

**EASTLAND COUNTY
SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT**

AN EQUAL OPPORTUNITY EMPLOYER

Date of Application _____

Position(s) Applied For (Please circle): **Chief Deputy/Patrol Deputy/Courthouse Deputy/Investigator**

Name _____ Telephone _____

Address _____
Street City State Zip Code

Are you at least 21 years old? _____

Are you authorized to work in the United States on an unrestricted basis? _____

Are you a citizen of the United States? _____

Have you ever been employed by **Eastland County** before? _____ If yes, give date: _____

Are you currently employed? _____

If yes, may we contact your present employer? _____

Have you been told the essential functions of the job or been shown a copy of the job description listing the essential functions of the job? _____

If so, can you perform these essential functions with or without reasonable accommodation? _____

When are you available to work? ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are there any hours, shifts, or days you cannot or will not work? _____

Are you willing to work overtime as required? _____

Have you ever been arrested or convicted of a Felony or Misdemeanor? _____

If yes, please explain: _____

On what date would you be available for work? _____ Wage or salary desired: _____

EDUCATION

| | NAME AND LOCATION OF SCHOOL | MAJOR | DIPLOMA/DEGREE |
|---------------------------|-----------------------------|-------|----------------|
| High School | | | |
| College/University | | | |
| College/University | | | |
| Other Training/Education: | | | |

WORK HISTORY

| | |
|------------------------------|--|
| Most Recent Employer | Dates Employed From: To: |
| Address | Telephone |
| Job Title | Hourly Rate/Salary Starting: Final: |
| Name and Title of Supervisor | |
| Description of Duties | |
| Reason for Leaving | |

| | |
|------------------------------|--|
| Previous Employer | Dates Employed From: To: |
| Address | Telephone |
| Job Title | Hourly Rate/Salary Starting: Final: |
| Name and Title of Supervisor | |
| Description of Duties | |

| |
|--------------------|
| Reason for Leaving |
|--------------------|

| | |
|------------------------------|--|
| Previous Employer | Dates Employed From: _____ To: _____ |
| Address | Telephone |
| Job Title | Hourly Rate/Salary Starting: _____ Final: _____ |
| Name and Title of Supervisor | |
| Description of Duties | |
| Reason for Leaving | |

| | |
|------------------------------|--|
| Previous Employer | Dates Employed From: _____ To: _____ |
| Address | Telephone |
| Job Title | Hourly Rate/Salary Starting: _____ Final: _____ |
| Name and Title of Supervisor | |
| Description of Duties | |
| Reason for Leaving | |

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge. Please note if you have a Current Valid Driver's License.

REFERENCES

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I also understand that this application is an official government record and that is a criminal offense to falsify such. I authorize Eastland County to make an investigation of any of the facts set forth in this application. I also authorize Eastland County Sheriff's Office to use the information I have provided to conduct a criminal background check.

I understand that employment with Eastland County is "at will" which means that either I or Eastland County can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or official of Eastland County, other than the Commissioners' Court, has any authority to alter the foregoing.

Signature of Applicant

Date

Printed or typed name

EASTLAND COUNTY SHERIFF'S OFFICE

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Eastland County Sheriff's Office 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: _____

Social Security: _____

Driver's License: _____

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: _____