



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

**AN EQUAL OPPORTUNITY EMPLOYER**

Date of Application \_\_\_\_\_

Position(s) Applied For (Please circle): **DEPUTY** or **JAILER**

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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: <span style="float: right;">To:</span>
Address	Telephone
Job Title	Hourly Rate/Salary Starting: <span style="float: right;">Final:</span>
Name and Title of Supervisor	
Description of Duties	
Reason for Leaving	

Previous Employer	Dates Employed From: <span style="float: right;">To:</span>
Address	Telephone
Job Title	Hourly Rate/Salary Starting: <span style="float: right;">Final:</span>
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.

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**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

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**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: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
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 \_\_\_\_\_ .

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_  
Printed Name of Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_