



# Sullivan County 911

Emergency Communications District



**SULLIVAN COUNTY EMERGENCY COMMUNICATIONS DISTRICT 9-1-1**

P.O. BOX 485

1586 HIGHWAY 394

BLOUNTVILLE, TN 37617

Phone: 423-279-7606

Fax: 423-279-7611

www.sullivancotn911.com

## BOARD OF DIRECTORS CANDIDATE APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
FIRST MI LAST

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Professional Occupation/ Title \_\_\_\_\_

Are you a resident of Sullivan County, TN? \_\_\_\_yes \_\_\_\_no

Why are you interested in serving on the board of directors for Sullivan County ECD 9-1-1?

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What skills, experience, and education do you possess that you feel would be beneficial to Sullivan County ECD 9-1-1 while serving as a board member?

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Please list any prior or current board experience, including organization(s) and dates served:

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Skills, experience, and interests:

- Finance, accounting
- Administration, management
- Policy development
- Program evaluation
- Education, instruction

Other: \_\_\_\_\_

- Personnel, human resources
- Emergency services
- Outreach, advocacy
- Public relations, communications
- Special events

Other: \_\_\_\_\_

Optional – Have you received any awards or honors that you would like to mention?

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Personal References:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please complete this form, attach copy of your resume and any materials you feel would be helpful in evaluating your application. Submit your application and documents to: Assistant Director, Natasha Jonas via email [natasha911@btes.tv](mailto:natasha911@btes.tv) or by mail to Sullivan County ECD 9-1-1 P.O. Box 485 Blountville, TN 37617. **Applications are due in the 9-1-1 office by July 31<sup>st</sup> of each year.**

\*Please note a background check is required for board member consideration.

**CONSENT TO PERFORM BACKGROUND CHECK**



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In Compliance with FCRA (Fair Credit Reporting Act)

## APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Maiden or other name (s) used						
Street Address					Apartment/Unit #	
City	State			ZIP		
County	Date of Birth			Race		
Driver's License # State		Social Security No.		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Have you ever been convicted or plead guilty before a court for any federal, state, or local criminal offense? (exclude minor traffic misdemeanors).			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
					State: _____ County: _____ Date of Offense: _____	
Details of Conviction:						
Have you ever received deferred adjudication or similar disposition for any federal, state, or local offense?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
					State: _____ County: _____ Date of Offense: _____	
Details of Conviction:						
Have you ever received probation or community supervision for any federal, state, or local offense?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
					State: _____ County: _____ Date of Offense: _____	
Details of Conviction:						

## DISCLAIMER AND SIGNATURE

I \_\_\_\_\_, am an applicant for a vacancy on the Sullivan County Emergency Communications Board, and have been advised that as a part of the application process, a background check will be conducted. I do hereby consent to the use of any information provided during the application process in performing the criminal history check. I have been informed that I have the right to review and challenge any negative information that would adversely impact a decision to offer me the position on the Board. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the ECD. Under the Fair Credit reporting Act, I have been advised that upon request I will be provided the name, address, and telephone number of the reporting agency as well as the nature, substance and source of all information.

Signature

Date