



Employment Application

RELEASE OF INFORMATION WAIVER

I consent and hereby authorize the Regional Emergency Dispatch Authority (hereafter "The REDA"), the County of Eddy and the City of Artesia or any other entity or person who is suitable to and chosen by The REDA, to investigate my past and present employment, character, credit, police, and criminal history to ascertain any and all information which may concern my suitability for employment with The REDA.

I consent to your release of any and all public and private information that you may have concerning me, including but not limited to:

- My work record
- My background and reputation
- My military service records
- My educational records
- My financial status
- My criminal history record, including any adult arrest records
- My investigatory files of any kind
- My efficiency ratings
- Any complaints or grievances filed by or against me
- My records or recollections of any attorneys at law or any counsel, whether representing me or another person in any case, either criminal or civil., in which I presently have or have had an interest
- My attendance records, whether educational or employment
- Any previous psychological or other pre-employment exam results
- Any internal affairs investigations, allegations or resulting discipline, including any files which are deemed to be confidential, and/or sealed

I direct you to release such information upon request of the duly accredited representative of The REDA, regardless of any agreement I may have made with you previously to the contrary. The release of any and all information is authorized whether same is of record or not, and I do, hereby, release all persons, firms, agencies, companies or groups, whomsoever, from any damages because of, or resulting from, furnishing such information to The REDA, Eddy County or City of Artesia, and its employees from any damages or claims which may otherwise result from use or release of such information.

Applicant Printed Name

Date

Applicant Signature

Date of Birth: ____ / ____ / ____

Social Security #: ____ - ____ - ____

Driver's License #:

State of License:

Address:

City: State:

City of Birth:

County: State:

Other Names Used:

State of: _____
County of: _____

In witness hereof, I acknowledge that the above and foregoing document was signed before me this ____ day of _____, 20__.

My Commission Expires: ____ / ____ / ____

Notary Public Signature

Affix Seal Here



APPLICATION COVER LETTER

NAME:

POSITION APPLYING FOR: Public Safety Telecommunicator I



REDA EMPLOYMENT APPLICATIONS

The Regional Emergency Dispatch Authority (hereafter "The REDA"), will adhere to all Federal, State and Local laws governing the provisions of the Equal Employment Opportunity Commission Act [Section 701 of the Civil Rights Act of 1964 (78 Stat. 253; 42 U.S.C. 2000e)] to both employees and prospective employees. The REDA policy is to hire, develop and compensate individuals without regard to race, color, religion, sex, age, national origin, sexual orientation, physical or mental handicap, or their status as a veteran of the Vietnam Era. You must be able to supply evidence of work authorization and identification if an offer of employment is made to you. Provide all materials required in the posting of this position for which you are applying. Incomplete applications are not accepted.



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PERSONAL INFORMATION

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/D

FULL NAME: <input type="text"/> <small>LAST</small>			<input type="text"/> <small>FIRST</small>		<input type="text"/> <small>MI</small>	PHONE NO. . . EMAIL ADDRESS <input type="text"/>					
PHYSICAL ADDRESS: <input type="text"/> <small>NUMBER/STREET</small>								<input type="text"/> <small>CITY</small>		<input type="text"/> <small>STATE</small>	<input type="text"/> <small>ZIP</small>
MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) <input type="text"/> <small>NUMBER/STREET/PO BOX</small>								<input type="text"/> <small>CITY</small>		<input type="text"/> <small>STATE</small>	<input type="text"/> <small>ZIP</small>
POSITION APPLIED FOR: PUBLIC SAFETY TELECOMMUNICATOR I						DATE AVAILABLE: Choose Date					
DO YOU MEET THE NEW MEXICO LEGAL AGE REQUIREMENT FOR EMPLOYMENT?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU LEGALLY ABLE TO OBTAIN EMPLOYMENT IN THE UNITED STATES?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THE REDA?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
IF SO, WHO? NAME: <input type="text"/>						HOW ARE YOU RELATED?					
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE REDA (FORMERLY ECCCA)?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
WILL YOU WORK SHIFT WORK, WEEKENDS AND OVERTIME?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
DO YOU HAVE ANY OUTSIDE BUSINESS INTERESTS OR HOLD A PART TIME JOB?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER BEEN TERMINATED OR PLACED ON A "DO NOT HIRE" LIST?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU USED MARIJUANA IN ANY FORM IN THE LAST TWELVE (12) MONTHS?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU USED ANY OTHER ILLEGAL DRUG IN THE LAST THIRTY-SIX (36) MONTHS?						<input type="checkbox"/> YES <input type="checkbox"/> NO					
LIST ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED: <input type="text"/> <input type="text"/> <input type="text"/>											
LIST MEMBERSHIPS IN ANY TRADE OR PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER: <input type="text"/> <input type="text"/> <input type="text"/>											



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HOW WERE YOU REFERRED TO REDA FOR EMPLOYMENT:

CITY OF ARTESIA WEBSITE
 EDDY COUNTY WEB SITE
 WORK FORCE SOLUTIONS
 OTHER

EMPLOYMENT HISTORY		
Begin with the present or most recent employer. Provide a minimum of three employment references that includes a minimum of ten (10) year's work history. Attach additional pages if necessary. Check yes or no on the question of whether to contact the employer for each one.		
COMPANY NAME <input style="width: 100%; height: 40px;" type="text"/>	ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> MAILING ADDRESS <input style="width: 100%; height: 20px;" type="text"/>	EMPLOYMENT DATES: CHOOSE START DATE CHOOSE END DATE
CONTACT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY: <input style="width: 100%;" type="text"/> STATE: <input style="width: 50px;" type="text"/>	PHONE: <input style="width: 100%;" type="text"/>
JOB TITLE: <input style="width: 100%; height: 20px;" type="text"/>	IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>	SALARY: STARING: \$ <input style="width: 80px;" type="text"/> ENDING: \$ <input style="width: 80px;" type="text"/>
DUTIES: <input style="width: 100%; height: 40px;" type="text"/>		
REASON FOR LEAVING: <input style="width: 100%; height: 40px;" type="text"/>		
COMPANY NAME <input style="width: 100%; height: 40px;" type="text"/>	ADDRESS: <input style="width: 100%; height: 20px;" type="text"/> MAILING ADDRESS <input style="width: 100%; height: 20px;" type="text"/>	EMPLOYMENT DATES: CHOOSE START DATE CHOOSE END DATE
CONTACT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY: <input style="width: 100%;" type="text"/> STATE: <input style="width: 50px;" type="text"/>	PHONE: <input style="width: 100%;" type="text"/>
JOB TITLE: <input style="width: 100%; height: 20px;" type="text"/>	IMMEDIATE SUPERVISOR: <input style="width: 100%; height: 20px;" type="text"/>	SALARY: STARING: \$ <input style="width: 80px;" type="text"/> ENDING: \$ <input style="width: 80px;" type="text"/>
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REASON FOR LEAVING: <input style="width: 100%; height: 40px;" type="text"/>		



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COMPANY NAME <input type="text"/>	ADDRESS: <input type="text"/> MAILING ADDRESS <input type="text"/>	EMPLOYMENT DATES: CHOOSE START DATE CHOOSE END DATE
CONTACT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>	PHONE: <input type="text"/>
JOB TITLE: <input type="text"/>	IMMEDIATE SUPERVISOR: <input type="text"/>	SALARY: STARING: \$ <input type="text"/> ENDING: \$ <input type="text"/>
DUTIES: <input type="text"/>		
REASON FOR LEAVING: <input type="text"/>		
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CONTACT EMPLOYER: <input type="checkbox"/> YES <input type="checkbox"/> NO	CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>	PHONE: <input type="text"/>
JOB TITLE: <input type="text"/>	IMMEDIATE SUPERVISOR: <input type="text"/>	SALARY: STARING: \$ <input type="text"/> ENDING: \$ <input type="text"/>
DUTIES: <input type="text"/>		
REASON FOR LEAVING: <input type="text"/>		



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EDUCATIONAL HISTORY

HIGH SCHOOL	NAME <input type="text"/>	MAJOR N/A	YEARS COMPLETED CHOOSE A NUMBER FROM THE DROP-DOWN MENU	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE RECEIVED N/A
	LOCATION: <input type="text"/>				
COLLEGE	NAME <input type="text"/>	MAJOR <input type="text"/>	YEARS COMPLETED CHOOSE A NUMBER FROM THE DROP-DOWN MENU	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION: <input type="text"/>	MINOR <input type="text"/>			
COLLEGE	NAME <input type="text"/>	MAJOR <input type="text"/>	YEARS COMPLETED CHOOSE A NUMBER FROM THE DROP-DOWN MENU	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION: <input type="text"/>	MINOR <input type="text"/>			
GRADUATE SCHOOL	NAME <input type="text"/>	MAJOR <input type="text"/>	YEARS COMPLETED CHOOSE A NUMBER FROM THE DROP-DOWN MENU	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO
	LOCATION: <input type="text"/>	MINOR <input type="text"/>			

OTHER TRAINING / SKILLS

OTHER SCHOOLS OR TRAINING (SUCH AS TRADE, VOCATIONAL, MILITARY, ETC). PROVIDE THE NAME, LOCATION, DATES, SUBJECT MATTER AND TYPE OF TRAINING RECEIVED AND IF A CERTIFICATE WAS ISSUED.

TYPE OF TRAINING RECEIVED	NAME/LOCATION OF SCHOOL	LENGTH	CERTIFICATE
<input type="text"/>	<input type="text"/>	<input type="text"/> In Months or Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> In Months or Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> In Months or Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> In Months or Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/> In Months or Years	<input type="checkbox"/> Yes <input type="checkbox"/> No



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REFERENCES		
Give names, addresses, and telephone numbers of three references who are not related to you and are not a previous employer. Indicate whether the reference is personal or professional. *Professional is preferred.		
NAME <input type="text"/> Last, First, MI	ADDRESS <input type="text"/> Street Number / City / State / Zip	PHONE <input type="text"/> Include Area Code
NAME <input type="text"/> Last, First, MI	ADDRESS <input type="text"/> Street Number / City / State / Zip	PHONE <input type="text"/> Include Area Code
NAME <input type="text"/> Last, First, MI	ADDRESS <input type="text"/> Street Number / City / State / Zip	PHONE <input type="text"/> Include Area Code

BRIEFLY DESCRIBE YOUR CAREER GOALS:

NOTICE: In making this application for employment with the Regional Emergency Dispatch Authority. I understand and agree that:

1. Any misrepresentations made by me in this application will be sufficient cause not to hire or cause to terminate my employment.
2. As a condition of employment, I am to be governed by all REDA resolutions, rules, policies and procedures.
3. Refusal to submit to search by authorized personnel of my person or property while on REDA premises is grounds for discharge, and;
4. As a condition of employment I must and pass a psychological examination, a physical examination (including state-mandated hearing levels), a drug/alcohol test and subsequent random urinalysis tests as prescribed by REDA policy.

APPLICANT SIGNATURE:

DATE: