

LEXINGTON COUNTY 911 COMMUNICATIONS
EMPLOYMENT APPLICATION INFORMATION

We appreciate your interest in employment with the Lexington County 911 Communications. Please complete the application accurately and completely, especially concerning past employers and reference information (giving FULL addresses, telephone numbers, etc.). Questionnaires are mailed to any references, current and past employers you indicate in your application, therefore, correct mailing addresses are critical. The Department accepts applications on a continual basis. Completed applications can be turned in at 911 Center located in the basement of the Administration Building at 212 South Lake Drive Lexington, SC 29072. Completed applications may also be mailed to the Department at the following address:

Lexington County Human Resources
434 Ball Park Road
Lexington, SC 29072

All applicants must meet the following minimum requirements to be considered for employment as a 911 Telecommunications Operator.

Minimum Requirements

- Must have a High School diploma or GED.
- Must have a clear criminal history.
- Must be a United States citizen.
- Results of all pre-employment tests and interviews must meet standards.
- Past employment record must be satisfactory.
- Must pass a drug test.
- Medical examination results must show that you are capable of performing all of the essential functions of the job for which you are applying, with reasonable accommodation.

The following documents are **required** in order for your application to be processed:

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of High School Diploma or GED
- Copy of Valid S.C. Drivers License
- Copy of form DD-214 (if veteran)
- Copies of other documents which may be applicable to employment (Certifications, training documents, diplomas, etc.)

You will be contacted upon the submission of your application. If your application is satisfactory, you will be given a date and time to attend applicant testing. Following testing, applicants are placed in an applicant pool along with others who have successfully completed the applicant process to that point. The most qualified applicants are then chosen to continue in the process.

If rejected, an applicant may reapply one year after being turned down for employment.

The pre-employment selection process at the Department consists of the following:

- Criminal record review
- Psychological screening
- Initial interview
- Background investigation
- Pre-employment physical examination
- Pre-employment drug test
- Any other requirement determined necessary

Qualified applicants and employees are treated without regard to race, religion, sex, national origin, age, marital status, or disability.

Lexington County is an Equal Opportunity Employer.

LEXINGTON COUNTY 911 Communications

APPLICATION FOR EMPLOYMENT

434 Ball Park Road
Lexington, SOUTH CAROLINA 29072
TELEPHONE: (803) 785-2366
FAX: (803) 785-8200

AN EQUAL OPPORTUNITY EMPLOYER



LEXINGTON COUNTY 911 Communications

I, _____, permit my present and prior employers to divulge to this organization relevant personal information from my personnel file(s) they possess. I also authorize this organization to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of its choice. I authorize it to make an investigative report whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted.

I understand and acknowledge that information contained herein may be subject to disclosure under the South Carolina Freedom Of Information Act.

I understand and agree that if I should admit to or divulge my involvement in any criminal offenses during the application process; such may be reported to the proper jurisdictional authority for investigation and/or prosecution.

I release from liability, agree not to sue, and hold harmless, Lexington County, and its employees, and others similarly situated from any and all liability in any way with the processing of my application even if they should be negligent.

Signature of Applicant/Date

Signature of Witness/Date

LEXINGTON COUNTY 911 COMMUNICATIONS APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT INFORMATION

Telecommunications Operator

Clerical

Other

Full Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Cell (Other): _____ Email: _____

Are you a United States Citizen? YES NO

If No, give Visa number: _____ Immigration number: _____

Do you possess a Drivers License? YES NO

If Yes, State and Number: _____

Date you are available to start work: _____

Would you work: Full Time? Part Time? Day & Night Shift?

Have you ever worked under another name? If so, please give name: _____

Are any of your relatives employed with the County of Lexington? Yes No

If Yes, which Department? _____

EDUCATION AND TRAINING

High School: _____ Location: _____

Dates Attended: From: _____ To: _____

Did you graduate? Yes No

If you did not graduate from High School, Have you passed the General Educational Development (GED) test? Yes No

If yes, when and where did you complete the GED? _____

College: _____ Location: _____

Did you Graduate: Yes No Degree: _____

Dates Attended: From: _____ To: _____

Indicate languages you speak, read, and/or write: _____

List any professional license(s) you hold: _____

List scholarships, academic honors, and awards you have received:

List training, skills, and/or experience you have that, in your opinion, would be particularly useful in the position for which you are applying: _____

Can you type? Yes No If so, how many words per minute? _____

List any equipment, office machines, and/or software you can operate: _____

EMPLOYMENT HISTORY

*Beginning with the most recent, list all present and past employment. Correct addresses and telephone numbers **MUST BE PROVIDED** in order to process your application.*

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Job Duties: _____

Supervisors Name: _____ Telephone: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact this employer? Yes No If no, please explain why. _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Job Duties: _____

Supervisors Name: _____ Telephone: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact this employer? Yes No If no, please explain why. _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Ending Salary: _____

Job Duties: _____

Supervisors Name: _____ Telephone: _____

Dates of Employment: From: _____ To: _____

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May we contact this employer? Yes No If no, please explain why. _____

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Address: _____

Job Title: _____ Ending Salary: _____

Job Duties: _____

Supervisors Name: _____ Telephone: _____

Dates of Employment: From: _____ To: _____

Reason for Leaving: _____

May we contact this employer? Yes No If no, please explain why. _____

REFERENCES

Complete addresses and phone numbers **MUST** be provided.

CO-WORKERS/FORMER CO-WORKERS

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

PERSONAL REFERENCES (No relatives or former employers)

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

PERSONAL REFERENCES CONTINUED

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

NEIGHBORS

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

NAME: _____

Address: _____

Telephone: HOME: _____ CELL: _____

WORK: _____

APPLICANT BIOGRAPHICAL INFORMATION

Full Name: _____

Have you ever gone by a different name? Yes No If Yes, indicate name(s) _____

Has your name been legally changed? Yes No

Age: _____ Date Of Birth: _____

Place of Birth: _____

Has your date of birth ever been changed on a legal document? Yes No If Yes, Explain:

Address: _____

How long have you lived at this address: _____

List all of your previous addresses: (Number-Street- City- State-Zip)

Father's Name: _____

Mother's Name: _____

Marital Status: Single Married Divorced Separated Widowed

If Married, Separated or Widowed –

Name of Spouse: _____

Spouse's Occupation: _____ Employer: _____

Do you have any children? Yes No

If Yes, Indicate below:

Name: _____ Date of Birth: _____

MILITARY SERVICE

If applicable, are you registered with the Selective Service? Yes No

Have you ever served in the Military? Yes No If No, skip the rest of this section.

Branch: _____

Dates of Service: From: _____ To: _____

Highest Rank/Grade _____ Type of Discharge: _____

Date and Location of you last Discharge: _____

List all Medals and Decorations awarded to you during your military service: _____

If you are presently a member of the National Guard or any Military reserve, indicate the unit, location, and describe your obligation:

Have you ever been court-martialed or subject to disciplinary action to include non-judicial punishment (i.e. Article 15, Captain's mast, etc.) while serving as a member of the Armed Forces?

Yes No If yes, explain: _____

APPLICANT PERSONAL HISTORY

Have you ever illegally possessed, used, and/or sold any amount of the following drugs or substances?

Opium	Steroids	Crack	Marijuana	Cocaine
Heroin	PCP	Amphetamines	Hashish	Speed
Ecstasy	Barbiturates	LSD	Quaaludes	Morphine
Methamphetamine	Hallucinogens	Inhalants		

Yes

No

If Yes, explain in detail, indicating which drug(s) or substance(s) and date last used? _____

Other than those listed, are there any other drugs or substances that you have illegally possessed, used and/or sold to include prescription medications that were not prescribed to you?

Yes

No

If Yes, explain in detail, indicating which drug(s) or substance(s) and date last used? _____

Do you drink Alcoholic Beverages? Yes No

If yes, indicate how much and how often: _____

Do you use any form of tobacco? Yes No

If yes, indicate how much and how often: _____

How many individuals do you support financially? _____

Indicate any income other than your current salary, including your spouse's salary, if applicable:

Total amount of your present debt: _____

Have you ever been named in a lawsuit either as a plaintiff or defendant? Yes No

If yes, explain in detail; _____

Have you ever been engaged in a private business? Yes No

If yes, indicate the name and nature of the Business, as well as the capacity of your affiliation: _____

Are you currently in default on any student loan or education loan? Yes No

If yes, explain: _____

Have you ever been terminated (fired) or asked to resign from a job? Yes No

If yes, explain: _____

Would you object to wearing a uniform? Yes No

Would you object to working overtime? Yes No

Would you object to working regular shifts? Yes No

Would you object to working rotating Shifts? Yes No

Would you object to working holidays? Yes No

Would you object to being away from home for long periods of time due to official duties? Yes No

If yes, Explain: _____

Have you ever been arrested by law enforcement? Yes No

If yes, indicate the following; Offense Charged: _____

Law Enforcement Agency: _____ State: _____

Date: _____ Disposition _____

Offense Charged: _____

Law Enforcement Agency: _____ State: _____

Date: _____ Disposition _____

Have you ever been convicted of a felony? Yes No

If yes, Explain: _____

Have you ever been placed on probation? Yes No

If yes, Explain: _____

Have you ever stolen anything? Yes No

If yes, Explain: _____

Have you ever been subject to a restraining order? Yes No

If yes, Explain: _____

Do you possess a valid South Carolina Drivers License? Yes No

If Yes, indicate Driver's License number? _____

Do you possess a Driver's license issued by another state? Yes No

If Yes, indicate: State: _____ Drivers Licenses Number: _____

Has your Drivers License ever been suspended or revoked? Yes No

If yes, Explain: _____

Are your diving privileges restricted? Yes No

If yes, Explain: _____

Are you attempting to conceal any information regarding your background? Yes No

After training could you perform the essential job functions of the position that you are applying for?

Yes

No

If No, Explain? _____

If no, what, if any, reasonable accommodations could be made so that you could perform the essential job functions? _____

DISCLAIMER

I hereby certify that all statements on this form are true and complete and that any misstatement or omission will subject me to disqualification or dismissal.

This the _____ day of _____

Signature of Applicant _____

STATISTICAL INFORMATION

The information collected in this section is used for statistical purposes only and in no way has any bearing on the processing or outcome of the employment application. This data will be kept in a confidential file.

Application Date: _____

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Are you a disabled Veteran? Yes No If yes, VA disability rating? _____ %

How did you hear about our agency?

Advertisement

Job Service

Employment Agency

Career Fair (specify) _____

County Employee (specify) _____