

**ROANE COUNTY EMERGENCY COMMUNICATIONS DISTRICT**

**330 CARDIFF VALLEY ROAD**

**P. O. BOX 236 ROCKWOOD, TN 37854**

**(865) 354-0704**

REQUIREMENTS FOR EMPLOYMENT

I UNDERSTAND THAT THE POSITION OF DIRECTOR/SUPERVISOR/DISPATCHER HAS THE SAME REQUIREMENTS FOR EMPLOYMENT AS THOSE REQUIRED TO BECOME A LAW OFFICER. PER TCA 7-86-201

1. BE AT LEAST EIGHTEEN (18) YEARS OF AGE
2. BE A CITIZEN OF THE UNITED STATES
3. BE A HIGH SCHOOL GRADUATE OR POSSESS EQUIVALENCY
4. NOT HAVE BEEN CONVICTED OR PLEADED GUILTY TO A FELONY or MISDEMEANOR  
(NOTE: MEANS EVER)
5. NOT HAVE BEEN DISCHARGED EXCEPT BY HONORABLE OR MEDICAL DISCHARGE FROM U. S. ARMED FORCES
6. HAVE FINGERPRINTS ON FILE WITH T.B.I.
7. MUST PASS PHYSICAL AND DRUG SCREEN EXAMINATION
8. BE FREE OF MENTAL DISORDER AS CERTIFIED BY A QUALIFIED PROFESSIONAL IN PSYCHIATRIC OR PSYCHOLOGICAL FIELD

I FURTHER UNDERSTAND FOR A POSITION WITH RCECD;

1. APPLICANTS WILL AUTOMATICALLY BE TESTED FOR CONTROLLED SUBSTANCE/OR ALCOHOL ABUSE
2. IF AT ANY TIME THERE IS REASONABLE SUSPICION THERE IS ABUSE OF DRUGS/ALCOHOL THE DIRECTOR MAY IMMEDIATELY ORDER EMPLOYEE TO SUBMIT TO A CHEMICAL TEST

I FURTHER UNDERSTAND CHECKS MAY BE MADE AND REFERENCES CHECKED TO VERIFY ANYTHING ON MY RECORDS OR APPLICATIONS. FURTHERMORE, I GIVE MY PERMISSION FOR ANY AND ALL CHECKS TO INCLUDE THE NATIONAL LAW ENFORCEMENT INFORMATION SYSTEM (NCIES-NCIC)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(WITNESS SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)

# Application For Employment

ROANE COUNTY EMERGENCY  
COMMUNICATION DISTRICT E-911  
330 CARDIFF VALLEY ROAD  
P. O. BOX 236  
ROCKWOOD, TN 37854

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. **AN EQUAL OPPORTUNITY EMPLOYER**

*(PLEASE PRINT)*

Date of Application

Position(s) Applied For

Referral Source:

Advertisement ☐

Friend ☐

Relative ☐

Walk-In ☐

Employment Agency ☐

Other

Name

Address

E-Mail Address

Telephone

Social Security #

Date of Birth:

If under 18 can you furnish a work permit:

Yes ☐

No ☐

Have you applied here before?

Yes ☐

No ☐

If yes, give date

Have you been employed here before?

Yes ☐

No ☐

If yes, give date

Are you employed now? Yes ☐

No ☐

May we contact your present employer? Yes ☐

No ☐

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes ☐

No ☐

(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available for work?

Are you available to work

Full Time ☐

Part Time ☐

Shift Work ☐

Are you on a lay-off and subject to recall?

Yes ☐

No ☐

Can you travel if required by the job?

Yes ☐

No ☐

Have you ever been convicted of a felony or misdemeanor?      Yes ☐      No ☐

If Yes, please explain:

Veteran of the U. S. military service?    Yes ☐    No ☐    If Yes, Branch:

Do you have any disability (physical, mental, medical) that would limit your job performance for position for which you are applying?      Yes ☐      No ☐

If Yes, please explain

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?      Yes ☐      No ☐

If Yes, please indicate:

Indicate what foreign languages you speak, read, and/or write, if any:

	FLUENTLY	GOOD	FAIR
<u>SPEAK</u>	<input type="text"/>		
<u>READ</u>	<input type="text"/>		
<u>WRITE</u>	<input type="text"/>		

List professional, trade, business or civic activities and offices held.  
(Exclude those which indicate race, color, religion, sex or national origin):

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran ☐

Signed \_\_\_\_\_

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

Name and Address of Most Recent Employer		
Phone		Supervisor:
Your Job Title / Responsibilities:		
Date Hired:		Date Left:
Reason for Leaving:		
Starting Salary:		Ending Salary:
May We Contact this employer (check one) YES <input type="checkbox"/> NO <input type="checkbox"/>		

Name and Address of Most Recent Employer		
Phone Number :		Supervisor:
Your Job Title / Responsibilities:		
Date Hired:		Date Left:
Reason for Leaving:		
Starting Salary:		Ending Salary:
May We Contact this employer (check one) YES <input type="checkbox"/> NO <input type="checkbox"/>		

Name and Address of Most Recent Employer			
Phone Number :		Supervisor:	
Your Job Title / Responsibilities:			
Date Hired:		Date Left:	
Reason for Leaving:			
Starting Salary:		Ending Salary:	
May We Contact this employer (check one)   YES <input type="checkbox"/> NO <input type="checkbox"/>			

If you need additional space, please continue on a separate sheet of paper

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience

**EDUCATION**

High School Attended:		City/State:	
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Do You Have a High School Diploma? (check one)   Yes   ☐                      No   ☐                      G.E.D.   ☐

Please List Other Education You Have Received:

Trade, Business, College or University	City/ State	Degree Earned? Type of Degree	Major Area of Study

Describe Specialized Training, Apprenticeship, Skills, Certifications and Extra-curricular Activities:

Honors Received:

State any additional information you feel may be helpful to us in considering your application:

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

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

Date

For Personnel Department Use Only

Arrange Interview

Yes \_\_\_\_\_

No \_\_\_\_\_

Remarks:

Employed Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Pay Rate \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_