



Employment Application
Telecommunications Specialist

Submit by:
Mail: ECSO
400 Pech Rd
Central Point OR 97502
Fax: (541) 772-1817
Email: HR@ECISO911.com

Applicant Information

Last Name *First Name* *Middle Name*

Maiden name, married names, nicknames / AKA or other name(s) you have used *Primary Phone*

Email Address *Message Phone (8-5) if any*

Address of Present Physical Residence

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Mailing Address (if different from above)

Street Address or PO Box *Apartment/Unit #*

City *State* *ZIP Code*

Are you at least 18 years of age? Yes No

Have you ever been employed by Emergency Communications of Southern Oregon? Yes No

If hired, would you be able to prove citizenship or eligibility to work in the U.S.? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No If Yes, please provide contact name and number:

Are you available to work: Full Time Part-time Overtime

Date available for employment : _____

This application is only valid for the position of Telecommunications Specialist. Completed applications must be received by the personnel office no later than 5:00 pm on the closing date. This application expires 6 months from the date it is submitted.

ECISO is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, sexual orientation, gender identity, mental or physical disability or other protected status in accordance with applicable federal and state equal opportunity laws. If you require an accommodation to participate in our application process, please call HR Manager Jody Hathaway at 541-774-5062.



Employment Application for Telecommunications Specialist

Last Name

First Name

Employment History

List your five (5) most recent jobs, starting with your present or most recent job. If self-employed, give company name and supply business references on a separate page. If you worked in a position under another name, please give the name(s). Do not skip over any jobs.

Employer _____ From _____
Job Title _____ To _____
Supervisor _____ Phone _____
Address _____
Duties _____

What did you like most about this job? _____

What did you like least about this job? _____

Were you discharged from this job? Yes No If not discharged, what was your reason for leaving?

Employer _____ From _____
Job Title _____ To _____
Supervisor _____ Phone _____
Address _____
Duties _____

What did you like most about this job? _____

What did you like least about this job? _____

Were you discharged from this job? Yes No If not discharged, what was your reason for leaving?

Employer _____ From _____
Job Title _____ To _____
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Duties _____

What did you like most about this job? _____

What did you like least about this job? _____

Were you discharged from this job? Yes No If not discharged, what was your reason for leaving?



Employment Application for Telecommunications Specialist

_____ *Last Name*

_____ *First Name*

Employment History, Continued

Employer _____ **From** _____
Job Title _____ **To** _____
Supervisor _____ **Phone** _____
Address _____
Duties _____

What did you like most about this job? _____

What did you like least about this job? _____

Were you discharged from this job? Yes No If not discharged, what was your reason for leaving?

Employer _____ **From** _____
Job Title _____ **To** _____
Supervisor _____ **Phone** _____
Address _____
Duties _____

What did you like most about this job? _____

What did you like least about this job? _____

Were you discharged from this job? Yes No If not discharged, what was your reason for leaving?

References

List 3 non-relatives who are familiar with your skills, qualifications and performance/work history and ability.

Name	Occupation or Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of your listed jobs were self-employment, supply business references.

Name	Company or Organization	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Last Name

First Name

Education & Training

Name	Years Completed
High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College _____ <i>Course of study / Degree</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Grad School _____ <i>Course of study / Degree</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Other* _____ <i>Course of study / Degree</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Other* _____ <i>Course of study / Degree</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

** Other includes post-graduate, vocational, technical or other education or training courses*

In the box below, list any relevant certifications, skills, qualifications, volunteer activities, military training, etc. **Military Veterans:** please include information on any transferrable skill(s) obtained through military education or experience that relates, directly or indirectly, to the position for which you are applying.

Background

Have you ever pled guilty to / pled no contest to / been convicted of a crime other than minor traffic violations?

Yes No (Do not include any crime for which the record was expunged.)

If Yes, please provide the date and location of each conviction or plea and a description of each offense, including the charge and level (misdemeanor/felony, etc.) and any explanation you would like considered:

Are you currently out on bail or awaiting trial on a pending criminal matter? Yes No

If Yes, please explain (including the nature and level of the charge).

Please note that a "Yes" answer regarding pleas, misdemeanor convictions or pending charges will not automatically bar you from consideration; however, individuals with a felony on their record will not be eligible for employment.



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Last Name

First Name

Background Continued

Are you now or have you ever been a person or member of any organization, association, movement or group that advocates the overthrow of our constitutional form of government, or that has adopted a policy of advocating or approving the commission of acts of force of violence to deny other rights under the constitution of the United States of America, or that seeks to alter the form of government of the United States of America by unconstitutional means? Yes No If yes, please explain:

Do you know of anything that might disqualify you for this position or prevent your full discharge of the official duties of such a position? Yes No If yes, please explain:

Please read the following statements carefully. Sign or type your initials next to each statement.

_____ I affirm that all answers and statements I have made on this application (and any supplementary materials) are true and complete without omissions. I understand that any false, misleading or incomplete information will be grounds for refusal to hire or for immediate discharge if I am employed.

_____ I authorize Emergency Communications of Southern Oregon to obtain information about me from any of the prior employers or persons named in this application, including those provided by me as references. I also agree to sign an authorization releasing these prior employers and persons of liability for providing such information.

_____ I understand that I must have a passing score on the skill tests administered by ECSO before I will be offered an interview.

_____ I understand that a complete character and personal history investigation will be conducted on all candidates who are selected to continue after the interview.

_____ I understand that if I am offered employment, a condition of being hired is my passing all four of the following: the character and personal history investigation; a criminal history check; a pre-employment drug screen and a physical examination declaring my ability to perform the job duties.

_____ I understand that if I am hired I will be responsible for complying with all policies and rules of ECSO as they presently exist or are later modified.

_____ I understand there is an 18-month probationary period, during which time an employee must demonstrate fitness for the position to continue employment.

Signing this application affirms that you have understood and agree with all of the above statements. Only those applications that are fully completed, signed and dated are considered valid. If you have any questions regarding these statements, please ask the ECSO personnel office before signing.

Signature (type if submitting electronically)

Date