



Kalamazoo County Consolidated Dispatch Authority

An Equal Opportunity Employer

Application for Employment



Kalamazoo County Consolidated Dispatch Authority (KCCDA) considers applications for all positions without regard to race, color, sex, age, religion, national origin, marital status, a person's political affiliation, sexual orientation or gender identity, height, weight, disability, citizenship status, genetic information or any other legally protected status.

PLEASE PRINT OR TYPE ALL INFORMATION

Date of Application: _____

GENERAL INFORMATION					
Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Last First Middle </div>					
Address: _____					
City: _____		State: _____		Zip: _____	
Mobile/Cell Phone: (____) _____ - _____		Alternate Phone: (____) _____ - _____			
Email Address: _____					
Position(s) You Are Applying For: _____					
What source referred you to KCCDA? Unemployment Office		KCCDA Employee KCCDA Website		Newspaper Ad Other: _____	
Are you 18 years old or older?		YES NO			
Do you need full-time employment?		YES NO			
Will you consider part-time?		YES NO		Temporary? YES NO	
Date you are available: ____/____/____			Rate of Pay Desired/Expected: \$ _____		
Are you authorized to work in the United States?				YES NO	
Have you ever applied for a position with KCCDA before?				YES NO	
If Yes, what position and when (month & year): _____					
Have you ever been employed by KCCDA before?				YES NO	
If Yes, what position and when (month & year): _____					
List any relatives currently working for or contracted by KCCDA: _____					
Have you ever been suspended or discharged from a former employer?				YES NO	
If Yes, please explain: _____					
Do you have any employment records under a name other than the one listed above?				YES NO	
If yes, please list additional names: _____					

FOR OFFICE USE ONLY:

RECEIVED BY: _____

DATE & TIME RECEIVED: _____

APPLICANT #: _____

Michigan law requires employers to make accommodations to applications who are persons with disabilities and such employees where the accommodation does not impose an undue hardship on the employer. Persons with disabilities who are employees and applicants may request an accommodation of their disability by notifying the Employer in writing of the need for accommodation within 182 days of the date the person knows or should know that an accommodation is needed. Failure to properly notify the Employer will preclude any claim that the Employer failed to accommodate the person with disabilities.

Can you perform the essential job functions for the position(s) you are applying either with or without a reasonable accommodation? YES NO

Do you have a valid Driver's License? YES NO

Driver's License #: _____ State of Issue: _____ Expiration Date: _____

Endorsements (CDL, etc.): _____

****SPECIAL NOTE – All KCCDA positions require criminal background checks on prospective employees****

Have you ever been convicted of a crime (convictions only)? YES NO

If yes, please describe (include location and date): _____

Please list all civil infractions – parking tickets, speeding tickets, etc. – in the last five years (include location and date):

Please list any special skills, abilities, and interests you feel could be an asset:

EDUCATION

<u>SCHOOL NAME/LOCATION</u>	<u>DATES ATTENDED</u> From / To:	<u>AREAS OF SPECIALIZATION</u>	<u>GRADUATED/DEGREE</u>		
			Graduated	Yes	No
High School: _____	____/____ - ____/____	_____			
College: _____	____/____ - ____/____	_____			
Graduate: _____	____/____ - ____/____	_____			
Other: _____	____/____ - ____/____	_____			

List other formal education or licenses you feel are relevant to the position for which you are applying:

WORK EXPERIENCE

List all jobs you have held and periods of unemployment in the past ten (10) years. Put your present or most recent job first. If you need additional space, please attach additional sheets of this page.

From: ____/____ To: ____/____

Title/Position: _____

Name of Supervisor: _____

Duties of your position: _____

Reason for Leaving: _____

Name & Address of Employer (list below):

Wage/Salary: \$ _____ per _____ Full or Part-Time

From: ____/____ To: ____/____

Title/Position: _____

Name of Supervisor: _____

Duties of your position: _____

Reason for Leaving: _____

Name & Address of Employer (list below):

Wage/Salary: \$ _____ per _____ Full or Part-Time

From: ____/____ To: ____/____

Title/Position: _____

Name of Supervisor: _____

Duties of your position: _____

Reason for Leaving: _____

Name & Address of Employer (list below):

Wage/Salary: \$ _____ per _____ Full or Part-Time

From: ____/____ To: ____/____

Title/Position: _____

Name of Supervisor: _____

Duties of your position: _____

Reason for Leaving: _____

Name & Address of Employer (list below):

Wage/Salary: \$ _____ per _____ Full or Part-Time

PROFESSIONAL REFERENCES

Please list FOUR professional references.

Full Name: _____ How long have you known: _____ yrs
Company: _____ Relationship: _____
Email Address: _____ Phone: (____) _____ - _____

Full Name: _____ How long have you known: _____ yrs
Company: _____ Relationship: _____
Email Address: _____ Phone: (____) _____ - _____

Full Name: _____ How long have you known: _____ yrs
Company: _____ Relationship: _____
Email Address: _____ Phone: (____) _____ - _____

Full Name: _____ How long have you known: _____ yrs
Company: _____ Relationship: _____
Email Address: _____ Phone: (____) _____ - _____

PLACE OF RESIDENCE

Please list all addresses you have resided/lived during the last ten (10) years.

From: ____/____ To: ____/____ Own Rent Other: _____
Address: _____
Street City State Zip

From: ____/____ To: ____/____ Own Rent Other: _____
Address: _____
Street City State Zip

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete.

I authorize investigation of all statements, including references, contained in this application for employment as may be necessary in arriving at an employment decision. I also specifically waive any written notice requirements of Section 67 of 1978 PA 397 pertaining to disciplinary reports, letters of reprimand or other disciplinary actions. I also waive any claim against the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY and all current or former employers arising from such investigation or disclosure, including, but not limited to, slander and libel, that may result from furnishing any information to the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, in the absence of an express written contract or agreement to the contrary; any employment relationship with the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY is of an "at-will" nature, which means that the employee may resign at any time and the Employer may discharge employee at any time with or without cause.

The undersigned applicant agrees, authorizes and consents to the procurement of a Consumer Report and/or an Investigate Consumer Report and understands that it may contain information about the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I certify that the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY has provided a separate notice of my rights under the Fair Credit Reporting Act.

In the event of employment, I understand that false or misleading information given in my application or interview(s) would be grounds for discharge. I understand, also, that I am required to abide by all rules and regulations of the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY.

I further understand that if I am offered employment, a physical which may include drug testing (at the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY's expense) may be required, proof of educational and licensing attainment must be submitted, and if any driving will be done for the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY purposes, I must be both eligible to drive and be qualified for insurance coverage. Employment by the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY is conditioned upon such results being satisfactory to the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY.

I agree that any action or suit against the KALAMAZOO COUNTY CONSOLIDATED DISPATCH AUTHORITY or its board elected or appointed officials, officers and/or employees arising out of my application for employment, employment, or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

PRINT FIRST & LAST NAME: _____

SIGNATURE: _____

DATE: _____

Kalamazoo County Consolidated Dispatch Authority
Fair Credit Reporting Act Disclosure and Authorization to Release Information

Position(s): _____

Applicant's Name: _____ Social Security Number: ____/____/____

Current Address: _____

Street City State Zip

Email: _____

DISCLOSURE:

As an applicant for employment or a current employee of the Kalamazoo County Consolidated Dispatch Authority ("Employer"), you are a consumer with rights under the Fair Credit Reporting Act. As part of the employment process, including for determinations related to initial employment reassignment, promotion, or other employment-related actions, the Employer may obtain, or has decided to obtain, from a consumer reporting agency, a consumer report and/or investigative consumer report on you as defined by the Fair Credit Reporting Act.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, including employers. A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, and credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment. An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews by an entity or person that is a consumer reporting agency with your neighbors, friends, or associates or with others with whom you are acquainted or who may have knowledge concerning any such items of information. In connection with an investigative consumer report, you may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation as well as a written summary of your rights under the Fair Credit Reporting Act.

The information sought may include but not be limited to a number of sources, such as: criminal conviction records; public court records; and **when applicable**, Department of Motor Vehicle records; credit reports; and verification of highest degree; and, **if applicable**, current professional license or certification earned, including information regarding your credit, standing, capacity and history or similar characteristics; character; general reputation; personal characteristics; or mode of living. The information requested may also include employment verification and social security verification.

A consumer report and/or investigative consumer report as defined by the Fair Credit Reporting Act will not be used to discriminate against an applicant or employee in violation of any law.

AUTHORIZATION AND RELEASE:

I have read and understand the above Disclosure. During the application process as an applicant for employ and at any time during the tenure of my employment/service with the Employer, I hereby authorize the Employer to procure one or more consumer reports and/or investigative consumer reports on me for employment purposes, as described in the above Disclosure. I understand the consumer report(s) and/or consumer investigative report(s) may include information regarding my credit worthiness, standing and capacity if applicable, criminal conviction records, public court records, Department of Motor Vehicle records, verification of highest degree, professional license or certification, character, general reputation, personal characteristics, or mode of living. This report(s) may be compiled with information from credit bureaus, court records repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have rights under the Fair Credit Reporting Act, including that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living obtained through personal interviews by an entity or person that is a consumer reporting agency, as well as a written summary of my rights under the Fair Credit Reporting Act.

I understand that the Employer requires my social security number, date of birth, race and sex information, as required by the Immigration and Control Act of 1986-8 USC 1324, for use in the proper identification and background screening of employees. I understand that this information will not be used to discriminate against me in violation of any law.

I acknowledge that I have read this Disclosure and Authorization To Release Information, fully understand it, and freely and voluntarily agree to its provisions. All fields below are required to be completed by the candidate.

Print Name: _____

Signature: _____ Date: _____

Kalamazoo County Consolidated Dispatch Authority

**Voluntary Equal Employment Opportunity and
Recruiting and Outreach Tracking Form**

To help us comply with Federal/State equal employment opportunity recordkeeping, reporting, other legal requirements, as well as to assist in assessment of Kalamazoo County Consolidated Dispatch Authority's (KCCDA) effectiveness in recruiting and outreach efforts, please answer the questions below. The information requested on this form is not used to evaluate your application. This form will be kept in a Confidential File separated from the attached Application for Employment. This form is completely voluntary and failure to complete it will NOT adversely affect your consideration for employ.

DATE: _____

NAME (First, Last, and Middle): _____

POSITION APPLIED FOR: _____

Race/Ethnicity: White African American Hispanic/Latino
(Check One)
 American Indian/Alaskan Native Asian/Pacific Islander

Sex: Female Male

Marital Status: Single Married Divorced Widowed

Number of Children: _____

Are you a veteran? Yes No

If you marked YES above:

Were you honorably discharged? Yes No

How long have you resided in Michigan? _____

How did you hear about this job? Job Service Advertisement Social Media
(Check One)

Other (specify): _____