



Warren County Emergency Services Hiring Process

1. Written & Audio Tests: (Approximately 3 1/2 hours)
 - A. Includes testing in the following areas:
 - Filing
 - Spelling
 - Comprehension
 - Map Reading
 - Dexterity
 - Speed Writing
 - Note Taking
2. Oral Board
3. Criminal history background check
4. Past employment history check
5. Reference check
6. Pre-employment drug screen

All areas above will be utilized in making a decision regarding an applicant's potential for hire. Completing all steps in the process does not in and of itself constitute a job offer with Warren County Emergency Services.

EMPLOYMENT HISTORY

Give accurate, complete full time and part time employment history starting with your most recent employer. List all jobs held from the last 15 years and account for time unemployed.

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED- MONTH & YEAR (FROM & TO)
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB & DESCRIBE YOUR WORK	REASON FOR LEAVING

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED- MONTH & YEAR (FROM & TO)
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB & DESCRIBE YOUR WORK	REASON FOR LEAVING

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REFERENCES

List three (3) persons who are NOT related to you and have definite knowledge of your qualifications and skill for the position for which you are applying. (Recent graduate, please list instructors.)

Name Phone How Long Known (Years)

EDUCATION

Please list any education you would like to have considered for the position you are applying for. Attach additional sheets if necessary.

SPECIFIC CLASS/PROGRAM	DATE	FROM	TO
SCHOOL / SITE	TELEPHONE		
ADDRESS			
INSTRUCTOR			

SPECIFIC CLASS/PROGRAM	DATE	FROM	TO
SCHOOL / SITE	TELEPHONE		
ADDRESS			
INSTRUCTOR			

SPECIFIC CLASS/PROGRAM	DATE	FROM	TO
SCHOOL / SITE	TELEPHONE		
ADDRESS			
INSTRUCTOR			

List any professional, trade, or service organizations in which you are a member, if you think such participation would be helpful to us in considering you for employment (e.g., organizing activities, additional work experience, accomplishments, leadership, etc.)

Print Name of Applicant: _____ SSN: ____ - ____ - ____

AUTHORIZATION

I certify that the information I have furnished on this application is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission will be considered sufficient cause for rejection or dismissal if employed. I understand that I must meet the health standards established by the Warren County Emergency Services Board (hereinafter referred to as Board) as a condition of initial and continued employment. I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith. I understand that if I am employed by the Board, the employment relationship will be terminable at will by either party, at any time, with or without notice, with or without cause.

I hereby authorize law enforcement agencies (local, State, and/or Federal), military agencies, schools and universities, insurance companies (agents), investigative consumer reporting agencies and those persons listed in application to furnish the Board with any and all available information regarding me in order that they may determine my suitability for employment. I authorize the Board to make inquiry of my present and past employers regarding my character, integrity and reputation. I authorize the release of any and all information regarding my employment, or any other information, whether personal or otherwise, that may or may not be on their records and release said company or person from all liability for any damage whatsoever that may be issued from furnishing such information to the Board.

As part of my employment application with Warren County Emergency Services Board, and at any time during my employment with the Board, I hereby consent to be tested for drug/alcohol usage. I hereby consent to the release of the test results to the Board for its use regarding my employment or continued employment. I acknowledge and agree that any positive results may preclude my employment or result in the termination of my employment. I hereby waive and release any and all claims of whatsoever nature arising out of or relating to the matters described in the instrument against Warren County Emergency Services Board and against any person to entity which conducts drug testing or analysis for the Board or which reports the results thereof to the Board.

A photo static or Xerox copy of this authorization will be considered as effective and valid as the original.

SIGNATURE OF APPLICANT

____/____/____
DATE