

Smith County ESD2 JOB DESCRIPTION

I.T. TECHNICIAN I

GENERAL PURPOSE

Under the general supervision of the Chief Information Officer, provides technical support to end-users, provisions and repairs IT equipment.

EXAMPLE OF DUTIES

- Assists with the administration of Exchange Email Client Installations, including smart phones.
- Provides quality end-user support by chat, email, phone and in-person.
- Onboard new users into domain, print and issue ID badges.
- Answer phones for IT department.
- Issues IT devices such as Pagers, Radios, PCs, Mobile Devices to end-users.
- Provides advanced hardware and software phone support for IP phone system, throughout the entire network as delegated by supervisor.
- Resolves helpdesk tickets, resets users' passwords, Escalates tickets to IT Technician II or III if onsite work is required or request is beyond scope.
- Identifies and corrects operational problems on computers systems.
- Assembles and installs PC hardware, investigates and resolves routine hardware and communications problems.
- Understands and uses PC computers including peripheral devices, laptops and smart phones.
- Understands and uses all windows operating systems, Linux and Unix.
- Performs other related duties as required or assigned by CIO.
- Repair equipment such as PCs, Mobile Devices, Gas Detectors, Radios, etc. (Training provide for specialty equipment)
- Take and apply images of PCs.
- Provision IT equipment under the direction of CIO.
- Performs other related duties as required or assigned by CIO.
- Assists in network monitoring.

MINIMUM QUALIFICATIONS

Education and Experience

- One (1) year of computer experience working with networks and computers.
- NIMS 100, 200, and 800 (or obtain within 90 days, training provided).
- (Preferred) A trade diploma or better in the field of information technology.

Special Requirements

- Occasional evening and weekend work.
- Necessary Knowledge, Skills and Abilities
 - Must have a working knowledge of VPNs, LAN and WAN topologies and architectures including VLANs. PC and Server operating systems including Windows 10, Windows Server 2012+, Microsoft Active Directory and Domains, Microsoft DNS, Microsoft SQL Server.
 - Must have a fundamental knowledge of IP phone telephony.

- Thorough knowledge of computer fundamentals, computer and peripheral and software operations including word processing, spreadsheets, database management, system management software.
- Must be able to demonstrate skill in the use and repair of computer equipment and software.
- Understand and follow oral and written instructions, explain technical material in layman terms, and develop effective working relationships with co-workers, and Administration.
- Understands principles of data communications including Ethernet, modem, and vpn setup and installation, and problem determination/resolution.
- Hold or Obtain within 6 months Harris County CTS Public Safety Technology Services Advanced System Key Technician Certification. TOOLS & EQUIPMENT USED
- Personal computer, including word processing and spreadsheet software; network equipment and software; fax and copy machine,
- Hand tools for equipment repair.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to sit; talk or hear; use hands to, handle, feel objects, tools, or controls; and reach with hands and arms. The employee is regularly required to stand. The employee must occasionally lift and/or move up to 200 pounds. Specific vision abilities required by this job include close vision and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Work is performed primarily in an office setting. The noise level in the work environment is usually quiet.

DEPT/DIVISION APPROVED BY: _____ DATE: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

DATE: _____



SmithCounty
Emergency Services District 2

Smith County ESD2 Information Tech. Employment Application Packet

Last, First MI.



SmithCounty
Emergency Services District 2

Smith County ESD2

Information Tech. Position Hiring Procedure

- Submit Application consisting of ○ Application Personal History ○ Job Description
- Attend Job interview
- Pass background check
- Pass drug test
- Accept or reject job offer

Personal Information

Last	First	MI	State & DL#	Email
Street Address			City	ST
			Zip	Home Phone
				Mobile Phone
Are you entitled to work in the United States? Yes No		Are you 18 or older? Yes No		If yes, Date of Birth
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? Yes No			If yes, please explain:	
What position are you applying for?			How did you hear about this position?	
Expected Salary		Date Available		

Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment			
Position/Job Title			
Pay	From To	From To	From To
Reason for Leaving			
May We Contact	Yes No	Yes No	Yes No

Education

High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Certifications				

Disclaimer - I hereby authorize Smith Co ESD#2 to conduct a criminal background check, a thorough investigation of former or present employment and activities in verification of all statements contained in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies and/or corporations supplying such information. All information contained in this application for employment is true and correct to the best of my knowledge. I further understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I understand that this application will receive careful consideration, but acceptance of it for filing affords no assurance of eventual employment. I understand that an incomplete application may not be considered. I further understand that any offer or employment tendered me is contingent upon the results of a satisfactory background investigation, drug and alcohol test and my agreement to abide by the rules and regulations of the Commissioners of Smith County ESD #2. By signing this application, I certify that I have read and agree with these statements.

Signature _____ Date _____



SmithCounty
Emergency Services District 2

Personal History

INSTRUCTIONS

Please provide a cover letter along with your completed Personal History form. Please answer each question clearly and completely. Read carefully and follow all directions.
TYPE OR PRINT IN INK.

Please do not write in this space

1. POSITION(S) APPLIED FOR (or preferred field of work):

PERSONAL INFORMATION

2. _____ 3. _____ 4. _____

5. Family Name _____ 6. First & Middle Name _____ 7. Maiden Name, if any _____ 8.

9. Date of Birth (yyyy/mm/dd) _____ 10. Place of Birth _____ 11. Marital Status _____ Gender _____

_____ 10. Present Nationality _____ 11. Second Nationality, if any _____

CONTACT INFORMATION

12. _____ 13. _____

14. Permanent Address (Street, City, Country) _____ 15. Current Home Telephone No. _____

16. Present Address (Street, City, Country) _____ 17. Work Telephone No. _____

_____ 17. Mobile Telephone No. _____

18. EDUCATION - Give exact names of institutions and titles of degrees above secondary school, as they appear in the diploma(s). Please do not translate or equate to other degrees.

Month/Year attended		Degrees and Academic Distinctions	Main Course of Study	Name, Place and Country
from	to			

Please indicate if any of the studies specified above was not finished or is in progress and give reasons for any overlaps of study periods. If you wish, provide any other information regarding your education that you consider relevant:

19. EMPLOYMENT RECORD - Starting with your most recent job, list in reverse order. Use a separate block for each job. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages.

From	To	Exact title of your job:
		Type of business:
Name, address and phone number of present employer:		
Name and title of present supervisor:		
Have you any objections to our making enquiries of your present employer?		Yes / No
Number and kind of employees supervised by you:		Reason for leaving:
Total annual net income (after deduction of tax):		

DESCRIPTION OF YOUR DUTIES:

From	To	Exact title of your job:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:		Reason for leaving:
Total annual net income (after deduction of tax):		
DESCRIPTION OF YOUR DUTIES:		

From	To	Exact title of your job:
		Type of business:

Name, address and phone number of employer:	
Number and kind of employees supervised by you:	Reason for leaving:
Total annual net income (after deduction of tax):	
DESCRIPTION OF YOUR DUTIES:	

From	To	Exact title of your job:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:	Reason for leaving:	
Total annual net income (after deduction of tax):		
DESCRIPTION OF YOUR DUTIES:		

20. If you have had more jobs, please describe them below. Also, provide reasons for any overlaps of work periods.

21. **DEPENDANTS** - If you have dependants give the following information:

Name	Date of Birth (Year/Month/Day)	Relationship	Name	Date of Birth (Year/Month/Day)	Relationship

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Name	Date of Birth (Year/Month/Day)	Relationship	Name	Date of Birth (Year/Month/Day)	Relationship
If you wish, provide any other information regarding your dependants that you consider relevant:					

22. **KNOWLEDGE OF LANGUAGES:**

What is your mother tongue?

Please specify other languages you know and indicate your level of knowledge by using the following keys: LIMITED (LIM) = Limited conversation, reading of newspapers, routine correspondence. WORKING KNOWLEDGE (WK) = Engage freely in discussions, read and write more complex material. FLUENT (FL) = Speak, read and write nearly as well as mother tongue.

<u>No.</u>	<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
1.				
2.				
3.				

23. OFFICE SKILLS (For clerical jobs only) - Indicate speed in words per minute. Add other languages if necessary.

Typing	English				

List special clerical/secretarial skills you possess and any office machine or equipment you can use:

24. COMPUTER SKILLS

Please indicate and comment on your computer knowledge in the areas listed below. When indicating your level of knowledge, use the following keys: FAIR = limited experience. WORKING KNOWLEDGE = regular use of the software and ability to apply it to meet the requirements of the job. PROFICIENT = advanced user; able to perform complex tasks. If you have no knowledge of any area, leave the corresponding field blank.

Word Processing:

Spreadsheets:

Presentation/Desktop publishing:

Databases:

<u>Internet:</u>
<u>E-Mail/Communication:</u>
<u>Programming:</u>
<u>Other software:</u>
<u>Computer hardware/Special equipment:</u>

25. List membership in professional societies and activities in civic, public or international affairs.

26. MISCELLANEOUS

Have you taken up legal permanent residence status in any country other than that of your nationality?	Yes / No
Have you taken any legal steps towards changing your present nationality?	Yes / No
If the answer to either question is yes, explain fully:	Yes / No
Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)?	
If yes, give full particulars of each case in an attached statement.	
Where did you learn about job opportunities at SCESD2?	

27. WORK CONDITIONS

Have you previously worked for SCESD2? Yes / No If so, enter Yes / No

personnel number:

Have you previously submitted an application for employment with the SCESD2?

If so, when?

Would you accept employment for less than six months? Yes / No

28. Are any of your relatives employed by SCESD2? Yes / No

If the answer is yes, give the following information:

Name	Relationship	Name of international organization

Entry into the service of SCESD2 may entail travel to any area of the county in which the Agency might have responsibilities. If you have any disabilities which might limit your prospective field of work or your ability to travel, please describe:

29. REFERENCES - List three persons, not related to you, who are familiar with your character and qualifications. DO NOT repeat names of supervisors listed in the employment record.

Full name	Full address, phone number and e-mail address	Business or occupation

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Full name	Full address, phone number and e-mail address	Business or occupation

30. **IMPORTANT** - Please provide any other information that you consider important for the evaluation of your candidature:

31. I certify that the statement made by me in answer to the foregoing questions is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on a Personal History form or other document requested by SCESD2 renders a staff member of SCESD2 liable to termination or dismissal.

Date:

Signature:

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N.B. You may be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Agency and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Agency. While you may rest assured that your candidature will be carefully examined, receipt of this form will not necessarily be acknowledged. Any further correspondence will be initiated by the Agency.

THE MAXIMUM PERIOD OF VALIDITY FOR A PERSONAL HISTORY FORM IS TWO YEARS