

ANDREWS COUNTY SHERIFF'S OFFICE
EMPLOYMENT APPLICATION &
PERSONAL HISTORY STATEMENT

Instructions on this application must be followed exactly. Fill out the application completely. If questions are not applicable, enter "NA". **DO NOT LEAVE QUESTIONS BLANK.** Please print and be sure the information is legible. Be sure to read the authorization and agreement at the end and sign when completed.

This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and to recognize that our employees are subject to additional public scrutiny in their public and personal lives.

Date of Application: _____

Position Applied for: ___Deputy ___Jailer ___Dispatcher ___Cook ___Clerical

NAME: _____
(Last, First, Middle)

Any Other Name EVER Used: _____

Social Security # _____ Date of Birth _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Place of Birth _____ Salary Requirements \$ _____

Are you a citizen of the United States? Yes _____ No _____

Driver's License # _____ State of Issue _____

FAMILY: *(Use Reverse side if more space needed on any of the below)*

Marital Status: (circle) Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

Spouse (Current or former): _____

Children: (Please list all natural, step, adopted and foster children of you or your spouse)

Name: _____ Age: _____ Live with you? Y N

Name: _____ Age: _____ Live with you? Y N

Name: _____ Age: _____ Live with you? Y N

Name: _____ Age: _____ Live with you? Y N

Father's Name: _____ Address _____

Mother's Name: _____ Address _____

Brother's Name: _____ Address _____

Sister's Name: _____ Address _____

EDUCATION:

High School: _____ Location: _____

Dates Attended: _____ Did you Graduate? Yes _____ No _____

If yes, what year did you Graduate? _____

If no, did you earn a GED? Yes _____ When? _____ No _____

College: _____ Location: _____

Dates Attended: _____ Course of Study: _____

Did you earn a degree? Y _____ N _____

If Yes, what degree did you earn? _____

If No, how many hours did you accumulate? _____

College: _____ Location: _____

Dates Attended: _____ Course of Study: _____

Did you earn a degree? Y _____ N _____

If Yes, what degree did you earn? _____

If No, how many hours did you accumulate? _____

College: _____ Location: _____

Dates Attended: _____ Course of Study: _____

Did you earn a degree? Y _____ N _____

If Yes, what degree did you earn? _____

If No, how many hours did you accumulate? _____

Trade School: _____ Location: _____

Dates Attended: _____ Course of Study: _____

Completed? Y _____ N _____ Certification Received: _____

MILITARY SERVICE RECORD:

Were you in the U. S. Armed Forces? Y_____ N_____

If yes, Branch_____ Service #_____

Dates of Duty:_____ Rank at Discharge:_____

Duties in Service:_____

Are you currently a member of the National or Texas Guard or Reserves? Y_____ N_____

EMPLOYMENT HISTORY:

Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary or seasonal employment. Include an explanation of all periods of unemployment. Attach extra pages, if necessary.

1. Date of Employment: From_____ To_____

Employer_____

Address_____

City, State, Zip_____

Phone #_____ Supervisor_____

Job Title:_____ Salary:_____

Duties:_____

Reason for leaving:_____

May we contact this employer? Y_____ N_____

Anyone other than supervisor you would like us to talk to about your performance on this job? Name: _____ Phone #:_____

2. Date of Employment: From _____ To _____

Employer _____

Address _____

City, State, Zip _____

Phone # _____ Supervisor _____

Job Title: _____ Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Y _____ N _____

Anyone other than supervisor you would like us to talk to about your performance on this job? Name: _____ Phone #: _____

3. Date of Employment: From _____ To _____

Employer _____

Address _____

City, State, Zip _____

Phone # _____ Supervisor _____

Job Title: _____ Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Y _____ N _____

Anyone other than supervisor you would like us to talk to about your performance on this job? Name: _____ Phone #: _____

4. Date of Employment: From _____ To _____

Employer _____

Address _____

City, State, Zip _____

Phone # _____ Supervisor _____

Job Title: _____ Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Y _____ N _____

Anyone other than supervisor you would like us to talk to about your performance on this job? Name: _____ Phone #: _____

5. Date of Employment: From _____ To _____

Employer _____

Address _____

City, State, Zip _____

Phone # _____ Supervisor _____

Job Title: _____ Salary: _____

Duties: _____

Reason for leaving: _____

May we contact this employer? Y _____ N _____

Anyone other than supervisor you would like us to talk to about your performance on this job? Name: _____ Phone #: _____

DRIVING AND CRIMINAL HISTORY:

Has your driver's license ever been suspended or revoked? Yes_____ No_____

If yes, give date, location, and reasons _____

List all driving citations received, excluding parking tickets:

Date	Charge	City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any traffic accidents in which you have been involved, including date and location:

Have you ever been arrested, detained by police or summoned into court as a defendant?
Yes _____ N _____

If yes, complete the following: (Use reverse side if needed)

Date	Offense Charged	Police Agency, City & State	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL QUALIFICATIONS AND SKILLS:

Are you certified by TCOLE? Y_____ N_____

If yes, list all certifications held and your certification level? (Attach copy of certificate)

If no, do you hold any law enforcement certifications from another state? Y_____ N_____

If yes, list the certifications, the state in which you are certified, and when you received the certification. (Attach copies of the certificates)

List any special licenses or certifications you hold (such as EMT, pilot, radio operator, scuba diver, etc) showing licensing authority, original date of issue, and date of expiration.

List any foreign language in which you are fluent and your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing
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List any other skill you possess that may be helpful to the job for which you are applying:

MEDICAL HISTORY:

Do you have any physical handicaps, chronic diseases, or disabilities? Y_____ N_____

If yes, please explain the nature of your condition and any special considerations you require in a workplace.

Describe any major illnesses or accidents within the last three years.

Are you currently taking any prescribed medication? Y_____ N_____

If yes, please list: _____

MEMBERSHIPS AND ORGANIZATIONS:

List any organizations to which you belong:

Organization

Type: (social, fraternal, professional)

PERSONAL DECLARATIONS:

1. Describe the frequency and extent of your use of intoxicating liquors.

2. Have you ever sold or furnished drugs or narcotics to anyone? Y_____ N_____

If yes, explain. _____

3. If it became necessary to take a human life in the course of your duties, would any religious or other beliefs prevent you from doing so? Y_____ N_____

If yes, explain. _____

4. Do you have any religious or other beliefs or family conflicts that would prevent you from fully performing the duties required in the job for which you are applying, including working on holiday, weekend, evening or night shifts? Y_____ N_____

If yes, explain. _____

5. Have you ever made application for employment with this or any other law-enforcement agency? Y_____ N_____

If yes, list agency, date, and status of application:

6. The ability of our employees to maintain a healthy financial status is important to the public image of this department. However, we understand that situations can arise that affect your credit rating. Please explain any situations that we need to consider when examining your credit history.

7. Explain any other incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment.

REFERENCES:

Please list at least four people who are not relatives who can provide a reference for you:

1. Name: _____

Phone: _____ Best time to call: _____

Address: _____ City, State, Zip _____

How do you know this person? _____

How long have you known this person? _____

2. Name: _____

Phone: _____ Best time to call: _____

Address: _____ City, State, Zip _____

How do you know this person? _____

How long have you known this person? _____

3. Name: _____

Phone: _____ Best time to call: _____

Address: _____ City, State, Zip _____

How do you know this person? _____

How long have you known this person? _____

4. Name: _____

Phone: _____ Best time to call: _____

Address: _____ City, State, Zip _____

How do you know this person? _____

How long have you known this person? _____

AUTHORIZATION AND AGREEMENT:

I hereby certify that the facts provided in this application are true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interview or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Andrews County or any employee shall not be liable in any respect if my employment is so denied or terminated.

I understand that all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for Andrews County to verify my identity and work authorization.

I understand and agree that I will be required to comply with all the requirements of the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) for the position I am applying for. Failure to meet these standards at any time will constitute grounds for dismissal.

I understand and agree that the acceptance of this application by Andrews County neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Andrews County at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.

Signature of Applicant _____ Date _____

**ANDREWS COUNTY SHERIFF'S OFFICE
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the Andrews 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: _____

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: _____

Printed Name of Notary Public: _____

My Commission Expires: _____