

Chief Deputy Chris Fox

Sheriff Sara Brown

UPTON COUNTY SHERIFF'S OFFICE P.O. BOX 27 RANKIN, TEXAS 79778 office (432) 693-2422

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

The Upton County Sheriff's Office does not discriminate on the basis of race, religion, national origin, color, sex, age, veteran status, or disability. It is our intention that all qualified applicants be given equal opportunity and selection decisions are bases on job-related factors.

DATE:	DATE RECEIVED:				
Last Name	First Name		Middle Initial		
Street Address:					
Mailing Address:					
City		State	Zip		
Home Phone #		Cell Phone #			
Social Security #:	DL #:	DL #: DOB:			
Position you are applying for:	Deputy	Jailer	Dispatcher		
Full Time Part T	ime				
Are there any days and hours you would NOT be willing to work?					
Date you are available to start work?					
Have you ever been convicted of a misdemeanor or felony?YesNO					
If yes, please explain					
Have you previously worked for the Upton County Sheriff's Office?YESNO					
Dates:					

If you have relatives working at the Upton (County Sheriff's Office., plea	ise give names and
indicate their relationship to you.		
Person to notify in case of an emergency:		
Name:		
Address:		
City:	State:	Zip:
Phone #:		

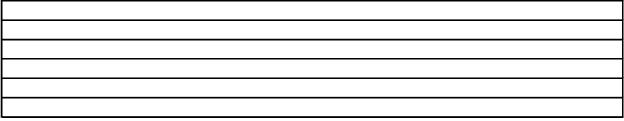
EDUCATION

High School	Did you gradua	ate?	YES	NO	Date of graduation:	Diploma or GED
Name and A	ddress:					
College	Did you graduate?	_YES _	NO	Date	of graduation:	Degree or Diploma
Name and A	ddress:					
Other						

List the certificates, and licenses that you currently hold:

PID #: Туре Granting Authority Date of Expiration Number

Do you have other experiences, skills or qualifications which you feel we should consider?



EMPLOYMENT HISTORY

Starting with your present or most recent employer, give a complete record of all employment during at least least the past five years. Explain any gaps. Attach additional sheets if necessary.

mployer:		
	City:	
Zip:	Telephone:	
Year	Leaving Date: Month	Year
Final Pay	Job Title	
	Name of immediate supervisor	
	Hours per week	
	•	
	-	Year
Final Pay		
	Hours per week	
	<u>C'I</u>	
		Mara
	-	Year
Final Pay	JOD LITIE	
	Name of immediate supervisor	
	Name of immediate supervisor Hours per week	
	•	
	•	
	•	
	Hours per week	
Zip:	Hours per week City:	
Zip: Year	Hours per week	Year
	Hours per week City: Telephone:	Year
Year	Hours per week City: Telephone: Leaving Date: Month	Year
Year	Hours per week City: Telephone: Leaving Date: Month Job Title	Year
	Zip: Year	City:Zip:Telephone:YearLeaving Date: MonthFinal PayJob TitleName of immediate supervisorHours per weekHours per weekZip:City:Zip:Telephone:YearLeaving Date: MonthFinal PayJob TitleName of immediate supervisorHours per weekCity:City:Zip:Telephone:YearLeaving Date: MonthFinal PayJob TitleName of immediate supervisorHours per weekCity:City:Zip:Telephone:YearLeaving Date: Month

REFERENCES

May we contact you current	employer?Y	ESNO	
If you have ever worked for a	an employer under	another name, please	give that name:
Have you ever been dismisse	d or been asked to	resign from any position	on?YESNO
If yes, when and for what rea	ison?		
Please list three work related	l references: (do no	ot list relatives)	
Name	Address	Phone	Business
1			
2			
3			
How did you learn of this ope	ening?		

Please read carefully before signing:

I certify that all information provided in this employment application is true and complete. I understand that any false information or significant omission may disqualify me from further consideration of employment and may justify my dismissal if discovered at a later date.

I authorize the investigation any or all statements provided during the process of this application and also authorize, whether listed or not, any person, school, current employer (except as previously noted), past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create a contract of employment not guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I understand that as part of the recruiting and selection process I may be required to undergo a post job offer examination (at the county's expense). I also understand that I will not be employed if I do not pass the job-related physical exam. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, if required.

I realize that as a condition of employment, I will be required to show original documentation of both identity and eligibility to work in the United States.

I have read and understand these statements.

Signature_____ Date_____

Note: this application for employment will remain active for a limited time.



Sheriff Sara Brown

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Chief Deputy Chris Fox

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CONSENT OF RELEASE

_____, authorize

NAME OF APPLICANT

To disclose

PREVIOUS OR CURRENT EMPLOYER

To the Upton County Sheriff's Department the records of my personnel files, the purpose for which the records and information is to be used for prospective employment.

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

The consent granted by this consent expires Sixty (60) days from the date this document is executed.

Executed this______ day of ______ 20_____.

Applicant

Signature of Witness