

Application Completion Procedures

1. The application form and associated documents contain fill-in fields that are designed to allow you to complete the form using your computer. You must print the forms once they are complete in order to affix your signature to the appropriate documents. Please do not print the forms and then complete them by hand. Application review personnel prefer printed documents.
2. Once all fields are complete, print the form and sign it in all of the appropriate locations. Unsigned applications or any page affixed thereto, will not be accepted.
3. Return the application to the Monroe County Control Center in accordance with the instructions on the employment page of the Monroe County Control Center's website. Applications are only accepted in person and at specified times as listed on the employment page of the website. Please pay close attention to those instructions.
4. If you are submitting a resume, please affix it to the back of the application packet when submitting it.
5. All questions should be directed via phone to the Business Office at (570) 992-4500 or via email to Jeff Strunk, Deputy Communications Director at jstrunk@monroeco911.com.

Monroe County Control Center
 100 Gypsum Rd., Suite 2
 Stroudsburg, PA 18360
 An Equal Opportunity Employer

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How did you learn about our agency and/or employment opportunities?

	Newspaper		Radio		Website		Job Fair		Other
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DATE:

PERSONAL INFORMATION					
Last Name		First Name		Middle	Social Security Number
MAILING ADDRESS: Street			City	State	Zip
Home Phone		Cell Phone	Email Address		
YES	NO	Are you authorized to work in the United States?			
		Are you at least 18 years of age?			

EMPLOYMENT DESIRED					
Position		Date you are available to start		Salary Desired (hourly)	
YES	NO	Are you employed now?			If yes, may we inquire of your present employer?
		Have you ever applied to the Monroe County Control Center before?		If so, enter the year of your latest application:	
		Do you have typing skills?		Approximate WPM	

EDUCATION				
HIGH SCHOOL				
School Name	School Address	# of Years	Graduated	GED
COLLEGE				
School Name	School Address	# of Years	Graduated	Major
TRADE or BUSINESS SCHOOL				
School Name	School Address	# of Years	Certified or Graduated	Studies

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GENERAL INFORMATION					
Subject of Special Study or Research Work:					
Special Skills:					
Activities (Civil, Athletic, Etc.) – Please exclude organizations whose name would indicate the race, creed, sex, age, marital status, color, or nation of origin of its members:					
US Military Service:		Yes		Rank	
Present Membership in National Guard or Reserves?			Yes		

FORMER EMPLOYERS (list the last 3 employers starting with the last one first)					
From	To	Name & COMPLETE MAILING ADDRESS	Salary	Position	Reason for Leaving
From	To	Name & COMPLETE MAILING ADDRESS	Salary	Position	Reason for Leaving
From	To	Name & COMPLETE MAILING ADDRESS	Salary	Position	Reason for Leaving
Which of these jobs did you like best?					
What did you like most about this job?					

REFERENCES (list three persons NOT RELATED TO YOU that have known you for at least 1 year)		
Years Known	Name & COMPLETE MAILING ADDRESS	Business or Affiliation
Years Known	Name & COMPLETE MAILING ADDRESS	Business or Affiliation
Years Known	Name & COMPLETE MAILING ADDRESS	Business or Affiliation

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree, that if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

 Signature _____
 Date

Correspondence Form

The Monroe County Control Center utilizes electronic mail (e-mail) and regular mail for routine correspondence.

Please send all correspondence via e-mail .

My e-mail address is: _____

Please send all correspondence regular mail to the address on the application form.

Signature

Date

APPLICANT REFERENCE RELEASE FORM

I, _____ having applied for a position at the Monroe County Control Center, give my approval for any current or former employer, persons, firms, corporations, schools, credit agencies, government agencies, and the like to release any reference material from my records to the Monroe County Control Center.

I will not hold any current or former employer, or any persons or organizations that supply responsive information liable for any information they release to the Monroe County Control Center.

I understand that signing this release is not a condition for employment at the Monroe County Control Center.

Signature

Date