



Delaware County E9-1-1 Trust Authority  
Employment Application

NOTICE TO ALL APPLICANTS: It is the policy of Delaware County E9-1-1 Trust Authority to provide equal opportunities for employment, retention, transfer and reassignment, advancement, and rehire of all persons regardless of age, race, color, creed, national origin, political affiliation, religion, physical/mental disability, or gender. Delaware County E9-1-1 Trust Authority is a drug-free workplace. Candidates offered employment are required to pass a drug and/or alcohol test before beginning employment. In addition, employees in certain positions are subject to random drug testing.

PERSONAL DATA:

Name: \_\_\_\_\_  
(Last) (First) (Middle)  
Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)  
Telephone Number: \_\_\_\_\_ e-mail \_\_\_\_\_

EMPLOYMENT PREFERENCE:

Full-Time  Part-Time  Temporary/Seasonal

POSITION APPLYING FOR:

Coordinator/Mapping  Other \_\_\_\_\_

GENERAL INFORMATION:

Have you ever been employed with Delaware County or a Delaware County Trust Authority?  Yes  No  
If yes, give dates and position: \_\_\_\_\_

Are you currently employed or under contract:  Yes  No

On what date would you be available for employment? \_\_\_\_\_

Oklahoma has a nepotism law which prohibits hiring any person who is related by blood or marriage to the third degree. Do you have a relative who is currently employed by Delaware County or Delaware County Trust Authority?  Yes  No

Please explain: \_\_\_\_\_

An I-9 is required of all employees to determine eligibility to work in the United States. In addition, if you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No  
(Verification will be required and failure to furnish documentation will be cause for separation)



Do you have the ability to perform the job-related functions of the job applied for?  Yes  No

If the answer to the above question is no, please describe what reasonable accommodations would enable you to perform the job-related functions of the job applied for. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold a current and valid Oklahoma driver's license?  Yes  No

(If Yes, give type, expiration date and number:

Type:  D  C  B  A Endorsements: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you been arrested or convicted of a felony/misdemeanor in the last 5 years?  Yes  No

If yes, please explain: (Note: this information does not in itself disqualify you from employment)  
\_\_\_\_\_  
\_\_\_\_\_

#### EDUCATION:

High School: \_\_\_\_\_  
(Address) (Grade Completed)

College: \_\_\_\_\_  
(Address) (Grade Completed)

Other: \_\_\_\_\_  
\_\_\_\_\_

#### EMPLOYMENT HISTORY:

Please list a complete record of your experience:

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Beginning Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May We Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Beginning Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_



May We Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Beginning Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

May We Contact: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Telephone: \_\_\_\_\_

Clerical Applicants:

Clerical Skills/Computer Experience: \_\_\_\_\_

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

REFERENCES: (List three persons not related to you, whom you have known at least one year.)

\_\_\_\_\_  
(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)

\_\_\_\_\_  
(Name) (Address) (Occupation) (Yrs. Acquainted) (Phone Number)



NOTICE TO APPLICANT:

I understand that as Delaware County E911 Trust Authority deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time for any reason not prohibited by law and without any liability to me for any continuation of salary, wages, or employment related benefits (not required by law).

I certify to the best of my knowledge the facts set forth in my application are accurate and complete.

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Legal Signature of Applicant

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Date

Please Note: Completion of this application DOES NOT GUARANTEE AN INTERVIEW OR EMPLOYMENT with Delaware County. Your application will be placed in an active file for one (1) year from the date completed. We will need to be notified of any changes on the application throughout the year.

RETURN COMPLETED APPLICATIONS TO: Delaware County Clerk's Office  
(327 S. 5<sup>th</sup> Street )-Or- by mail to:  
Po Box 309 Jay, Ok 74346



DELAWARE COUNTY  
E-911 TRUST AUTHORITY  
AUTHORIZATION TO RELEASE INFORMATION FOR EMPLOYMENT  
THIS MUST BE ATTACHED TO YOUR COMPLETED APPLICATION

Applicant's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

To whom it may concern,

I am an applicant for employment with Delaware County E911 Trust Authority. This agency needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency. Additional background information may be requested for specific positions.

I hereby request and authorize you to release to Delaware County E911 Trust Authority any and all information or records concerning me, my background and personal history, my employment, education, military service, or criminal history. The intent of this authorization is to give my consent for full and complete disclosure of any and all information or records, including photocopies, whether private, public, confidential, or privileged, and to include the contents of investigatory files, evaluations or ratings, complaints or grievances filed against me.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

I agree to indemnify and hold harmless any person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

Failure to release the information requested may result in the discontinuance of the background investigation and the processing of my application.

For and in consideration of Delaware County E911 Trust Authority acceptance and processing of my application for employment, I agree to hold the Agency, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

This authorization is valid for one (1) year from the date of my signature.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_