



# Calhoun County Consolidated Dispatch Authority

*Serving Our Community One Call at a Time*

## Application for Employment

A person with a disability or handicap requiring accommodation for completing the application process should notify the Executive Director as soon as possible.

It is the policy of the of Calhoun County Consolidated Dispatch Authority to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

### PERSONAL INFORMATION

\_\_\_\_\_ Date of Application

\_\_\_\_\_  
Name (first, middle, last)

\_\_\_\_\_  
Present Address (street, city, state, zip code)

\_\_\_\_\_  
Primary Telephone

\_\_\_\_\_  
Alternate Telephone

\_\_\_\_\_  
Email Address (**IMPORTANT** – All correspondence related to your application will be received via email)

Full-time  Part-time  Either

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Date Available

1. Are you at least: 18 years old? Yes \_\_\_ No \_\_\_ If NO, Work Permit No. \_\_\_\_\_

2. Have you ever been convicted of a felony within the last 7 years, which has not been annulled, expunged, or sealed by the court? (A "Yes" answer will not automatically disqualify you.) Yes \_\_\_ No \_\_\_

If yes, please explain conviction: when, where, and disposition \_\_\_\_\_

\_\_\_\_\_  
Under what name: \_\_\_\_\_

3. Have you previously been employed by the Calhoun County Consolidated Dispatch Authority?

Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

Under what name: \_\_\_\_\_

4. Have you submitted an application to the Calhoun County Consolidated Dispatch Authority before?

Yes \_\_\_ No \_\_\_ If yes, when: \_\_\_\_\_ Where: \_\_\_\_\_

\_\_\_\_\_  
Under what name: \_\_\_\_\_

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**DRIVER'S LICENSE (Complete the following only if the position requires a driver's license):**

Driver's License State & Number \_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason: \_\_\_\_\_

List any moving violations during the last three (3) years: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School \_\_\_\_\_

GED: \_\_\_\_\_ State: \_\_\_\_\_

<u>Schools attended other than High School</u>	<u>Location (State)</u>	<u>Course or Major Studies</u>	<u>Degree</u>
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**MILITARY HISTORY (Armed Forces of the United States or State Militia Only)**

Branch	Date entered	Date discharged
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Rank at discharge	Reserve status
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Special training received:

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**REFERENCES:** Please provide the names of three persons not related to you, who have known you for more than one year.

Name	Email Address	Primary Phone	Alt. Phone
-			
-			
-			

I understand and agree that my employment and compensation are for no definite period and may regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Calhoun County Consolidated Dispatch Authority, with or without cause, and without any previous notice. I also understand and agree that the Calhoun County Consolidated Dispatch Authority has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not limited by law or union contract. I acknowledge that no Calhoun County Consolidated Dispatch Authority employee or representative, other than its Calhoun County Consolidated Dispatch Governing Board, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and signed by the Calhoun County Consolidated Dispatch Authority Board. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Calhoun County Consolidated Dispatch Authority are expressly superseded by the foregoing.

I understand that if I am applying for a position within Calhoun County Consolidated Dispatch Authority I will be required, pre-employment and post-offer, to submit to one or all of the following: Medical Examination, Drug/Alcohol Screening, Physical Agility, Federal and State criminal background check. I also understand that if I am applying for a position requiring confidentiality, or the handling of money, and/or interacting with citizens in their homes, I will be subject to a Federal and State criminal background check. These will be done at the expense of Calhoun County Consolidated Dispatch Authority.

The immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect.

If you are hired by Calhoun County Consolidated Dispatch Authority, you will need to furnish documents for inspection that verify your identity and indicate that you are legally permitted to work in the United States. Documents that are acceptable include your driver's license, or state issued I.D., and, your Social Security card or birth certificate.

These documents must be provided within three (3) working days of employment. If the original documents are not available, you must submit proof that you have applied for the required documents.

I certify that all of the information furnished on this application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Calhoun County Consolidated Dispatch Authority if employed. I authorize the references listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**AUTHORITY FOR RELEASE OF INFORMATION**

<b>Applicant's Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<b>Maiden/Other Name:</b> _____
<b>Address:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Address</span> <span>City &amp; State</span> </div>	<b>Telephone #:</b> _____

I, \_\_\_\_\_ with a birth date of \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Calhoun County Consolidated Dispatch Authority whether the said records are of public, private, or confidential nature.

I understand my rights under Title 5, United States Code, §552A, The Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that the information furnished will be used by the Calhoun County Consolidated Dispatch Authority in conjunction with employment procedures.

The intent of this authorization is to give my consent for the full and complete disclosure of the records of education institutions; financial or credit institutions, including records of loans, deposits, withdrawals, balances of checking and savings accounts, the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; rental agents and landlords; employment and pre-employment records, including background reports, training records, efficiency ratings, complaints or grievances filed by or against me, and salary records; income, real and personal property tax statements and records, and other financial statements and records wherever filed. I also authorize the release of records of investigation, complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records, records of child protective agencies (Department of Social Services, Department of Human Services – formerly Family Independence Agency, Child Protective Services, etc) as well as records that have been sealed, expunged, set aside or filed under the Holmes Youthful Trainee Act; including records of complaint of a civil nature made by or against me, wherever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had interest in.

I reiterate, and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Calhoun County Consolidated Dispatch Authority to consider in determining my suitability for employment by said agency. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of the information specifically identified herein.

I understand that any information obtained by personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Calhoun County Consolidated Dispatch Authority. I understand that all materials and information pertaining to this background investigation become the property of Calhoun County Consolidated Dispatch Authority and will not be returned or disclosed to me. The information you release is for official use by the Calhoun County Consolidated Dispatch Authority; however, I understand that they may at their discretion re-disclose the information to a third party if said party has a release authorized by me or as provided by law.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. This authorization shall continue in effect until revoked by me in writing. You may contact me at the telephone number or address listed on this form if you question the validity of this release. I further understand that in the event my application is approved or disapproved, all information including confidential sources shall not be revealed to me.

A photocopy of this release will be valid as an "ORIGINAL" even though the said photocopy does not contain an original writing of my signature.

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_