



**TCOMM 911**

POLICE | FIRE | MEDICAL  
Your Emergency – Our Priority

Thurston 9-1-1 Communications  
2703 Pacific Avenue SE Suite A  
Olympia, WA 98501  
FAX: (360) 704-2723  
www.tcomm911.org  
TDD/TTY: (360) 704-2740

## EMPLOYMENT APPLICATION

THURSTON 9-1-1 COMMUNICATIONS IS AN EQUAL  
OPPORTUNITY EMPLOYER

INSTRUCTIONS: TYPE OR LEGIBLY PRINT THIS APPLICATION. SIGN AND DATE THE APPLICATION.  
AN INCOMPLETE APPLICATION MAY BE A BASIS FOR YOUR NOT BEING CONSIDERED.

### GENERAL INFORMATION

<b>Position Title:</b>	<b>Position Number:</b>	<b>Department:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Home Phone:</b>	<b>Message Phone:</b>	<b>Email Address:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Are you now or have you ever been employed by Thurston 9-1-1 Communications?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, give Job Title:</b>	<b>Department:</b>	<b>Dates of Employment:</b>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Do you have any relatives working for Thurston 9-1-1 Communications?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name(s):</b>	<b>Relationship:</b>	<b>Department:</b>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Will you accept part-time employment?  Yes  No

Will you accept temporary employment?  Yes  No

### EDUCATION

Did you graduate from high school or receive a GED certificate?		Degrees Conferred	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Title:	Completed:
Name of college, university, vocational school:	Major:		
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No

List any special licenses, certifications, skills, trades or second languages you have which are necessary or useful in this position. (Note: Include any identification numbers, state where issued, and expiration dates.)

<b>How many years of computer experience do you have?</b>	<input type="text"/>	<b>What is your keyboarding/typing speed?</b>	<input type="text"/>
<b>What computer software programs are you proficient in?</b>	<input type="text"/>		

**VETERANS' PREFERENCE:**  
Thurston 9-1-1 Communications gives veterans' preference in accordance with state law to veterans honorably released from active military services.

Do you claim veterans' preference? (Proof of veteran status may be required if hired.)  Yes  No

Have you ever obtained employment through the use of veterans' preference?  Yes  No

**CRIMINAL CONVICTION:** (Conviction does **not** automatically bar you from employment.)  
Have you been convicted of a felony or served time in prison within the past ten (10) years?  Yes  No

If yes, please explain:

**VALID STATE DRIVER'S LICENSE:**  Yes  No

What state is it issued in:

(A valid driver's license is required only where stated on the Job Announcement.)

Drivers License Information	License Number	Expiration Date
<b>Drivers License</b>		

## EMPLOYMENT HISTORY

List your work experience for at least the last 10 years including self-employment, military service, volunteer work and periods of unemployment. If you do not have 10 years of working history, provide up to the maximum you have. Attach additional sheets if necessary.

MOST RECENT EXPERIENCE				
Employer		Total Years		
Address		Total Months		
Position	Number of employees supervised		From (mo/yr)	
Supervisor	Phone	Ext.	To (mo/yr)	
Specific Duties			Hours Worked Each Week	
			Starting Salary	
			Last Salary	
			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving or considering change			Notify me first <input type="checkbox"/>	

Employer		Total Years		
Address		Total Months		
Position	Number of employees supervised		From (mo/yr)	
Supervisor	Phone	Ext.	To (mo/yr)	
Specific Duties			Hours Worked Each Week	
			Starting Salary	
			Last Salary	
			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Supervisor	Phone	Ext.	To (mo/yr)	
Specific Duties			Hours Worked Each Week	
			Starting Salary	
			Last Salary	
			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving or considering change			Notify me first <input type="checkbox"/>	

**Applications must be submitted as instructed in the employment opportunity announcement.**

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application may be rejected and my name may be removed from consideration. Further, I understand that my employment with Thurston 9-1-1 Communications may be terminated at any time subsequent to being hired should it be determined that there is a misrepresentation or falsification of information.

I authorize my current or former employers, and all schools or educational and technical institutions which I have attended, to provide Thurston 9-1-1 Communications representatives any information regarding my current or former employment, including performance, discipline and attendance, scholastic records or ratings. I hereby release any such current or former employers or institutions, their agents or employees, from any and all liability resulting from the release of such information. My authorization and release from liability are knowing, intelligent and voluntary acts. I hereby waive any claims against Thurston 9-1-1 Communications for relying on any information from my prior employers.

I understand that as a condition of employment I may be required to provide verification of any qualifications or representations made in my application documentation. Additionally, I must be able to provide original documentation along with personal identification information as may be required by the Immigration Reform and Control Act of 1986 or any other State or Federal law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AFFIRMATIVE ACTION INFORMATION

Thurston 9-1-1 Communications is an Equal Opportunity Employer. The Information requested below will be separated from your application and used for statistical purposes only. Your cooperation is strictly voluntary, but highly encouraged. Your application will be reviewed whether or not you provide this information.

**Do you wish to participate?**

Yes  No

**Position Title:**

**Position Number:**

**Department:**

**Last Name:**

**First Name:**

**Middle Initial: Closing Date:**

1. Gender  Female  Male

2. Age  Under 40 years old  40 years of age or older

**3. What race(s) or culture(s) do you consider yourself?**

American Indian or Alaskan Native

Black or African American

Native Hawaiian or other Pacific Islander

Hispanic or Latino

Asian

White/Caucasian

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.

Multi-Racial, preference:

**4. Have you ever been on active duty in the U.S. Armed Forces?**

Yes  No If yes, please provide the dates:

Vietnam-Era Veteran

Disabled Veteran (percent (%) of disability):

**5. Do you have a long-term physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?**

Yes  No (Please see the definition of "disabilities" below.)

**Affirmative Action Definitions:**

**American Indian or Alaskan Native** (not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through documented tribal affiliation or community recognition.

**Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino). A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African-American** (not Hispanic or Latino). A person with origins in any of the black racial groups of Africa.

**Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White/Caucasian** (not Hispanic or Latino). A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy, or surgical means.

**Disabled Veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of veteran who has been determined by the Department of Veteran's Affairs to have a serious employment handicap, or (C) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

**Vietnam-era Veteran.** A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961 and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge. Or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. Services between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

**How did you learn of this employment opportunity?**

Walk-in

Washington State Department of Employment Security

Professional Association

Thurston County Pacific Mountain Workforce

Thurston 9-1-1 Communications Internet Website

Friend/Word of Mouth

Employee Referral (Employee Name)

Newspaper/Journal (Specify)

Other Internet Website (Specify)

Other (Specify)

Signature of Applicant

Date

**Equal Opportunity Employer:** Thurston 9-1-1 Communications is committed to affirmative recruitment and diversity in employment opportunity. It is the policy of Thurston 9-1-1 Communications to provide equal opportunity to all persons seeking or having access to its employment, services and activities, which is free from restriction based on race, color, religion, national origin, age, sex, marital status, veteran status, disability, or sexual orientation. Applicants with disabilities who need accommodation with the application or selection process should contact the ADA Coordinator at Human Resources, (360) 704-2754 or TDD/TTY (360) 704-2740.