



**BOWIE COUNTY
COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT**

Application for Employment

Bowie County Community Supervision and Corrections Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Employees of Bowie County, Texas are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of Bowie County's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon Bowie County, Texas, and to recognize his/her public and personal lives.

INSTRUCTIONS: PLEASE PRINT IN BLUE OR BLACK INK.

NAME _____
(Last) (First) (MI) (Daytime Phone)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

E-MAIL ADDRESS _____

List any other names used if different from name on this application. _____

Positions desired _____ Date Available _____

Referred for this position by: _____

Have you ever been employed by Bowie County, Texas Yes No

Dates _____ Department _____

Supervisor _____ Reason for leaving _____

Have you ever been convicted of a felony? Yes No

If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.

Do you have a valid driver's license? Yes No DL State/Number _____

Are you at least 18 years of age? Yes No Are you legal to work in the United States? Yes No

MILITARY SERVICE

Are you a veteran? Yes No If yes, list type of discharge _____

Branch of Service _____ Dates of Service _____

EDUCATION

	Name and Location of School	Major Fields of Study	Date Graduated (or expected graduation date)
High School			
Community or Junior College			
College or University			
Graduate School			
Business or Trade School			

COMPUTER SOFTWARE SKILLS

Word Processing Skilled Competent Familiar Spreadsheet Skilled Competent Familiar
 Database Skilled Competent Familiar Other _____

LICENSES/CERTIFICATIONS/ORGANIZATIONS

If a license or certificate is required or related to the position for which you are applying, complete the following:

Professional License/Certification	Date Issued (mo/yr)	Date Expires (mo/yr)	Registration #	State

Professional, Scholastic, and Other Organizations (*Job related only – Exclude memberships that indicate your race, religion, color, ancestry, sex, age, disability, or veteran status.*)

Name	Date	Name	Date

Job-related training

Name of Course	Year Completed	Name of Course	Year Complete

EMPLOYMENT HISTORY

This portion of the application must include a minimum of 10 years of work history and must be completed even if supplemented by a resume. List your recent employer first, including Military Service and unpaid or volunteer work. (Base salary does not include overtime, bonuses, or commissions.) Attach additional page if necessary.

Employer		Job Title	
Address, City, State, Zip		Phone Number	
Supervisor's Name		Supervisor's Phone Number	
Starting Date (mo/yr)	Leaving Date (mo/yr)	Starting Base Salary	Current/Final Base Salary
Other Compensations, Bonuses			
Brief description of your duties and responsibilities			
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Reason for leaving			

Employer		Job Title	
Address, City, State, Zip		Phone Number	
Supervisor's Name		Supervisor's Phone Number	
Starting Date (mo/yr)	Leaving Date (mo/yr)	Starting Base Salary	Current/Final Base Salary
Other Compensations, Bonuses			
Brief description of your duties and responsibilities			
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Reason for leaving			

Employer		Job Title	
Address, City, State, Zip		Phone Number	
Supervisor's Name		Supervisor's Phone Number	
Starting Date (mo/yr)	Leaving Date (mo/yr)	Starting Base Salary	Current/Final Base Salary
Other Compensations, Bonuses			
Brief description of your duties and responsibilities			
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Reason for leaving			

Employer		Job Title	
Address, City, State, Zip		Phone Number	
Supervisor's Name		Supervisor's Phone Number	
Starting Date (mo/yr)	Leaving Date (mo/yr)	Starting Base Salary	Current/Final Base Salary
Other Compensations, Bonuses			
Brief description of your duties and responsibilities			
Reason for leaving			

(Attach additional page if necessary.)

Explanation of Interruptions in Employment History

(Attach additional page if necessary.)

REFERENCES *(Please do not list relatives)*

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Contact Phone Number:	Contact Phone Number:
Relationship:	Relationship:

Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Contact Phone Number:	Contact Phone Number:
Relationship:	Relationship:

BOWIE COUNTY CSCD

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: My present employer(s) Yes No My past employer(s) Yes No

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I hereby authorize Bowie County, Texas, its representatives, employees, or agents to conduct all pre-employment inquiries and tests as described. I further authorize Bowie County, Texas, and its agents to verify all statements contained in this application and any other material I submit in connection with my employment application. I agree to complete any requisite authorization forms. I release Bowie County, Texas, its agents, and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release are valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests, and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, Bowie County, Texas is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodation they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made to the Payroll Office.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualifications from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that Bowie, County, Texas shall not be liable in any respect if my employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand the acceptance of this application by Bowie County, Texas neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Bowie County, Texas at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of Bowie County, Texas.

Do not sign until you have read the above authorization and agreement statement.

Name of applicant (please print)

Signature of Applicant

Date

BOWIE COUNTY CSCD

**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION STATEMENT**

All Applicants for Employment *(Please Read Carefully Before Signing Below)*

In processing my application for employment, I understand Bowie County, Texas, its representatives, employees or agents may obtain a consumer report and an investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal laws.

I understand that upon written request to Bowie County, Texas, I will be informed whether an investigative consumer report through a consumer reporting agency was requested, and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who may have knowledge concerning the information.

By signing below, I authorize Bowie County, Texas to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigative process. If I am offered employment, I further authorize Bowie County, Texas to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name of applicant (please print)

Signature of Applicant

Date

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

BOWIE COUNTY CSCD

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ. I hereby authorize the individuals listed as my personal references to release any personal information that may pertain to my work habits or work performance.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract but will be merely a gratuitous statement of Bowie County, Texas current policies.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY BOWIE COUNTY, TEXAS, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR BOWIE COUNTY, TEXAS HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

Name of applicant (please print)

Signature of Applicant

Date

BOWIE COUNTY CSCD

AUTHORITY FOR RELEASE OF INFORMATION

Last Name	First Name	Middle Name	
Date of Birth	Sex	Race	Social Security Number
Place of Birth	City	State	County/Country

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Community Supervision and Corrections Department, whether the said records are of 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 deposits, withdrawals, and balances of checking and savings accounts, and loans, and the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints, or grievances filed by or against records of complaint, arrest, trial, and/or convictions for alleged or actual violations of law, including criminal, civil, and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background may provide may-provide pertinent data for the Community Supervision and Corrections Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identify herein.

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 Community Supervision and Corrections Department. I understand that all materials pertaining to this background investigation become the property of the Community Supervision and Corrections Department and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Signature of Applicant _____
Date

Street Address _____
City _____
State _____
Zip

Subscribed and sworn before me this _____ day of _____ 20_____.

My commission expires _____
Notary Public