



Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/V

Date of Application
Month _____ Day _____ Year _____

Please Print

Full Name (Last, First, Middle)	Social Security Number _____	Home Phone _____ Work Phone _____ E-mail Address _____	To Be Filled in by The County of York
Mailing Address	City, State, Zip Code		Interview Date: _____
Are you either a U.S. Citizen or, if not, do you have a legal right to work in this country? _____ Yes _____ No	Can you provide, after employment, birth certificate or other proof of citizenship? _____ Yes _____ No		Start Date: _____
Have you ever applied for a position with York County? If yes, when and where? _____ Yes _____ No	Have you ever been convicted of a felony? If yes, give details; Exclude minor traffic violations. (A conviction in and of itself may not be a bar to employment.) _____ Yes _____ No		Dept./Dept. No. _____
			Employee No. _____

List special skills, knowledge, language, equipment operated, etc.	Type of employment desired. _____ Full-Time _____ Part-Time _____ Temporary	Applications for employment are filed according to the position applied for, therefore, be as specific as possible in stating the position desired. Applicants who list the term “any” shall NOT be considered.
	Date available for work?	Do you have a valid driver’s license?

Do you have any relatives working for York County Government? _____ Yes _____ No If Yes, who? _____
Where are they employed? _____

EDUCATION

G.E.D.? _____ Yes _____ No	School Name and Location	Degree Earned or Credit Hrs.	Major or Vocation	Grade Average
Select highest grade completed.				
Elementary/High School 6 7 8 9 10 11 12				
College 1 2 3 4				
Graduate School 1 2 3 4				

Special Courses or Seminars

List any courses you have completed which will aid The County of York in evaluating your qualifications for the position you are seeking. Use additional sheets if necessary.

Course	Dates Enrolled In Course	School or other Sponsor of Course	Describe Major Content of Course
	From To		
	From To		
	From To		
	From To		
	From To		

Work Experience

List your last or current employer first. Account for all periods, including unemployment and service in the military. May we contact your present employer? _____

Complete Name & Address of Employer	Supervisor's Name, Title & Phone Number	Job Title and/or description of your duties	Dates Employed		Hourly Rate		Reason for Leaving
			From	To	Start	Finish	

Emergency Contact

Name	Address	Telephone (including area code)

In making this application for employment, it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties including information as to your character and reputation.

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false answers or statements made by me on this application or in any supplemental information given during the County's pre-employment investigations or physical examination will be cause for immediate discharge. I agree that The County of York shall not be liable in any respect if my employment is terminated because of falsification of any statements or omissions made by me in this questionnaire or attachments. I hereby authorize the companies, schools, or persons named in this questionnaire to give any pertinent information to The County of York and I release said parties from all liability for any damage for issuing such information.

I consent to taking a pre-employment job-related physical examination and such job-related physical examinations in the future as may be required by The County of York.

I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of The County of York or myself. I understand that no representative of the County of York has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

Signature	Date
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APPLICANT DATA RECORD

The County of York is committed to taking affirmative action in order to achieve equal employment opportunity in our workplace. All applicants are considered for employment without regard to race, color, sex, national origin, age, marital or veteran status, medical condition, or disability.

So we may accurately track our efforts in the area of equal employment opportunity, we request that you fill out the Applicant Data Record. Completion of this record is voluntary. This data will be kept in a confidential file separate from the Application for Employment and will in no way affect consideration for employment with our company.

Applicant:	Date:
Position Applied For:	Department:

Race/Ethnic Group: (Check one)

- 1 White
- 2 Black
- 3 Asian/Pacific Islander
- 4 Hispanic
- 5 American Indian or Alaskan Native

Check One: Male Female

Referral Source:

- 1 Direct write in
- 2 Newspaper Ad
- 3 Private Employment Agency
- 4 College Recruiting
- 5 State Employment Office
- 6 Walk-in
- 7 School Referral
- 8 Employee Referral,
Employee's Name: _____
- 9 Other, specify: _____

Type of Position Applied For:

- 1 Officials/Managers
- 2 Professionals
- 3 Technicians
- 4 Clerical
- 5 Craft (Skilled)
- 6 Operatives (Semi-Skilled)
- 7 Laborers (Unskilled)
- 8 Service Worker

Handicapped:

- No
- Yes (Have a physical or mental impairment which substantially limits a major life activity or have a history of such impairment.)

Vietnam Era Veteran:

- No
- Yes (Served on active duty for a period of more than 180 days, any part of which occurred between 09/05/64 and 05/07/75 and was discharged/released with other than dishonorable discharge or for a service-connected disability.)

Disabled Veteran:

- No
- Yes (Entitled to disability compensation under law administered by Veteran's Administration for disability rate 30% or more **or** discharged/released from active duty for disability incurred or aggravated in the line of duty.)

Special Disabled Veteran:

- No
- Yes (Discharged/released from active duty because of service-connected disability **or** entitled to disability compensation (or who, but for receipt of military retired pay, would be entitled to disability compensation) for a disability (i) rated at 30% or more, or (ii) rated at 10% or 20% and under 38 U.S.C. 1506 has been determined to have a serious employment handicap.)

Pre-Interview Questionnaire

Why did you apply at York County?	
What do you look for in a job?	
What are your strengths?	
What are your weaknesses?	
What are your goals?	
Desired salary?	
When can you start?	
APPLICANT INFORMATION:	

Print Name: _____

Social Security #: _____

**COUNTY OF YORK
PUBLIC SAFETY DISPATCHER
CHECKLIST**

Experience has shown that many applicants for positions consider only the positive aspects of the job while ignoring some of its less attractive features. As a result, when new employees encounter negative job features they sometimes react by leaving the job well before training is completed (sometimes in only a few weeks). Early resignations, which result from lack of accurate job knowledge, contribute to a much higher than desirable attrition rate among trainees.

There are many satisfying, rewarding aspects to the position. The job offers the opportunity to make significant contributions to the welfare and safety of the public and fellow employees. The work is challenging and rewarding. It is important for all applicants to carefully consider both the negative and positive features of a new career before deciding to test for the position.

The job factors listed below are features of the position about which many applicants are unaware. If any of these conditions are unacceptable to you, we strongly suggest you consider alternative employment choices which may better fit your individual needs.

Place a check on the line following the statement to indicate you have read and thought about each item.

Working Environment

- ___ 1. Be unable to physically leave your worksite at any time other than (2) 10 minute breaks and a 10 minute meal break (meal is eaten at dispatch console).
- ___ 2. Be unable to schedule your own lunch or rest breaks.
- ___ 3. Be unable to smoke or eat at your worksite.
- ___ 4. Work at a small, confined work area.
- ___ 5. Limited opportunities to talk with your fellow workers during your work shift.
- ___ 6. Work within an organization structured on a "military" model, i.e.:
 - ___ Have to wear standardized apparel (issued polo shirts)
 - ___ Work through a high structure "chain-of-command"
 - ___ Attend daily briefings
- ___ 7. Work at a rapid pace over which you have little control.
- ___ 8. Have to maintain intense concentration and attention for extended period of time, and then experience periods of very slow activity.
- ___ 9. Receive a daily critique of your job performance during training, including criticism.

Work Schedule

- ___ 10. Be required to work any of three shifts and/or weekends on a regular basis.
- ___ 11. Potentially have to work Thanksgiving Day, Christmas Day, New Year's Day, or all holidays.
- ___ 12. Have no choice about which shift you are assigned to work or which days you work.
- ___ 13. During on-the-job training, have to work the same shift, days and hours as your instructor.
- ___ 14. Have to change work shifts, days off, or cancel holiday plans on minimal notice.

Call Types

- ___ 15. Answer telephone calls where someone is rude or screams at you.
- ___ 16. Answer telephone calls where the caller directs obscene language at you.
- ___ 17. Answer and respond to telephone calls where the caller is drunk, irrational, or confused.
- ___ 18. Answer and respond to calls where a violent crime is in progress.
- ___ 19. Answer and respond to telephone calls in which the caller is difficult to understand.
- ___ 20. Have to make quick decisions on which one or more person's safety is at stake.

Hours of Work

- ___ 21. This department is open 24X7, Holidays, and Weekends. Shifts are assigned by bargaining unit seniority. Off hour shifts are typically where new employees start out. Will your schedule allow you to work 4:00 pm – 12:00 am or 12:00 am – 8:00 am?
Yes ___ No ___
- ___ 22. As part of your employment you will be required to spend at least one month on each shift as part of your training and after that overtime is frequently required. Are you available for this schedule and have corresponding transportation arrangements?
Yes ___ No ___

With my signature below, I state that I have read and considered each item on the checklist.

Signature

Date