



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](http://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 BASIS FOR YOUR NOT BEING CONSIDERED.

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Maiden Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Will you accept part-time employment? YES  NO  Will you accept temporary employment? YES  NO

Are you now or have you ever been employed by Thurston 9-1-1 Communications? YES  NO  If yes, when? \_\_\_\_\_

Do you have any relatives working for Thurston 9-1-1 Communications? YES  NO  If yes, please provide (Name, Relationship, Department): \_\_\_\_\_

**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

**Additional Information**

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? \_\_\_\_\_

**Veteran's 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 veteran's preference? (Proof of veteran status may be required if hired)	Have you ever obtained employment through the use of veteran's preference?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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

**Previous Employment**

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.

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Position: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  Notify me first

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
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Position: \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference? YES  NO  Notify me first

**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: \_\_\_\_\_ Date: \_\_\_\_\_