



MEDINA COUNTY 911 DISTRICT DEPUTY DIRECTOR APPLICATION

1613 Avenue K, Ste. 101, Hondo, TX 78861
Telephone: 830-741-8997

Please read the following instructions before completing the application for employment.

- We appreciate your interest in the employment opportunities with Medina County 911 District. Please indicate the position title on your application for the position you are applying for, list all minimum qualifications, and meet the application deadline.
 - **Note:** Positions posted with a closing date of “until filled” are subject to close at any time.
- Please complete the application in neat, legible print using blue or black ink. In order for your application to be considered complete, you must answer all questions in this application. A resume and/or other documents will **NOT** be accepted in lieu of a complete application; however, you may submit additional documents with the application. Comments such as “See Resume” are not acceptable and may result in the application being considered incomplete.
- Any information you provide in this application, accompanying documents, and/or given verbally to Medina County 911 District is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired.
- This application and any accompanying document(s) submitted for consideration of employment become property of Medina County 911 District and will **NOT** be returned to the applicant.
- Applicants may be rejected at any phase of the employment process at which time they are no longer under consideration for the position. Medina County 911 District is an “at-will” employer as defined by applicable laws.
- It is Medina County 911 District policy to comply fully with all federal, state, and local equal opportunity laws. We provide equal employment for all persons regardless of race, color, religion, creed, sex, national origin, age, disability, marital or veteran status, genetic, or any other legally protected status.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment.
- Completed applications should be submitted by email to mwank@aptriton.com along with a cover letter and current resume.
- If you have questions concerning this application or job posting(s), contact AP Triton at **(503) 708-4282**.



MEDINA COUNTY 911 District DEPUTY DIRECTOR APPLICATION FORM

AN EQUAL OPPORTUNITY EMPLOYER

POSITION: _____

Date of Application: _____

PERSONAL DATA

Name: _____
Last First Middle (Suffix (Jr., Sr, III, Etc.))

Address: _____
Street City State Zip Code

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____

Social Security # _____ **Date of Birth (Optional)** _____

Are you eligible to work in the United States? ☐ Yes ☐ No

Check each type of work you will accept: ☐ Full Time ☐ Part Time ☐ Temporary

Are you presently employed? If yes, specify where: _____

If offered employment, date available for work? _____

Have you ever been terminated or asked to resign from a previous employer? ☐ Yes ☐ No

Have you ever been employed with Medina County 911 District before? ☐ Yes ☐ No
Date: _____

Are you a relative of any Medina County 911 District employee or elected official? ☐ Yes ☐ No
If yes, state the name and relationship:

***Have you ever been convicted of, or pleaded guilty or no contest to, a criminal offense, other than a traffic offense?** ☐ Yes ☐ No
If yes, provide date(s) and details:

***You may omit convictions for minor traffic violations, the position requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the conviction and the relevance of the crime to the position you are applying will be considered.**

EDUCATION HISTORY

Type of School	Name of School	Location	Number of Years Completed	Major & Degree (If applicable)
High School				
College				
Business or Trade School				
Graduate School				

DRIVER'S LICENSE INFORMATION

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? ☐ Yes ☐ No ☐ N/A

Type of License: ☐ Class C ☐ CDL License Number: _____

SKILLS AND QUALIFICATIONS

List the level of skill that pertains to each subject: 1 – Beginner; 2 – Intermediate; 3 – Advanced
Please add any other skills not listed and level in the empty spaces provided.

Office Skills		Special Certificates			
10 Key Calculator		AutoCAD Software		Microsoft Office 365 Pro or Equivalent	
Copy/Scan Machine		Arc Map Software:		Excel Spreadsheets	
Fax Machine		ArcGIS Pro		Adobe PDF Software	
E-mail				Microsoft Excel	
Business Telephone		QuickBooks			
Customer Service		Accounting Software			
		Other _____			

Briefly describe why you are qualified for the position and other information concerning interest, career goals, or any other data you wish to provide:

MILITARY EXPERIENCE or SERVICE

Military Service? ☐ Yes ☐ No Branch: _____ Type of Discharge: _____

EMPLOYMENT HISTORY

Start with your present or most recent employer and work backward. If you need additional space, please continue on separate sheet(s).

May we contact your present or most recent employer? ☐ Yes ☐ No

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

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Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

REFERENCES

List three individuals, not related to you, who are qualified to describe your capabilities for the position you are applying.

1. Name: _____ Phone: _____

Address: _____ Occupation: _____

2. Name: _____ Phone: _____

Address: _____ Occupation: _____

3. Name: _____ Phone: _____

Address: _____ Occupation: _____

APPLICANT'S STATEMENT AND AGREEMENT

It is the responsibility of the applicant to read the following before signing:

I AUTHORIZE MEDINA COUNTY 911 DISTRICT OR ITS DESIGNEES TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I ALSO AUTHORIZE AND REQUEST ANY AND ALL OF MY FORMER EMPLOYERS (EXCEPT AS SPECIFIED ABOVE) AND ANY OTHER PERSON, FIRM, OR CORPORATION TO FURNISH ANY AND ALL INFORMATION REQUESTED BY MEDINA COUNTY 911 DISTRICT OR ITS DESIGNEES CONCERNING MY JOB PERFORMANCE, SUITABILITY FOR EMPLOYMENT, JOB QUALIFICATIONS, AND PERSONAL BACKGROUND, AND I HEREBY RELEASE EACH SUCH EMPLOYER OR OTHER PERSON, FIRM, OR CORPORATION FROM ANY AND ALL LIABILITY BY REASON OF FURNISHING THE REQUESTED INFORMATION. IN ADDITION, IF I SHOULD BECOME EMPLOYED BY MEDINA COUNTY 911 DISTRICT, I EXPRESSLY AUTHORIZE MEDINA COUNTY 911 DISTRICT TO RELEASE INFORMATION ABOUT MY JOB PERFORMANCE, JOB QUALIFICATIONS, AND SUITABILITY FOR EMPLOYMENT TO ANY PERSON WHO MAY REQUEST SUCH INFORMATION EITHER DURING MY EMPLOYMENT OR AFTER MY EMPLOYMENT TERMINATES, AND I EXPRESSLY RELEASE MEDINA COUNTY 911 DISTRICT FROM ANY LIABILITY FOR DISCLOSING SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACT CONTAINED IN THIS APPLICATION IS CAUSE FOR MY REJECTION OR IMMEDIATE DISMISSAL IF I SHOULD BECOME EMPLOYED. I ALSO UNDERSTAND AND AGREE THAT, IF I SHOULD BECOME EMPLOYED, MY EMPLOYMENT WITH THE MEDINA COUNTY 911 DISTRICT IS FOR NO DEFINITE TIME PERIOD AND MAY BE TERMINATED AT ANY TIME. FINALLY, I UNDERSTAND THAT THE COMPLETION OF THIS EMPLOYMENT APPLICATION DOES NOT INDICATE THAT THERE ARE POSITIONS AVAILABLE AND DOES NOT OBLIGATE MEDINA COUNTY 911 DISTRICT TO OFFER ME A POSITION IF POSITIONS ARE AVAILABLE. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE AS VALID AS THE ORIGINAL.

I CERTIFY THAT THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS APPLICATION, I GIVE PERMISSION/AUTHORIZATION TO MEDINA COUNTY 911 DISTRICT TO CHECK FOR CRIMINAL CONVICTION RECORDS.

Signature of Applicant: _____ **Date:** _____

**MEDINA COUNTY, TEXAS
APPLICANT DATA RECORD**

IMPORTANT: ALL APPLICANTS PLEASE READ: TO ENABLE MEDINA COUNTY 911 DISTRICT TO MEET GOVERNMENT REPORTING REGULATIONS, APPLICANTS ARE REQUESTED (BUT NOT REQUIRED) TO COMPLETE THIS PERSONAL DATA SHEET. INFORMATION WILL BE USED SOLELY FOR GOVERNMENT REPORTING PURPOSES. IT WILL NOT BE USED AS SELECTION CRITERIA AND WILL BE TREATED AS PERSONAL AND CONFIDENTIAL. YOUR VOLUNTARY COOPERATION WILL BE APPRECIATED.

LAST NAME	FIRST NAME	M.I.	DATE
		☐ MALE	☐ FEMALE
POSITION(S) APPLYING FOR:			

ETHNIC CATEGORY (CHECK ONE OR MORE)

☐	<u>AMERICAN INDIAN OR ALASKA NATIVE:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA), AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY ATTACHMENT.
☐	<u>ASIAN:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA OR THE INDIAN SUBCONTINENT INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND AND VIETNAM.
☐	<u>BLACK OR AFRICAN AMERICAN:</u> A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.
☐	<u>HISPANIC OR LATINO:</u> A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICA OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.
☐	<u>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:</u> A PERSON HAVING ORIGINS IN ANY OF THE PEOPLES OF HAWAII, GUAM, SAMOA OR OTHER PACIFIC ISLANDS.
☐	<u>WHITE:</u> A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.
☐	<u>TWO OR MORE RACES:</u> A PERSON WHO PRIMARILY IDENTIFIES WITH TWO OR MORE OF THE ABOVE RACE/ETHNICITY CATEGORIES.

IF YOU WISH TO IDENTIFY YOURSELF AS A VETERAN, CHECK THE APPROPRIATE BOX BELOW

☐	<u>A QUALIFIED DISABLED VETERAN:</u> 1) A PERSON ENTITLED TO DISABILITY COMPENSATION UNDER LAWS ADMINISTERED BY THE VETERANS ADMINISTRATION FOR DISABILITY RATED AT 30% OR MORE, OR 2) A PERSON WHOSE DISCHARGE OR RELEASE FROM ACTIVE DUTY WAS FOR A DISABILITY INCURRED OR AGGRAVATED IN THE LINE OF DUTY, AND 3) IS CAPABLE (QUALIFIED) OF PERFORMING A PARTICULAR JOB WITH REASONABLE ACCOMMODATION TO HIS/HER DISABILITY.
☐	<u>A VIETNAM ERA VETERAN:</u> 1) A PERSON WHO A) ACTIVELY SERVED FOR MORE THAN 180 DAYS, ANY PART OF WHICH OCCURRED BETWEEN AUGUST 5, 1964 AND MAY 8, 1975 AND WAS RELEASED WITH OTHER THAN A DISHONORABLE DISCHARGE, OR B) WAS RELEASED FROM SUCH ACTIVE DUTY FOR A SERVICE-CONNECTED DISABILITY, AND 2) A PERSON WHO WAS DISCHARGED /RELEASED WITHIN 48 MONTHS PRIOR TO AN ALLEGED VIOLATION OF THE ACT AND/OR OF THE REGULATION ISSUED THEREUNDER ON JULY 26, 1976.