



Wilbarger County Sheriff's Office

1700 Wilbarger St. Rm 18 Vernon Texas 76384

Ph. # 940-552-6205 Fax # 940-553-2318



Office Of: *Brian Fritze, Sheriff*

Chief Deputy: JR Ritter

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.				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	
Home Address		City		State	Zip
Phone # Home		Phone # Cell		Email	
Birth place (city, state, country)			D.O.B.		Social Security #
U.S. citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		Height	Weight	Hair color	Eye Color
Driver's license #	State	Exp:	Traffic Tickets <input type="checkbox"/> YES <input type="checkbox"/> NO Year _____		

<input type="checkbox"/> NA	Spouse Name			DOB	
Home Address		City		State	Zip
Work Address		City		State	Zip
Home Phone	Cell	Work Phone		Email	

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

Mother Name			DOB		
Home Address		City		State	Zip
Work Address		City		State	Zip



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Home Phone	Cell	Work Phone	Email
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<input type="checkbox"/> NA	Former Spouse or Cohabitant	1. Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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



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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?	

Have you served in the Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	From	To
High school Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	College Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No	High Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all special skills or qualifications you may possess that will benefit you in this job.

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

Background history:

Have you ever been arrested, detained by law enforcement or summoned into court? Yes No



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If yes give the offense, date, city, state, and the disposition of the case.

Medical History: list information concerning any doctors consultation within the last 3 years.

Extent or your use of intoxicating liquors:

Seldom
 Frequent
 Casual
 Very Seldom
 Special Occasions
 Don't drink

Applicant's Signature

Date

<p>Office use only</p> <p>Reviewed By: _____</p> <p>Date _____</p>	<p>Approved for second stage back ground check.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ Person referring second stage</p> <p>Date _____</p>
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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 educational 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 _____, _____,



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in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____