

**Sheriff Sara Brown**



**Chief Deputy Chris Fox**

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 based 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 #:	DOB:	
Position you are applying for:	Deputy	Jailer	Dispatcher
Full Time	Part Time		
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? ___ Yes ___ NO			
If yes, please explain			
Have you previously worked for the Upton County Sheriff's Office? ___ YES ___ NO			
Dates:			



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## 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.

Present or most recent Employer:					
Kind of Business:					
Street Address:			City:		
State:		Zip:	Telephone:		
Starting Date:	Month	Year	Leaving Date:	Month	Year
Starting Pay	Final Pay		Job Title		
Department		Name of immediate supervisor			
Description of duties			Hours per week		
Reason for leaving:					

Employer:					
Kind of Business:					
Street Address:			City:		
State:		Zip:	Telephone:		
Starting Date:	Month	Year	Leaving Date:	Month	Year
Starting Pay	Final Pay		Job Title		
Department		Name of immediate supervisor			
Description of duties			Hours per week		
Reason for leaving:					

Employer:					
Kind of Business:					
Street Address:			City:		
State:		Zip:	Telephone:		
Starting Date:	Month	Year	Leaving Date:	Month	Year
Starting Pay	Final Pay		Job Title		
Department		Name of immediate supervisor			
Description of duties			Hours per week		
Reason for leaving:					

Employer:					
Kind of Business:					
Street Address:			City:		
State:		Zip:	Telephone:		
Starting Date:	Month	Year	Leaving Date:	Month	Year
Starting Pay	Final Pay		Job Title		
Department		Name of immediate supervisor			
Description of duties			Hours per week		
Reason for leaving:					

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REFERENCES

May we contact your current employer? ___ YES ___ NO				
If you have ever worked for an employer under another name, please give that name:				
Have you ever been dismissed or been asked to resign from any position? ___ YES ___ NO				
If yes, when and for what reason?				
Please list three work related references: (do not list relatives)				
	Name	Address	Phone	Business
1				
2				
3				

How did you learn of this opening?

**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.

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CONSENT OF RELEASE

I \_\_\_\_\_, 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