

North Marion County Communications Application for Employment

NORCOM is an Equal Opportunity Employer



RETURN TO:
NORCOM
1060 Mt. Hood Ave.
Woodburn, OR 97071
(502) 982-2340 • (503) 982-2375 FAX

PLEASE PRINT OR TYPE

Position applying for: _____
 Social Security Number: _____ Home phone: _____
 Name: _____ Last _____ First _____ MI _____ Message phone: _____
 Address: _____ Street _____ City _____ State _____ Zip Code _____ Work phone: _____
 May we contact you at work? Yes No
 Driver's License number: _____ What is the best time to call: At work: _____
 (if required for position) At home: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Is your age under 18? Yes No If yes, work permit number: _____

Are you now a NORCOM employee? Yes No Have you ever been a NORCOM employee? Yes No
 Regular Temporary Volunteer When?: _____

Give names of any relatives employed by NORCOM: _____ Relationship: _____

List any other last name in which your educational or employment records are filed: _____

Are you available to work: Nights? Yes No Weekends? Yes No If no, please explain: _____

Are there any times during the day or evening your are not available to work? Yes No

If yes, specify? _____

EDUCATION

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 13 14 15 16 17 18 19 20 Other: Number of years: _____

Do you have a high school diploma or equivalency? Yes No School: _____

List all schools attended beyond high school and their location	Credits completed	Type of Degree Earned	Course of Study

List any school course or vocational training, licenses, certifications, or other qualifications which bear on your suitability for this position: _____

Typing speed: _____ WPM Do you operate a computer? Yes No

What computer programs can you operate? _____

APPLICANT DATA RECORD (Please do not detach)

Applicants are considered for employment without regard to race, religion, sex, national origin, age, marital or veteran status, medical condition or disabilities, or any other legally protected status. This information will also be used in accordance with Title I, Americans with Disabilities Act (ADA)

To help us comply with government record-keeping and reporting, and to evaluate the effectiveness of our recruitment efforts, please fill out the **APPLICANT DATA RECORD**. This data will be kept in a confidential file separate from your Application for Employment. **YOUR COOPERATION IS VOLUNTARY.**

Position applying for: _____ Name: _____ Application date: _____

Please check applicable boxes: Female Male Under 21 Over 40

Disabled: Upon your request, reasonable accommodations will be made during the selection process and at the worksite.

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native - Tribe Affiliation:

(over)

EMPLOYMENT HISTORY

Please complete this section even if you attach a resume. List your work experience, most recent first, including military experience.

Employer	Immediate Supervisor and Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone _____		
Job Title	From: Mo. ____ Yr. ____	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Ending Salary / hourly rate
	To: Mo. ____ Yr. ____	If part-time, # of hrs/wk _____	()
Description of job duties:			
Reason for leaving:			
Employer	Immediate Supervisor and Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone _____		
Job Title	From: Mo. ____ Yr. ____	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Ending Salary / hourly rate
	To: Mo. ____ Yr. ____	If part-time, # of hrs/wk _____	()
Description of job duties:			
Reason for leaving:			
Employer	Immediate Supervisor and Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone _____		
Job Title	From: Mo. ____ Yr. ____	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Ending Salary / hourly rate
	To: Mo. ____ Yr. ____	If part-time, # of hrs/wk _____	()
Description of job duties:			
Reason for leaving:			
Employer	Immediate Supervisor and Title		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Phone _____		
Job Title	From: Mo. ____ Yr. ____	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>	Ending Salary / hourly rate
	To: Mo. ____ Yr. ____	If part-time, # of hrs/wk _____	()
Description of job duties:			
Reason for leaving:			

APPLICANT'S STATEMENT (Must be signed)

The information in my application was freely given and is, to the best of my knowledge, true and complete. I understand that any false statement, misleading answer, or any false information given during the selection process will be sufficient grounds for immediate dismissal at any time. NORCOM is hereby authorized to contact my present and past employers as references and to receive from them any information about me contained in their personnel records and any evaluations of my job knowledge, skills, and performance. I hereby release NORCOM, as well as those contacted by NORCOM, from any liability or damage which may result from furnishing the information requested. NORCOM may make copies of this authorization available to those contacted.

AS A TEMPORARY EMPLOYEE WITH NORCOM, YOU CANNOT EXPECT CONTINUED EMPLOYMENT IN YOUR TEMPORARY POSITION OR TO AUTOMATICALLY BECOME A REGULAR EMPLOYEE. AS A TEMPORARY EMPLOYEE, YOU MAY BE DISCIPLINED OR DISCHARGED FROM EMPLOYMENT FOR ANY LAWFUL REASON WITHOUT WARNING.

APPLICANT'S SIGNATURE IS REQUIRED TO PROCESS THIS APPLICATION.

Signature: _____ Date: _____

NOTE: An application and/or resume cannot be returned. NORCOM cannot make copies. Please make necessary copies before submitting. An application is required for each position for which you wish to be considered.

PLEASE PRINT OR TYPE

How did you first learn of this vacancy?

- Newspaper: _____ Walk-In: _____
- Publication or Journal: _____ From a NORCOM employee: _____
- Organization: _____ Career Faire: _____
- Job Posting: _____ Campus Recruitment: _____
- Other: _____

Please submit this application prior to 5:00 p.m. on the closing date.

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH NORTH MARION COUNTY COMMUNICATIONS.

2 Do you have work related knowledge of police, fire and emergency medical services operations? Yes No

If "Yes": Employer/Agency Name: _____

Telephone Number: _____ City/State: _____

Your job title: _____ Dates Employed: _____

Thoroughly explain duties/responsibilities and how performed:

3 These positions work 8, 10 or 12 hour shifts, which rotate every 3 or 4 months, including rotating days off, nights, weekends, holidays and periodic mandatory overtime. Can you meet these requirements? Yes No

4 Are you willing to accept last minute changes in your work schedule that might require you to cancel personal plans? Yes No

5 Are you willing to be subjected to abusive profane language on the telephone and deal with it unemotionally. Yes No

6 Are you willing to take directions from a supervisor in front of your peers? Yes No

7 Because you are working an 8, 10 or 12 hour shift with paid breaks and lunch periods, there may be times when you are required to forego lunch and breaks due to understaffing or shift activity. Are you willing to give up breaks, when necessary? Yes No

8 Are you willing to wear a headset for telephone communications for extended periods of time during an 8, 10 or 12 hour shift? Yes No

9 Are you willing to work at a console that restricts your movements to a 4 - 6 foot radius, except for your break and/or lunch periods during an 8, 10 or 12 hour shift? Yes No

