

Sheriff
Mitchell Upchurch



Lieutenant
J. Bond

UPTON COUNTY SHERIFF'S DEPARTMENT
P.O. BOX 27
RANKIN, TEXAS 79778
office (432) 693-2422
fax (432) 693-2303

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

The Upton County Sheriff's Department 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 #		Work Phone #	Cell Phone #	
Social Security #:		DL #:	DOB:	
Position you are applying for:		Deputy	Jailer	Dispatcher
Full Time	Part Time	Temporary		Relief
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 felony? ____ Yes ____ NO				
If yes, please explain				
Have you previously worked for the Upton County Sheriff's Dept.? ____ YES ____ NO				
Dates:				

If you have relatives working at the Upton County Sheriff's Dept., please 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 graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of graduation:	Diploma or GED
Name and Address:			
College	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of graduation:	Degree or Diploma
Name and Address:			
Other			

List the certificates, and licenses that you currently hold:			PID #:
Type	Number	Granting Authority	Date of Expiration

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 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:					

REFERENCES

May we contact you 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?	
Family Member/Friend	Internet
UCSO Employee	Magazine/Journal (name)

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

PREVIOUS OR CURRENT EMPLOYER To disclose

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