



TCOMM 911

POLICE | FIRE | MEDICAL
Your Emergency – Our Priority

Thurston 9-1-1 Communications
2703 Pacific Avenue SE Suite A
Olympia, WA 98501
Phone: (360) 704-2730
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

Position Title:

Last Name: **First Name:** **Middle Initial:**

Street Address: **City:** **State:** **Zip Code:**

Home Phone: **Message Phone:** **Email Address:**

Are you now or have you ever been employed by Thurston 9-1-1 Communications? Yes No **If yes, give Job Title:** **Dates of Employment:**

Do you have any relatives working for Thurston 9-1-1 Communications? Yes No **Name(s):** **Relationship:** **Department:**

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? Yes No **Degrees Conferred**

Name of college, university, vocational school:	Major:	Title:	Completed:
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.)

How many years of computer experience do you have? **What is your keyboarding/typing speed?**

What computer software programs are you proficient in?

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

VALID STATE DRIVER'S LICENSE:

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

Driver's License State	License Number	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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		Employed From: <input style="width: 100%;" type="text"/>	
Address		Employed To: <input style="width: 100%;" type="text"/>	
Position	Number of employees supervised		
Supervisor	Phone	Ext. <input style="width: 100%;" type="text"/>	
Specific Duties			
Reason for leaving or considering change		Hours Worked Each Week <input style="width: 100%;" type="text"/>	
		Starting Salary <input style="width: 100%;" type="text"/>	
		Last Salary <input style="width: 100%;" type="text"/>	
		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Notify me first <input type="checkbox"/>	

Employer		Employed From: <input style="width: 100%;" type="text"/>	
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		Starting Salary <input style="width: 100%;" type="text"/>	
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		Starting Salary <input style="width: 100%;" type="text"/>	
		Last Salary <input style="width: 100%;" type="text"/>	
		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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.

Applicant Signature

Date