



205 Shelley Drive  
Tyler, Texas 75701  
Phone: 903-566-8911  
Fax: 903-561-3329

Dear Applicant:

We thank you for your interest in applying for a position with Smith County 9-1-1 Communications Network. The Network offers qualified candidates the opportunity to serve the community as part of a team of professionals. This application process is made up of Employment Application, Interview, Employment Background Check and Drug Testing. Please follow the General Instructions below. If you need additional information, please call 903-566-8911.

We look forward to hearing from you!

William (Bill) V. Morales,  
Director

### **General Instructions**

- DO NOT MISSTATE OR OMIT MATERIAL FACT. The statements made herein are subject to verification to determine your qualifications.
- Type or hand-print an answer to every question. If the question does not apply to you, so state with N/A. If space is insufficient, use a separate sheet and precede each answer with the title of the reference box.
- Resumes may be included with the application, but will not be accepted instead of an application.
- Proof of education must be attached to applications when they are turned in. Photocopies of high school diploma, GED certificate, high school, or college transcript are sufficient proofs of education.
- Applications must be received by the hiring deadline indicated on the job posting to be considered.
- Complete contact information for all employment and personal references must be provided. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

## Smith County 9-1-1 Communications District EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME		MIDDLE NAME	
ALIASES, NICKNAMES, MAIDEN NAME, OTHER CHANGES IN NAME					
PHYSICAL ADDRESS			CITY	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			CITY	STATE	ZIP
HOME TELEPHONE	WORK TELEPHONE	CELL PHONE	OTHER CONTACT NUMBER		
( ) -	( ) -	( ) -			
POSITION APPLIED FOR			DATE YOU CAN START	DESIRED SALARY	
HAVE YOU EVER APPLIED FOR THIS POSITION BEFORE?			WHEN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?			WHEN?		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
REASON FOR LEAVING THIS COMPANY					
NAME OF LAST SUPERVISOR AT THIS COMPANY					
WHERE DID YOU HEAR ABOUT THIS POSITION?					

### EDUCATION/TRAINING

List all elementary, junior high, high schools and colleges/trade schools attended.

NAME	ADDRESS	DATES ATTENDED	GRADUATED?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE/UNIVERSITY/TRADE SCHOOL			
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
MAJOR AND MINOR COLLEGE COURSES			
SPECIAL TRAINING/CERTIFICATION			
SPECIAL SKILLS/LANGUAGE SKILLS			
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**FORMER EMPLOYERS****List complete previous employment history, starting with the most recent, for the past 5 years.**

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE	FAX	
			( ) -	( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE	FAX	
			( ) -	( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF PREVIOUS EMPLOYER		JOB TITLE			
ADDRESS			CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR		TITLE	PHONE	FAX	
			( ) -	( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

**FORMER EMPLOYERS****List complete previous employment history, starting with the most recent, for the past 5 years.**

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE			
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE		FAX	
		( ) -		( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF PRESENT OR LAST EMPLOYER		JOB TITLE			
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE		FAX	
		( ) -		( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

NAME OF PREVIOUS EMPLOYER		JOB TITLE			
ADDRESS		CITY	STATE	ZIP	
STARTING DATE	LEAVING DATE	STARTING SALARY		LEAVING SALARY	
NAME OF SUPERVISOR	TITLE	PHONE		FAX	
		( ) -		( ) -	
DESCRIPTION OF WORK					
REASON FOR LEAVING					

**REFERENCES**

Below, give the names of three persons you are not related to whom you have known at least one year.

	NAME	PHONE NUMBER	RELATIONSHIP	YEARS AQUAINTED
1		( ) -		
2		( ) -		
3		( ) -		

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE	RANK

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF AND/OR PLED NO CONTEST TO A FELONY?  YES  NO  
 IF YES, EXPLAIN. (YOU WILL NOT NECESSARILY BE EXCLUDED FROM CONSIDERATION.)


**PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS** (Do not list religious organizations.)

NAME/TYPE	ADDRESS	OFFICE HELD	DATES OF MEMBERSHIP
			to
			to
			to
			to

**AUTHORIZATION**

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT NO WILFULL MATERIAL MISREPRESENTATION OR OMISSION IS CONTAINED THEREIN.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE SMITH COUNTY 9-1-1 COMMUNICATIONS DISTRICT FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF SMITH COUNTY 9-1-1 COMMUNICATIONS DISTRICT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED DISTRICT REPRESENTATIVE.”

SIGNATURE OF APPLICANT	DATE