



Metro Emergency Operations Center
of Kanawha County

200 Peyton Way, Charleston, WV 25309

304.746.7911 ph
304.746.7914 fax

www.metro911.org

Dear Applicant,

Thank you for your interest in the position of Public Safety Dispatcher with the Metro Emergency Operations Center of Kanawha County.

Please mail or bring the following documents with you when you return your completed application:

1. Copy of High School Diploma, Certificate of GED or College Diploma
2. Transcript of High School Grades (or College if applicable)
3. Copy of Birth Certificate
4. Waiver for Pre-Employment Screening

Applications will not be accepted unless completed in their entirety.

Applications will remain active for 90 days. After that time, those interested need to reapply or call the administrative office to request your application remain active.

We are located in the Southridge Business Park at 200 Peyton Way. If you choose, you may mail your application and the requested documents to the above address.

If you have any questions, please feel free to call the administrative office at (304)746-7911.

Sincerely,

A handwritten signature in black ink that reads "Jonathan D. Rutherford".

Jonathan D. Rutherford
Executive Director



KANAWHA COUNTY
POLICE | FIRE | EMS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

(LAST NAME) (FIRST NAME) (M.I)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

(ALTERNATE MAILING ADDRESS - I.E. PO BOX)

(HOME PHONE NO.) (CELLULAR PHONE NO.)

EMERGENCY CONTACT INFORMATION

(LAST NAME) (FIRST NAME) (M.I)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

(HOME PHONE NO.) (CELLULAR PHONE NO.)

QUESTIONNAIRE

Do you have a valid West Virginia Driver's License? Yes _____ No _____

Do you have access to a personal vehicle to use in getting to work? Yes _____ No _____

Will you accept part-time work? Yes _____ No _____

Will you accept full-time work? Yes _____ No _____

Will you accept overtime work? Yes _____ No _____

Will you accept night and/or day shifts? Yes _____ No _____

Will you work holidays and weekends? Yes _____ No _____

Have you ever been charged with a felony? Yes _____ No _____

If yes, please explain: _____

(If you have been convicted of a felony, you are not eligible for employment with Metro 911)

Have you ever been charged with a misdemeanor or arrested for a crime other than a traffic/moving violation? Yes _____ No _____

If yes, please explain: _____

Have you ever been discharged or forced to resign from a job? Yes _____ No _____

If yes, please explain: _____

Have you ever been employed by Metro 911? Yes _____ No _____

If yes, please provide years of service: _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____

MILITARY SERVICE

(BRANCH OF SERVICE) (RANK) (DATES OF SERVICE)

(TYPE OF DISCHARGE)

EDUCATION

Indicate which of the following levels of education you have successfully completed:

	COMPLETED		NAME OF SCHOOL
	YES	NO	
High School			
Vocational/Tech School			
College/University			

If you attended College/University, please list your major(s) for which you received a degree:

Provide a description of any special skills or training received from any of the above educational institutions: _____

What are your present plans, if any, for improving your education? _____

Describe any special work skills or abilities you have that are applicable to emergency telecommunication's work: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER: _____ Date Hired: _____
 Position: _____ Salary: _____
 Address: _____
 Reference (Name & Phone No.): _____

PREVIOUS EMPLOYER (1): _____ Date Hired: _____
 Position: _____ Salary: _____
 Address: _____
 Reference (Name & Phone No.): _____
 Reason for Leaving: _____

PREVIOUS EMPLOYER (2): _____ Date Hired: _____
 Position: _____ Salary: _____
 Address: _____
 Reference (Name & Phone No.): _____
 Reason for Leaving: _____

TYPING SPEED

How many words per minute do you type (if applicable)? _____ WPM

REFERENCES

Please exclude relatives and former employers.

1. _____
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)
2. _____
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)
3. _____
 (NAME) (ADDRESS) (PHONE) (YEARS KNOWN)

HOW DID YOU HEAR ABOUT US?

Word of Mouth

Internet

Social Media

Newspaper

Radio

Other: _____

WAIVER FOR PRE-EMPLOYMENT SCREENING

NAME: _____ **SSN:** _____

ADDRESS: _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

SEX: FEMALE MALE **WEIGHT:** _____ **AGE:** _____

I do hereby authorize and request any physician, hospital, person or any City, County, State, Federal Agency, Credit Bureau, or any other business firm or corporations to furnish any information in their files under the above name.

I authorize the checking of all police files for an arrest record I may have.

I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information.

SIGNED: _____ **DATE:** _____

WITNESS: _____