



Baker County Consolidated Dispatch
 1995 Third Street
 Baker City, OR 97814
 (541) 523-6415
 Bccd911@baker911.org

*An Equal Opportunity Employer
 Application for Employment*

(Please Print or Type)

Name: Please PRINT or TYPE Last Name, First Name and Middle Initial				
Address (street, city, state, ZIP code)			Telephone number	
Email			Cell Phone	
Have you previously worked as a Telecommunicator?	Yes	No	If yes, when (From-To)	
Do you have any previous EMD or Telecommunicator certifications?	Yes	No		
Do you have a valid Oregon Driver's License?	Yes	No	If yes, provide License #	
As a Telecommunicator you will be required to perform shift work. Please advise if you are not available for working on days, nights, weekends, holidays or on rotating shifts.				
Position Applied For	Employment Desired		Available to Work	
<input type="checkbox"/> Telecommunicator <input type="checkbox"/> Records	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve		<input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> Rotating Shifts	
Check last education level completed				
HIGH SCHOOL	TRADE SCHOOL	COLLEGE	POST GRADUATE	
If you attended school using a different name, list it here:				
High School/Trade School	Location	Major/Focus	Grade Point	Degree/Units
College/Trade School				
Vocational and/or professional information (i.e. research projects, thesis subject, publications, patents, seminars, job related hobbies, volunteer work, business or civic activities, and offices held). NOTE: Do not list courses taken towards a degree or diploma. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or any other protected class.				
Office/Computer Skills: Please circle one for each category				
Microsoft Office Experience	No Experience	Beginner	Intermediate	Advanced
Customer Service Experience	No Experience	Beginner	Intermediate	Advanced
Call Taking Experience	No Experience	Beginner	Intermediate	Advanced
Typing	Estimated Words per Minute:			
Please list all other job related tools, machines equipment and computer experience here:				

List work experience, beginning with present or last position (attach additional sheet if necessary)

Company Name (most recent or present employer)		Telephone	Employment Dates	
			From:	To:
Address (street, city, state ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for leaving			Other Compensation	
			\$	Per
May we contact your present employer? (Only if hired)			Date of Last Pay Increase	

Your responsibilities/accomplishments

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per

Your responsibilities/accomplishments

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per

Your responsibilities/accomplishments

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per
Your responsibilities/accomplishments				

Company Name		Telephone	Employment Dates	
			From:	To:
Address (street, city, state, ZIP code)			Starting Base Salary	
			\$	Per
Your Job Title	Supervisor: Name		Final Base Salary	
	Title		\$	Per
Reason for Leaving			Other Compensation	
			\$	Per
Your responsibilities/accomplishments				

Please list 3 persons (not including relatives or supervisors already listed) best able to comment on your work experience.

Name	Title	Company	Telephone

How did you hear about the Baker County Consolidated Dispatch job opening? _____

What skills or attributes qualify you for the position? _____

Do you use, or have used any narcotics or drugs other than those prescribed to you by a physician? If yes, Explain. _____

Have you ever been charged and/or convicted of a crime, by either a civilian authority or military authority? _____

List any special training, languages, certifications, or licenses you may have that are pertinent to the position for which you are applying _____

List hobbies, activities and interests _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of employment or if already hired, then termination. And, I understand that I may be required to verify any and all information submitted.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that as allowed by law, policy, and/or collective bargaining agreement, Baker County may check my criminal background information, DMV information, references, education, certification, and/or any other source of information that might provide information about my suitability and qualifications for employment with Baker County. I understand that as the recruitment progresses I may be required to provide additional information in order that a thorough background check can be completed.
4. As allowed by law, policy, and/or a collective bargaining agreement, I agree to undergo any drug and/or alcohol testing that Baker County may require.
5. I certify that I have fully, accurately, and completely answered all questions, and have given all information requested in the application materials. I certify that I have not withheld any information relative to my application for employment. I understand that any wrong or incomplete information in my application materials may disqualify me for further consideration of employment, or, if discovered after I am hired, may be grounds for my dismissal.
6. I understand that all application-related information is subject to verification by the County, and hereby give my consent to Baker County to investigate my background and qualifications using any means, sources, and outside investigators at its disposal.
7. I understand that submission of this application does not necessarily mean that I will be hired. I understand and agree that, with the exception of employees subject to a collective bargaining agreement, if hired, my employment relationship with Baker County will be "at-will". That means that either I or Baker County may terminate this relationship at any time, for any reason, with or without cause or notice.
8. I authorize any of the persons or organizations referenced in this application, otherwise provided by me, otherwise provided by any persons developed through my employers and/or references, or otherwise provided by any other source, to give you any and all information concerning my previous employment, education, character, or any other information they might have, personal or otherwise, with regards to any of the subjects covered in my application materials. I release all such parties from all liability from any damages which may result from furnishing such information.

I understand that this completed application, and any other materials submitted, are the property of Baker County Consolidated Dispatch and will not be returned. I understand that I must notify the Baker County Consolidated Dispatch of any changes to my contact information.

I have read and understand the above information.

Signature	Date

VETERANS' PREFERENCE

Under Oregon law, veterans who meet minimum qualifications for a position may be eligible for employment preference. If you think you may qualify, please read the following checklist carefully. This section must be completed and any required documentation must be submitted at the time you submit your application.

- A. You may claim veterans' preference if you check at least one of the boxes below and provide proof of eligibility by submitting a copy of your DD-214 or 215 in addition to any forms or letters as indicated below.
- I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955 or for more than 178 consecutive days thereafter, and was discharged or released from service under honorable conditions.
 - I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability or I have a disability rating from the VA.
 - My honorable discharge was due to a disability incurred or aggravated in the line of duty; or
 - I am entitled to disability compensation under laws administered by the US Dept. of VA; or
 - I was awarded the Purple Heart for wounds received in combat
- *Applicant must submit a copy of their Veteran's disability preference letter from the VA unless information is included in your DD-214 or 215.
- I served at least one day in a combat zone and was discharged or released from active duty under honorable conditions.
 - I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions.
 - I am receiving a nonservice-connected pension from the VA. *Applicant must submit a letter from the VA indicating receipt of a non-service connected pension.

*Preference letters from the VA may be obtained by contacting the United States Department of Veterans Affairs at 1-800-827-1000.

"Active Duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit.

I hereby claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when it was discovered. Per ORS 408.225-230, I understand that preference will not be given without submitting a copy of my DD-214 or 215 and any other required documentation.

Print Name

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I understand that this document, signed by me, authorizes Baker County, or its representative, to investigate my background information, employment records, and any other records necessary to determine job-related qualifications for a position within Baker County.

I hereby release all parties and persons from all liability and/or claims, now or in the future, arising from the furnishing of any information concerning my employment history, work performance, background information, character, education, training and any other employment investigation information, including good faith expressions of opinion, to Baker County, or its representative, as requested.

I further agree not to sue Baker County, or any and all other persons providing information for my suitability to perform the job I have applied for, as a result of the furnishing of any information, including good faith expressions of opinion, to Baker County.

I understand and agree that any information released to Baker County is done so in strictest confidence and shall not be released to me, unless required by law to do so, even if I am rejected for employment.

Applicant's Name (PRINT)

Driver's License # _____ State _____

Other Last Names Used

Applicant's Signature

Date

VOLUNTARY SURVEY

AFFIRMATIVE ACTION – NON DISCRIMINATION

Periodically we may be required to file reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is collected to enable us to comply with Affirmative Action responsibilities and other legal requirements.

YOUR PARTICIPATION IN THIS SURVEY IS STRICTLY VOLUNTARY.

Name		Social Security Number			
Check One		Check one			
Male	Female	White	Black	Hispanic	American Indian/Alaskan Native
		Asian/Pacific Islander		Other	