



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: _____

(Last)

(First)

(Middle)

Physical

Address: _____

(Street)

(City)

(State)

(Zip)

Mailing

Address: _____

(Street)

(City)

(State)

(Zip)

Home 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 A Law Enforcement Agency?

YES

NO

If Yes, PID _____

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.

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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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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:

EMPLOYMENT DESIRED

Date You Can Start: _____ Salary Desired: _____

Job Title of Position(s) Desired: _____

Type of Position Desired: Regular Full-Time Temporary Full-Time
 Regular Part-Time Temporary Part-Time

Are you capable of working any day of the week and any shift or hours assigned?

YES 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: _____

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: _____

COMANCHE COUNTY SHERIFF'S OFFICE

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ 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: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

Law Enforcement and Communications Applicants Only
COPY OF DRIVERS LICENSE AND SOCIAL SECURITY CARD

DRIVERS LICENSE

SOCIAL SECURITY CARD

Attached is TCOLE rules relating to minimum qualifications for licensure. If you do not meet the minimum qualifications you are not eligible for a license and are barred by the State of Texas from employment at this Office. Feel free to detach the attached papers and keep.

Texas Administrative Code

TITLE 37

PUBLIC SAFETY AND CORRECTIONS

PART 7

TEXAS COMMISSION ON LAW ENFORCEMENT

CHAPTER 217

ENROLLMENT, LICENSING, APPOINTMENT, AND SEPARATION

RULE §217.1

Minimum Standards for Enrollment and Initial Licensure

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- (a) In order for an individual to enroll in any basic licensing course the provider must have on file documentation that the individual meets eligibility for licensure and:
- (1) a high school diploma;
 - (2) a high school equivalency certificate; or
 - (3) for the basic peace officer training course, an honorable discharge from the armed forces of the United States after at least 24 months of active duty service;
- (b) The commission shall issue a license to an applicant who meets the following standards:
- (1) age requirement:
 - (A) for peace officers and public security officers, is 21 years of age; or 18 years of age if the applicant has received:
 - (i) an associate's degree; or 60 semester hours of credit from an accredited college or university; or
 - (ii) has received an honorable discharge from the armed forces of the United States after at least two years of active service;
 - (B) for jailers and telecommunicators is 18 years of age;
 - (2) minimum educational requirements:
 - (A) has passed a general educational development (GED) test indicating high school graduation level; or
 - (B) holds a high school diploma;
 - (3) is fingerprinted and is subjected to a search of local, state and U.S. national records and fingerprint files to disclose any criminal record;
 - (4) has never been on court-ordered community supervision or probation for any criminal offense above the grade of Class B misdemeanor or a Class B misdemeanor within the last ten years from the date of the court order;
 - (5) is not currently charged with any criminal offense for which conviction would be a bar to licensure;
 - (6) has never been convicted of an offense above the grade of a Class B misdemeanor or a Class B misdemeanor within the last ten years;
 - (7) has never been convicted or placed on community supervision in any court of an offense involving family violence as defined under Chapter 71, Texas Family Code;
 - (8) for peace officers, is not prohibited by state or federal law from operating a motor vehicle;
 - (9) for peace officers, is not prohibited by state or federal law from possessing firearms or ammunition;
 - (10) has been subjected to a background investigation;
 - (11) examined by a physician, selected by the appointing or employing agency, who is licensed by the Texas Medical Board. The physician must be familiar with the duties appropriate to the type of license sought and appointment to be made. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of appointment by the agency to be:
 - (A) physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought;
 - (B) show no trace of drug dependency or illegal drug use after a blood test or other medical test; and
 - (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory medical exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
 - (12) examined by a psychologist, selected by the appointing, employing agency, or the academy, who is licensed by the Texas State Board of Examiners of Psychologists. This examination may also be conducted by a psychiatrist licensed by the Texas Medical Board. The psychologist or psychiatrist must be familiar with the duties appropriate to the type of license sought. The individual must be declared by that professional, on a form prescribed by the commission, to be in satisfactory psychological and emotional health to serve as the type of officer for which the license is sought. The examination must be conducted pursuant to professionally recognized standards and methods. The examination process must consist of a review of a job description for the position sought; review of any personal history statements; review of any background documents; at least two instruments, one which measures personality traits and one which measures psychopathology; and a face to face interview conducted after the instruments have been scored. The appointee must be declared by that professional, on a form prescribed by the commission, within 180 days before the date of the appointment by the agency;
 - (A) the commission may allow for exceptional circumstances where a licensed physician performs the evaluation of psychological and emotional health. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; or
 - (B) the examination may be conducted by qualified persons identified by Texas Occupations Code §501.004. This requires the appointing agency to request in writing and receive approval from the commission, prior to the evaluation being completed; and
 - (C) for the purpose of meeting the requirements for initial licensure, an individual's satisfactory psychological exam that is conducted as a requirement of a basic licensing course may remain valid for 180 days from the individual's date of graduation from that academy, if accepted by the appointing agency;
 - (13) has never received a dishonorable or other discharge based on misconduct which bars future military service;
 - (14) has not had a commission license denied by final order or revoked;
 - (15) is not currently on suspension, or does not have a surrender of license currently in effect;
 - (16) meets the minimum training standards and passes the commission licensing examination for each license sought;
 - (17) is a U.S. citizen.
- (c) For the purposes of this section, the commission will construe any court-ordered community supervision, probation or conviction for a criminal offense to be its closest equivalent under the Texas Penal Code classification of offenses if the offense arose from:
- (1) another penal provision of Texas law; or
 - (2) a penal provision of any other state, federal, military or foreign jurisdiction.
- (d) A classification of an offense as a felony at the time of conviction will never be changed because Texas law has changed or because the offense would not be a felony under current Texas laws.
- (e) A person must meet the training and examination requirements:

- (1) training for the peace officer license consists of:
 - (A) the current basic peace officer course(s);
 - (B) a commission recognized, POST developed, basic law enforcement training course, to include:
 - (i) out of state licensure or certification; and
 - (ii) submission of the current eligibility application and fee; or
 - (C) a commission approved academic alternative program, taken through a licensed academic alternative provider and at least an associate's degree.
- (2) training for the jailer license consists of the current basic county corrections course(s) or training recognized under Texas Occupations Code §1701.310;
- (3) training for the public security officer license consists of the current basic peace officer course(s);
- (4) training for telecommunicator license consists of telecommunicator course; and
- (5) passing any examination required for the license sought while the exam approval remains valid.
- (f) The commission may issue a provisional license, consistent with Texas Occupations Code §1701.311, to an agency for a person to be appointed by that agency. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a provisional license. A provisional license is issued in the name of the applicant; however, it is issued to and shall remain in the possession of the agency. Such a license may neither be transferred by the applicant to another agency, nor transferred by the agency to another applicant. A provisional license may not be reissued and expires:
 - (1) 12 months from the original appointment date;
 - (2) on leaving the appointing agency; or
 - (3) on failure to comply with the terms stipulated in the provisional license approval.
- (g) The commission may issue a temporary jailer license, consistent with Texas Occupations Code §1701.310. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary jailer license. A temporary jailer license expires:
 - (1) 12 months from the original appointment date; or
 - (2) on completion of training and passing of the jailer licensing examination.
- (h) The commission may issue a temporary telecommunicator license, consistent with Texas Occupations Code §1701.405. An agency must submit all required applications currently prescribed by the commission and all required fees before the individual is appointed. Upon the approval of the application, the commission will issue a temporary telecommunicator license. A temporary telecommunicator license expires 12 months from the original appointment date.
- (i) A person who fails to comply with the standards set forth in this section shall not accept the issuance of a license and shall not accept any appointment. If an application for licensure is found to be false or untrue, it is subject to cancellation or recall.
- (j) The effective date of this section is February 1, 2016.