



Metro Emergency Operations Center  
of Kanawha County

200 Peyton Way, Charleston, WV 25309

304.746.7911 ph

304.746.7914 fax

[www.metro911.org](http://www.metro911.org)

Dear Applicant,

Thank you for your interest in employment 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". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Jonathan D. Rutherford  
Executive Director



KANAWHA COUNTY  
POLICE | FIRE | EMS

# APPLICATION FOR EMPLOYMENT

**Position:**

- Telecommunicator
- Administration
- Other: \_\_\_\_\_

## 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

FULL 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: \_\_\_\_\_