



**COLUMBIA 9-1-1 COMMUNICATIONS DISTRICT**

P.O. Box 998  
St. Helens, OR 97051  
Administrative Office 503-397-7255

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FOLLOW THESE DIRECTIONS EXACTLY: ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY, USE N/A IF NECESSARY, "SEE RESUME" IS NOT ACCEPTABLE. PRINT OR TYPE ALL INFORMATION IN INK. IF ANY INFORMATION IS ILLEGIBLE OR INCOMPLETE, THE APPLICATION WILL **NOT** BE CONSIDERED. APPLICANTS ARE ENCOURAGED TO ATTACH RESUMES OR OTHER DOCUMENTATION FOR CONSIDERATION.

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Position Applying For: \_\_\_\_\_

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**1 PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle

Have you ever used another name? [ ] Yes [ ] No If yes, list any assumed name, nickname, maiden, other married names:

Current Address: \_\_\_\_\_  
Street Mailing City State Zip

How long have you lived at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous address if less than 3 years at current address:

\_\_\_\_\_ Street City State Zip

How long did you live at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Telephone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**2 FEDERAL REGULATION:** Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

The Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a) requires individuals to provide to an employer documented proof that they are authorized to work in the United States. This proof must be provided to and verified by Columbia 9-1-1 Communications District within three business days of employment.

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**3 CRIMINAL CONVICTIONS:** Have you ever been convicted of a crime? Juvenile convictions do not apply.  
 Yes \_\_\_ No \_\_\_

If yes, provide date, charge, and jurisdiction.

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Social Security Number: \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

This information is required in order to determine eligibility to attain required certifications and to perform an integral part of the position requirement, having access to law enforcement criminal data files.

**4 HOW DID YOU FIND OUT ABOUT THE POSITION OPENING?** Friend \_\_\_\_\_ Relative \_\_\_\_\_

Someone in the Field \_\_\_\_\_ Other (list) \_\_\_\_\_ Newspaper, if so, which one \_\_\_\_\_

Have you ever applied or worked for the District before? [ ] Yes [ ] No If Yes, when \_\_\_\_\_

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**5 EDUCATION AND FORMAL TRAINING:**

Do you have a high school diploma or G.E.D. certificate? (circle which one)

Name of school and city where located: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List education below: Military, Trades, Business or other schools attended (attach additional sheets if necessary).

#	NAME AND LOCATION	MAJOR COURSE OF STUDY	HOURS COMPLETED	GRADUATED? YES/NO	CERTIFICATE OR DEGREE EARNED AND YEAR
1					
2					
3					
4					
5					
6					

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**6 SKILLS INVENTORY**

Keyboarding wpm \_\_\_\_\_ (minimum of 40 wpm is required)

List multi-line phone systems, public contact, etc. Describe and list any other specialized equipment you have used:

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**7 EMPLOYMENT and EXPERIENCE:**

For the past seven (7) years, starting with the present, list every job (self-employment, part-time, temporary, military service, internships, volunteer work, etc.) and / or schooling in chronological order -- list any gaps during that time and the reason for the gap. If you need more space, you may attach additional sheets. If describing additional duties, number the pages to correspond with the number in the Employment and Experience section. If describing additional employment and experience, use the same format as below and number each job. **Reference information must be filled in completely.**

1	Current or Last Employer	From (month, day, year)	
	Street Address	To (month, day, year)	
	Mailing Address (If Different)	Total Time/Years and Months	
	City State	ZIP Code	Starting Salary
	Phone Number with area code		Ending Salary
	Supervisor's Name	Phone Number with area code	Full-Time
	Job Title/Description		Part-Time
	Duties:		Hours/Week
May we contact this employer for a job reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

2	Prior Employer	From (month, day, year)	
	Street Address	To (month, day, year)	
	Mailing Address (If Different)	Total Time/Years and Months	
	City State	ZIP Code	Starting Salary
	Phone Number with area code		Ending Salary
	Supervisor's Name	Phone Number with area code	Full-Time
	Job Title/Description		Part-Time
	Duties:		Hours/Week
May we contact this employer for a job reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

3	Prior Employer	From (month, day, year)	
	Street Address	To (month, day, year)	
	Mailing Address (If Different)	Total Time/Years and Months	
	City State	ZIP Code	Starting Salary
	Phone Number with area code		Ending Salary
	Supervisor's Name	Phone Number with area code	Full-Time
	Job Title/ Description		Part-Time
	Duties:		Hours/Week
May we contact this employer for a job reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

4	Prior Employer	From (month, day, year)
	Street Address	To (month, day, year)
	Mailing Address (If Different)	Total Time/Years and Months
	City State	ZIP Code Starting Salary
	Phone Number with area code	Ending Salary
	Supervisor's Name Phone Number with area code	Full-Time
	Job Title/Description	Part-Time
	Duties:	Hours/Week
	May we contact this employer for a job reference? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Reason for Leaving:	

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**8 Have You Ever Been Terminated Or Asked To Resign From Any Job?** [ ] Yes [ ] No

If yes, please explain circumstances:

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Fully explain any gaps in your employment history:

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**9 PERSONAL REFERENCES:**

List three references who are responsible adults and have known you for at least three years, complete with all contact information. Do not use relatives or people living with you. Do not individually list multiple people from the same household. Do not use past or present employers or supervisors.

1	Name		
	Street Address		
	Mailing Address (If Different)		
	City	State	ZIP Code
	Phone Number with area code		Years Known

2	Name		
	Street Address		
	Mailing Address (If Different)		
	City	State	ZIP Code
	Phone Number with area code		Years Known

3	Name		
	Street Address		
	Mailing Address (If Different)		
	City	State	ZIP Code
	Phone Number with area code		Years Known

Columbia 9-1-1 Communications District does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment. In compliance with the Americans with Disabilities Act, the District will provide reasonable accommodations to qualified individuals with disabilities.

### CERTIFICATION AND AGREEMENT

I certify all information given on this application and any supporting information is true and complete. I agree that if accepted for employment, I may be discharged if the District, at any time learns of any falsification or material omission in the information I have provided and if discovered prior to acceptance, I would be ineligible for consideration.

I agree that, if accepted for employment, I will follow all District policies, rules, procedures and all other directions. I understand that the District is committed to promoting safety and high professional standards of performance, productivity and reliability. **In order to achieve this, all considered candidates must pass mandatory skills based tests and finalists may be subjected to a psyche and drug and physical tests prior to being hired to assure the applicant meets the mental stability and physical requirements and does not currently have narcotics, sedatives, stimulants, and other controlled substances in their body.** I further understand that if I am selected as a considered candidate that an initial criminal history DMV check will be completed and that if I am selected as a finalist with the District, a thorough background investigation will be conducted.

I CERTIFY AND AFFIRM THAT I HAVE READ AND PERSONALLY COMPLETED THIS APPLICATION AND ADDENDUM AND ALL STATEMENTS CONTAINED HEREIN ARE TRUE, COMPLETE AND ACCURATE.

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APPLICANT SIGNATURE

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DATE