**Application for Employment**

**Instructions:**

These instructions are provided as guide to assist you in properly completing this first portion of you application process. It is essential that the information be accurate in all respects, it will be used as the basis for a start-up background investigation and eligibility process to continue with your eligibility for employment. After completing this first stage of the application process, if selected for continuance for possible employment, you the applicant will then be required to complete a Texas Commission on law Enforcement personal history statement for a complete and thorough background investigation and evaluation.

1. Your application must be printed legibly in BLACK INK by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any person submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.

Application for: \_\_\_\_\_\_\_ Deputy \_\_\_\_\_\_\_\_ Reserve Deputy

\_\_\_\_\_\_\_ Jailer \_\_\_\_\_\_\_\_ Part-time Jailer

\_\_\_\_\_\_\_ Cook \_\_\_\_\_\_\_\_ Night Cook

\_\_\_\_\_\_\_ Dispatcher/ Records Clerk

\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Name Date

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| Last Name | | | First Name | | | | | | | | | M.I | | | | Suffix |
| Other names, including nicknames, you have used or been known by. | | | | | | | | | Male Female Other \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Home Address | | | | City | | | | | | | State | | | | Zip | |
| Phone # Home | | | Phone # Cell | | | | | | | | Email | | | | | |
| Birth place (city, state, country) | | | | | | | | D.O.B. | | | | | Social Security # | | | |
| U.S. citizen  YES NO | | Height | | | | Weight | | | | Hair color | | | | Eye Color | | |
| Driver’s license # | State | | | | Exp: | | Traffic Tickets  YES NO Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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| NA | **Spouse Name** | |  | | DOB | | |  |
| Home Address | | | City | |  | | State | Zip |
| Work Address | | | City | |  | | State | Zip |
| Home Phone | | Cell |  | Work Phone |  | Email | |  |

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| **Father Name** | |  | | | DOB | | | |  | |
| Home Address | | | City | | |  | | State | | Zip |
| Work Address | | | City | | |  | | State | | Zip |
| Home Phone | Cell | |  | Work Phone | |  | Email | | |  |

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| **Mother Name** | |  | | | DOB | | | |  | |
| Home Address | | | City | | |  | | State | | Zip |
| Work Address | | | City | | |  | | State | | Zip |
| Home Phone | Cell | |  | Work Phone | |  | Email | | |  |

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| NA | **Former Spouse or Cohabitant** | | | 1. Name | | DOB | | Male Female |
| Home Address | | | | City | State | | Zip | |
| Work Address | | | | City | State | | Zip | |
| Home Phone | | | Cell | Work Phone Email | | | | |
| Year of Dissolution | | Is there, or has there been a restraining or stay-away order in effect for this individual?  Yes No | | | | | | |

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| **REFERENCES**  List at least 2 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere. | | | | | | | | | | | | | |
| **1**. Name | | Address | | | City | | | | | State | | Zip | |
| Company / Work address | | | City | | | State | | | Zip | | | | |
| Home Phone | Work Phone | | | Cell | | | Email | | | | | | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | | | | | How long have you known this person? | | | | | |
| **2**. Name | | Address | | | City | |  | | | | State | | Zip |
| Company / Work address | | | | | City | |  | | | | State | | Zip |
| Home Phone | Work Phone | | | Cell |  | | Email | | | | | | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | |  | |  | How long have you known this person? | | | | | |
| **3.** Name | | Address | | | City | |  | | | | State | | Zip |
| Company / Work address | | | | | City | |  | | | | State | | Zip |
| Home Phone | Work Phone | | | Cell |  | | Email | | | | | | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | |  | |  | How long have you known this person | | | | | |
| **4.** Name | | Address | | | City | |  | | | | State | | Zip |
| Company / Work address | | | | | City | |  | | | | State | | Zip |
| Home Phone | Work Phone | | | Cell |  | | Email | | | | | | |
| How do you know this person? (friend, teacher, family, co-worker) | | | | |  | |  | How long have you known this person? | | | | | |

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| Have you served in the Military Yes No | | | Branch | From | | | To |
| High school Diploma Yes No | | College Diploma Yes No | | | | High Equivalent Yes No | |
| List all special skills or qualifications you may possess that will benefit you in this job. | | | | | | | |
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| **Work History for the last 2 Yrs.: beginning with the most recent and include part time jobs.** | | | | | | | |
| Employer | Work Phone | | | | From To | | |
| Employer | Work Phone | | | | From To | | |
| Employer | Work Phone | | | | From To | | |
| Employer | Work Phone | | | | From To | | |

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| **Background history:**  Have you ever been arrested, detained by law enforcement or summoned into court? Yes No |
| If yes give the offense, date, city, state, and the disposition of the case. |
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| **Medical History:** list information concerning any doctors consolation within the last 3 years. |
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| **Extent or your use of intoxicating liquors:** |
| Seldom Frequent Casual Very Seldom Special Occasions Don’t drink |

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**Applicant’s Signature Date**

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| --- | --- |
| **Office use only**  Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved for second stage back ground check.  Yes No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Person referring second stage  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant’s Printed Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Notarized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_,

in and for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ county, in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_