
From To						



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**REFERENCES** List one personal, one professional, and one previous supervisor that you have known more than one year.

Name	Address	Phone Number	Relationship	Years Known

### CERTIFICATION AND AUTHORIZATION

**Please read carefully, initial and sign if in agreement therewith.**

(Initial Here) I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application may cause me not to be hired or, if hired, may cause my dismissal regardless of when discovered by the employer.

(Initial Here) If I am offered employment, I authorize the employer to conduct a thorough background check including, but not limited to, my criminal and driving history, and I authorize my references and former employers to disclose any information regarding my employment history, character and general reputation, without giving me prior notice of the disclosure. I release the employer, any former employers, all references listed above and any law enforcement or governmental agency that assists in conducting my background check from any and all claims, demands or liabilities arising out of or related to the investigation or disclosure.

(Initial Here) If I am offered employment, I agree to submit to a drug/alcohol test, and a medical examination if applicable, before starting work. If employed, I also agree to submit to medical examinations and drug/alcohol testing at any time deemed appropriate by the employer as permitted by law. I authorize and consent to the release of the test results of the examinations to the employer. I understand that my employment or continued employment is contingent upon satisfactory medical examinations and drug tests, to the extent permitted by law.

(Initial Here) I understand that completing this form does not create an employment contract and does not indicate that there is a position open. Further, I understand that if hired, I will be an at-will employee whose term of employment is not fixed and may be terminated at any time, with or without cause, at the option of myself or the employer.

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(Printed Name)

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(Signature)

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(Date)