

**BALDWIN COUNTY EMERGENCY COMMUNICATION DISTRICT**  
**23171 McAuliffe Drive**  
**Post Office Box 924**  
**Robertsdale, AL 36567**

**Application For Employment**

Position Applied For \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ SSN# \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

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**Educational Background**

School And Location	Years Completed	Degree Or Diploma	Major Field Of Study

List any other education, special training or special skills you have which you feel qualifies you for this job. Include the date of completion of the education or special training. If applicable, list any licenses, permits or certifications you hold or have held with expiration date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**References**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

Have you ever been terminated from a job for cause? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Work Experience

Employer	Telephone	Dates Employed From                      To	Summarize nature of the work performed and job responsibilities
Address			
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor		\$            Per	
Reason for Leaving		Final Hourly Rate/Salary	
May we contact your references?    Yes _____ No _____		\$            Per	

Employer	Telephone	Dates Employed From                      To	Summarize nature of the work performed and job responsibilities
Address			
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor		\$            Per	
Reason for Leaving		Final Hourly Rate/Salary	
May we contact your references?    Yes _____ No _____		\$            Per	

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Address			
Job Title		Starting Hourly Rate/Salary	
Immediate Supervisor		\$            Per	
Reason for Leaving		Final Hourly Rate/Salary	
May we contact your references?    Yes _____ No _____		\$            Per	

**PLEASE READ AND SIGN:**

**I have read the job description associated with the position that I am applying for, and verify that I am capable of performing the tasks associated with the job with or without reasonable accommodations. Unless otherwise specified herein, I authorize all persons listed as references and all former employers to release information to Baldwin County Emergency Communication District relative to my education, training, qualifications, work history and general fitness for employment. The statements made in this application are true and complete to the best of my knowledge and belief. I understand that misrepresentations or falsehood contained herein will be considered sufficient cause for cancellation of this application and/or termination of employment if I am hired. I understand that an offer of employment to applicants who are subject to substance abuse testing is conditioned upon testing negative for alcohol and controlled substances.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL**

**Baldwin County Emergency Communication District  
Background Review Authorization**

**Print Name** \_\_\_\_\_  
(First) (Middle) (Last)

**Former Name(s) and Dates Used:** \_\_\_\_\_

**Current Address Since:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**Previous Address From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**Previous Address From:** \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State/Zip)

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Driver's License Number/State:** \_\_\_\_\_

The information contained within this authorization is correct to the best of my knowledge. I hereby authorize the Baldwin County Emergency Communication District and its governing board, officers and designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or investigative report to be generated for potential employment purposes. I understand that the scope of this background review may include but is not limited to the following areas: verification of social security number, current and previous residences, consumer credit information, employment history, educational history, character references, civil and criminal history records from all jurisdictions, driving records, birth records, and any other public records.

I further authorize all private and public agencies and their individual representatives to release any and all requested information regarding my background history and release and hold harmless each jointly and severally from any claims whatsoever regarding the same.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_