

**HALE, SWISHER & CASTRO COUNTIES
COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT
(806) 291-5221**

EMPLOYMENT APPLICATION

This department is an Equal Opportunity Employer and will consider applicants for all positions without regard to race, color, national origin, religion, sex, age, or disability.

Please complete this application in your own handwriting and return to:

Andrew L. Jackson, Hale County CSCD, 519 Broadway, Plainview, Texas 79072

I am applying for the position of: _____ Date _____

Applicant's Name: _____
First Name Middle Name or Initial Last Name

Present Address: _____
Street #, P. O. Box or Rural Route City State Zip Code

How long have you lived at your present address? _____ years _____ months

Social Security Number: _____ - _____ - _____ Home Phone with Area Code: _____

Cellular Phone: _____ Work Phone – Optional: _____

Are you at least 18 years of age? (Circle One) Yes No

Are You a United States Citizen? (Circle One) Yes No

If not a citizen, are you entitled to work in the United States? (Circle One) Yes No

Driver's License Number: _____ State of Issue: _____

EDUCATION

High School: _____ Date Graduated: _____

If you have a Bachelor's Degree, complete the next section

Name and Location of College or University Conferring Degree	Attended From: To:	Year Graduated	Degree Obtained:
Major:	Minor:	Awards:	

Scholarships or Academic Honors:

Other Education or Training:

OFFICE SKILLS

How many words per minute can you type with reasonable accuracy? _____

List computer programs in which you are proficient: _____

List any secretarial or business college training you have successfully completed: _____

EMPLOYMENT HISTORY (List present or most recent positions first)

From: Mo/Yr	To: Mo/Yr	Employer Address & Telephone Number	Salary	Job Title and Description Of Work Duties	Reason for Leaving
		_____		_____	_____
		_____		_____	_____
		_____		_____	_____
		_____		_____	_____
		_____		_____	_____

May we ask your present employer for a reference? (Circle One) Yes No

REFERENCES (Please do not list relatives)

Name of Reference	How are you associated with this person?	Day Phone Number
1.		
2.		
3.		

Who do you know that works with this department? _____

If you are you related by blood or marriage to anyone who is employed with this department, please give their name(s):

If you have ever been convicted of a crime in this or any other state give the details: _____

Can you travel if the job requires? _____

Activities/Interests: List professional, trade, business or civic activities and offices held: _____

Current licenses, certification, registrations and publications: _____

Languages spoken, written or read: Note fluency: _____

Special skills and qualifications: _____

Other interests or hobbies: _____

We appreciate your interest in seeking employment with this department – please make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

ADDITIONAL REMARKS: _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized department representative. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Community Supervision & Corrections Department.

I consent to the 64th & 242nd Judicial Districts, Community Supervision & Corrections Department obtaining such personal and job-related information as required in connection with this application for employment.

Signature of Applicant: _____ Date: _____

**64TH & 242ND JUDICIAL DISTRICTS
COMMUNITY SUPERVISION
&
CORRECTIONS DEPARTMENT
Serving Hale, Swisher and Castro Counties**

Andrew L. Jackson, Director

**519-B Broadway
Plainview, Texas 79072**

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the department, I understand that reference inquiries will be made concerning my previous employment, educational background, criminal and driving records, and other related matters. Accordingly, I hereby authorize all former employers and other public and private concerns to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history. I understand, if employment with the department is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting agency, that I will be entitled to receive from the department only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the department's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge the department and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the department's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the department of information pertaining to my personal history.

Applicant:

Print Full Name: _____ Soc. Sec. No.: _____

Date of Birth: _____

Current Mailing Address: _____

City, State, Zip Code: _____

Signature: _____ Date: _____