



Calcasieu Parish Communications District E-911
 911 Hodges Street, Lake Charles, LA 70601 / P.O. Box 49, Lake Charles, LA 70602
 PH: 337-439-0811 / Admin Fax: 337-439-9371

Application for Employment

All applications to be submitted to:
 Calcasieu Parish Communications District E-911
 911 Hodges Street
 Lake Charles, LA 70601
 Email: calcasieu911@calcasieu911.com

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.
 We are an Equal Opportunity Employer.

PLEASE PRINT

1) Position(s) Applied For:		Date of Application:	
Last Name:	First Name:	Middle:	
Other names including any alias, maiden or nicknames:			
Address:	City:	State/Zip:	
Mailing Address (if different than residence):			
Telephone Number:		Date of Birth:	
Secondary Contact Number:		Social Security Number:	
Email Address:			Age:
<i>NOTE: In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will only be used for identification purposes to ensure that proper records are obtained.</i>			
2) For the purpose of identification, please provide the following:			
Height:	Weight:	Hair Color:	Eye Color:
Scars, Tattoos or other distinguishing marks:			
3) How did you hear about us?	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend
<input type="checkbox"/> Gvmnt Employ Agency	<input type="checkbox"/> Prvt Employ Agency	<input type="checkbox"/> Walk-in	<input type="checkbox"/> Website
<input type="checkbox"/> School	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Facebook	<input type="checkbox"/> Other
Advertisement and source:			



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4) Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? <i>(Proof of citizenship or immigration status will be required upon employment)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Do any of your relatives work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have you ever filed an application with us before? If Yes, give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Have you ever been employed with us before? If Yes, give dates _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) What date are you available to start working?	

Education

14)	Name/address of school	Course of Study	Years Completed	Diploma / Degree Date
Elementary School				
High School or GED				
Undergraduate College				
Graduate Professional				
Other (Specify)				

This position requires a high school diploma or equivalent, Please indicate above how you satisfied this requirement. A Copy of your diploma(s) must be attached.



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15) Employment and Experience

Beginning with your most current employment, please list in chronological order all jobs (including part-time, temporary and voluntary positions) you have held in the past ten (10) years. For the purposes of this form, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in the sequence in the spaces provided. If you need additional space, please continue on a separate piece of paper.

From:	To:	Name and Complete address of employer – include zip code.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Title:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Present	Duties:	
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed		
Name of Supervisor:		Reason for Leaving:	
From:	To:	Name and Complete address of employer – include zip code.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Title:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Present	Duties:	
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed		
Name of Supervisor:		Reason for Leaving:	
From:	To:	Name and Complete address of employer – include zip code.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Title:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Present	Duties:	
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed		
Name of Supervisor:		Reason for Leaving:	
From:	To:	Name and Complete address of employer – include zip code.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Title:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Present	Duties:	
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed		
Name of Supervisor:		Reason for Leaving:	
From:	To:	Name and Complete address of employer – include zip code.	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	Title:	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Present	Duties:	
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed		
Name of Supervisor:		Reason for Leaving:	



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16) Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
17) Have you ever held employment under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
18) Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
19) Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
20) Have you ever resigned from a job to prevent termination? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
21) Have you ever been suspended from a job or received a letter of reprimand? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
22) To your knowledge, would any former employer give you an unfavorable recommendation? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
23) Are you familiar with the duties and responsibilities required of a telecommunicator? <input type="checkbox"/> No <input type="checkbox"/> Yes
24) Is there any reason you could not perform the duties of a telecommunicator? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please explain:
25) Are you able to work the various assigned schedules required to cover a 24 – hour period? <input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please explain:
26) Are you able to sit for extended periods of time: <input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please explain:
27) Are you able to view and work on computers for extended periods of time? <input type="checkbox"/> No <input type="checkbox"/> Yes
If no, please explain:



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Specialized Skills

28) Typing WPM: If unknown, just mark unknown

Software Programs:

Production / Mobile Machinery:

Other:

29) Describe any specialized training, apprenticeship and skills

30) Describe any job-related training received in the United States Military

31) List professional trade, business, or civic activities and offices held.

You may exclude membership which would reveal race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status.

Affirmative Action Data Record

We consider all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Check one:

Male Female

Check one of the following: (ethnic origin)

White Black Hispanic

American Indian / Alaskan Native Asian / Pacific Islander Other

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual



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32) Residence

Please list all of your residences back at least ten (10) years. There should be no gaps in residence dates. Begin with your current residence and list backwards in chronological order. If you need additional space, please continue on a separate piece of paper.

From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	
From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	
From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	
From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	
From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	
From: (MM/YY)	To: (MM/YY)	Address including City, state, and Zip	If rented, name & phone of person responsible for collecting rent:
With whom did you live? Include relationship:		Reason for moving:	

33) References

During the course of the background investigation, persons who know you may be asked to comment on your suitability for the position of telecommunicator. Inquiries are confined to job related matters.

Please list four (4) individuals such as friends, co-workers, neighbors, classmates, teachers, etc. who have knowledge of you and your qualifications. Exclude relatives and individuals from residences and supervisors listed in Employment and Experience.

Name / Relationship:	Address / known since:	Phone #:
Name / Relationship:	Address / known since:	Phone #:
Name / Relationship:	Address / known since:	Phone #:
Name / Relationship:	Address / known since:	Phone #:



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34) Please list any individuals that you are acquainted with who are members of a Public Service Agency, ex: Police, Fire, EMS, 911.		
Name / Agency / Position – Rank	Address – include City, State and Zip	Telephone – include area code
Name / Agency / Position – Rank	Address – include City, State and Zip	Telephone – include area code
Name / Agency / Position – Rank	Address – include City, State and Zip	Telephone – include area code
35) Dispatch, Law Enforcement, Fire and Medical Agency Information		
Have you ever been a successful or unsuccessful candidate for any public safety agency, including this department? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please list all agencies with which you have applied, starting with the most recent. Give complete addresses and appropriate telephone numbers for each.		
Agency name / Address / Phone #	Position/Classification	Date (MM/YY)
Agency name / Address / Phone #	Position/Classification	Date (MM/YY)
Agency name / Address / Phone #	Position/Classification	Date (MM/YY)
36) Do you have any prior dispatch, law enforcement, fire or medical agency experience? Including police reserves, military and / or volunteer: <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, please list all agencies / companies with which you have experience. Give complete addresses and appropriate telephone numbers for each.		
Agency name / Address / Phone #	Rank / Title / Position	Date (MM/YY)
Agency name / Address / Phone #	Rank / Title / Position	Date (MM/YY)
Agency name / Address / Phone #	Rank / Title / Position	Date (MM/YY)
37) Have you ever attended any dispatch, law enforcement, fire or medical training center? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, list the academy name and address and attach certificate(s).		
Academy name / Address	Dates Attended:	
Academy name / Address	Dates Attended:	
If yes, did you complete the Academy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes



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Legal

38) Have you ever been convicted for any felony or misdemeanor criminal offense? (Do not include traffic citations unless you were taken into custody) (Any arrest resulting in a withheld judgement, or the fact that your record may have been affected by a sealing, an expungement, a release, or a pardon must still be listed) No Yes

Date:	Charge(s):	Agency	Penalty
Date:	Charge(s):	Agency	Penalty
Date:	Charge(s):	Agency	Penalty

39) Have you ever applied for a permit to carry a concealed weapon? No Yes If yes, please provide the following:

Date: _____ Permit Granted No Yes

Purpose: _____

40) Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? No Yes

If yes, please give details including when, where, name and location of court, and circumstances:

41) Have you ever used illegal narcotics or controlled substances? No Yes

If yes, please explain:

42) Are you currently using illegal narcotics or controlled substances? No Yes

If yes, please explain:

43) Have you experimented with, or tried, any type of an illegal drug or narcotic? No Yes

(If yes, indicate all drugs that you have experimented with or tried, experimentation includes, but is not limited to: smoking, swallowing, tasting, inhaling, or injecting.)

<input type="checkbox"/> Marijuana	<input type="checkbox"/> Whites	<input type="checkbox"/> Downers	<input type="checkbox"/> Glue	<input type="checkbox"/> Hashish
<input type="checkbox"/> Bennies	<input type="checkbox"/> Reds	<input type="checkbox"/> Mushrooms	<input type="checkbox"/> Hashish oil	<input type="checkbox"/> Uppers
<input type="checkbox"/> Quaaludes	<input type="checkbox"/> Steroids	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> PCP
<input type="checkbox"/> Opium	<input type="checkbox"/> Crack	<input type="checkbox"/> Speed	<input type="checkbox"/> LSD	<input type="checkbox"/> Heroin
<input type="checkbox"/> Rock	<input type="checkbox"/> Crank	<input type="checkbox"/> Angel Dust	<input type="checkbox"/> Amphetamines	<input type="checkbox"/> Ice
<input type="checkbox"/> Crystal	<input type="checkbox"/> Acid			

Other: (list)

Type of drug/narcotic	(MM/YY)	Lifetime total used
Type of drug/narcotic	(MM/YY)	Lifetime total used
Type of drug/narcotic	(MM/YY)	Lifetime total used

44) Is there anything you wish to discuss about your legal history? Please use the space below:



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Nepotism Questionnaire

The Calcasieu Parish Communications District E-911 recognized the desire of employees to assist relatives in seeking employment. However, to comply with statutory requirements and the Parish’s nepotism policy, the following information is requested on your family relationships and/or domestic partners, if any.

Note: The Calcasieu Parish Communications District E-911 cannot hire immediate relatives of any Police Juror, the Parish Administrator, District Board Members, and/or any Staff member of the District.

For the purpose of this questionnaire:

Relatives are defined as spouses, children, children of spouses, spouses of children, and stepchildren , brothers, sisters, parents, parents of the spouse, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, and first cousins.

Domestic Partners are defined as individuals who reside in the same household and are involved in a relationship, often holding themselves out to the public as marital partners, but who are not legally married.

Applicants Last Name: _____ First Name: _____

1) Are you related to any Calcasieu Parish Police Juror? Yes No
 If yes, give name and relationship: _____

2) Are you related to the Parish Administrator? Yes No
 If yes, give name and relationship: _____

3) Are you related to any District Board member and/or Staff member of the Calcasieu Parish Communications District E911? Yes No
 If yes, give name and relationship: _____

4) Are you related to ANY employee working for ANY department of the Calcasieu Parish Police Jury (For example: Public Works, Animal Control, Finance, Etc.) and/or the Calcasieu Parish Communications District or its Board Members? Yes No
 If yes, give the name, relationship, and department of office your relative works for

Name	Relationship	Department
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the above is correct and true. – IMPORTANT: Checking the box certifies an electronic signature.

 Applicant’s Signature

 Date



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45) Please state your reasons for wanting to become an employee with the Calcasieu Parish Communications District. List any additional experience or qualifications you feel may be beneficial.

A large, empty rectangular box with a black border, intended for the applicant to provide their reasons for wanting to become an employee and list any additional experience or qualifications.



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Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization 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. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the employer.

In the event of employment, I agree to submit to a criminal background check, driving record check, drug screen and/or physical and to have the results reviewed by the Director of Human Resources. I understand that my employment with the Calcasieu Parish Communications District is contingent upon satisfactory results of these screenings.

 Signature of Applicant

 Date

IMPORTANT: Checking this box constitutes an electronic signature