



SmithCounty
Emergency Services District 2

Smith County ESD2 Administration Employment Application Packet

Last, First MI.



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Emergency Services District 2

Smith County ESD2

Administrative 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



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Emergency Services District 2

Smith County ESD2
 14128 Hwy 110 South
 Whitehouse, TX. 75791
 P. (903) 617-6578 F. (903) 787-8835

Smith County ESD #2 is an Equal Opportunity Employer and will consider applicants without regard to race, color, religion, sex, national origin, age or disability.

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?				If yes, please explain:				
Yes				No				
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	From	To	From	To	From	To
Pay						
Reason for Leaving	Yes No		Yes No		Yes No	
May We Contact						

Education

	Name/Location	Last Year Complete	Degree	Major
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 _____



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Personal History

<p>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.</p>	<p>Please do not write in this space</p>
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<p>1. POSITION(S) APPLIED FOR (or preferred field of work):</p>
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PERSONAL INFORMATION			
<p>2. _____ Family Name</p>	<p>3. _____ First & Middle Name</p>	<p>4. _____ Maiden Name, if any</p>	
<p>5. _____ Date of Birth (yyyy/mm/dd)</p>	<p>6. _____ Place of Birth</p>	<p>7. _____ Marital Status</p>	<p>8. _____ Gender</p>
<p>9. _____ Nationality at Birth</p>	<p>10. _____ Present Nationality</p>	<p>11. _____ Second Nationality, if any</p>	

CONTACT INFORMATION	
<p>12. _____ Permanent Address (Street, City, Country)</p>	<p>13. _____ Current Home Telephone No.</p>
<p>14. _____ Present Address (Street, City, Country)</p>	<p>15. _____ Work Telephone No.</p>
<p>16. _____ E-Mail Address</p>	<p>17. _____ Mobile Telephone No.</p>

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

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
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.

No.	Language	Speak	Read	Write
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:

Internet:

E-Mail/Communication:

Programming:

Other software:

Computer hardware/Special equipment:

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:

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)? Yes / No

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 personnel number:

Have you previously submitted an application for employment with the SCESD2? Yes / No

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 super visors listed in the employment record.

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

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

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: _____

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