



COMANCHE COUNTY
APPLICATION FOR EMPLOYMENT
 EQUAL OPPORTUNITY
 EMPLOYER



NOTE TO APPLICANT: A resume will not be accepted in lieu of an application. Failure to complete application will result in non-consideration. If you need assistance in completing this application, please inquire at our Front Office.

Date of Application: _____ **Job Posting:** _____

PERSONAL

Name: _____ **Social Security Number:** _____
 (Last) (First) (Middle)

Physical Address: _____
 (Street) (City) (State) (Zip)

Mailing Address: _____
 (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Other Contact Number:** _____

In Case of Emergency Notify: _____
 (Name) (Address) (Phone) (Relationship)

Are You A Veteran Of The U.S. Armed Forces?

YES NO

If Yes, Branch _____

Rank _____

Dates of Active Duty _____

Are You Related By Blood Or Marriage To Any Current Comanche County Employee ?

YES NO

If Yes, Name Of Employee _____

Department _____

Relationship _____

Have You Ever Been Employed By Comanche County?

YES NO

If Yes, Department _____

Date: From: _____ To: _____

Have You Ever Been Convicted of A Felony?

YES NO

If Yes, Date: _____ Place _____

Describe: _____

What Languages Do You Speak Fluently? _____

FORMER EMPLOYERS

List all employers for the past 10 years (may continue on attachment). Include your current employer. List at least three employers (may go back past 10 years). List most recent employment first.

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

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Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

Name And Address Of Present Or Last Employer

Dates of Employment : Position:

From Mo./Yr. To Mo./Yr

Supervisor Name:

Supervisor Title:

May We Contact Your Employer? YES NO

Contact Name: Contact Phone:

Ending Salary \$ _____ PER _____

Position Description/Duties:

Reason For Leaving:

EMPLOYMENT DESIRED

Date You Can Start: _____	Salary Desired _____ :
Job Title of Position(s) Desired: _____	
Type of Position Desired:	<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Temporary Part-Time
Specify Days Of The Week And Number Of Hours Preferred: _____	
Will You Work Irregular Hours? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION AND TRAINING RECORD

Schools Attended	School Name, City, State	Did you Graduate	Type of Degree	Major
High School Last Attended				
College, University Technical School				
College, University Technical School				

List Academic Honors, Scholarships, Etc. That You Feel Are Significant And Relevant To Employment: _____ List All Professional Licenses/Certifications: Type: _____ State: _____ Date Expires: _____ Number: _____ Type: _____ State: _____ Date Expires: _____ Number: _____ List All Subjects of Special Study Or Training That You Feel Are Significant and Relevant to Employment: _____
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PERSONAL REFERENCES

List three persons other than relatives that have knowledge of your work experience or education

Name	Address	Phone	Years Acquainted

APPLICANT'S STATEMENT

I certify that all information included in this application packet is true and correct to the best of my knowledge. I authorized Comanche County to investigate all information contained in this packet to the extent it deems necessary in arriving to an employment decision. This application will be considered for a period not to exceed 90 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employer 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 including personnel or employee handbook, or by any verbal agreement. I understand that false or misleading information given in my application package or interview may result in my removal from consideration from employment or if after employment it may result in discipline or discharge. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment. I understand that no person shall be denied employment with Comanche County on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

SIGNATURE: _____ DATE: _____

SHERIFF'S OFFICE EMPLOYMENT SPECIFICATIONS

1. General Information.

- a. The Sheriff's Office is an equal opportunity employer. It is the policy of the Department to fill vacant job positions with the most qualified applicants. Applicants selected for employment must meet all applicable legal and administrative guidelines.
- b. Vernon's Civil Statutes, Title 120, Article 6869, note 8...the provisions of this article that Deputies tenure should be at the pleasure of the Sheriff is tantamount to a provision both appointment and tenure are discretionary with him.
- c. A statement by the applicant must accompany the employment application certifying that the applicant meets the MINIMUM qualifications and is eligible for employment consideration.

2. Deputy and Correction Officer selection.

- a. The Sheriff's Office complies with legal provisions and rules governing the appointment of Peace Officers, Reserve Officers and Corrections Officers. Specifically of concern is Article 4413 (29aa) V. C. S. as amended, and the rules and regulations of the Texas Commission on Law Enforcement Officer Standards and Educations (TCLEOSE).
- b. Physical requirements.
 - 1. Deputy, at least 21 years of age
 - 2. Correction Officer, at least 18 years of age.

3. Applicants must submit to a thorough background check.

4. Applicants must not have been convicted of a felony or a misdemeanor relating to moral turpitude, such as theft and/or driving while intoxicated (DWI).

5. Applicant must be of the highest moral character.

I Have Read And Fully Understand the Stipulations of Employment

Signature of Applicant _____

Print Name of Applicant _____

Signature of Interviewer _____

Signature of Interviewer _____

Signature of Interviewer _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of all records concerning myself to any authorized agent of the Comanche County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners, and the U. S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections and records of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Comanche County Sheriff Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release such person(s) from any and all liability, which may be incurred by the furnishing of such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (Include Maiden Name)

Address

City State Zip Code

Phone Number Date Of Birth

Social Security Number

Subscribed and Sworn to Before Me, By The Said _____
This the _____ Day Of _____, 20____ To Certify Which Witness My Hand And
Seal Of Office as a Notary Public In And For Comanche County.

Signature My Commission Expires

Law Enforcement Applicants Only
(Peace Officer and Detention Staff)

Applicant's Name

Texas Drivers License Number

Expiration Date

Date of Birth