

Bowie County Community Supervision and Corrections-Department

Employment Application An Equal Opportunity Employer

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. Bowie County, Texas provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

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 that his/her public and personal lives.

PLEASE PRINT IN INK

Name:

(As it appears on Social Sec. Card/
Work Permit Card) _____
First MI Last

Social Security
Number: _____

Address: _____

City, State, Zip: _____

Home Telephone () _____

Are you at least 18 years old? YES NO

Other names
you have used: _____

Positions
applied for: _____

Referred for this position by: _____ Date Available: _____

Have you ever been employed by Bowie County, Texas? YES NO When? _____ Department: _____

Supervisor: _____ Reason for Leaving: _____

Have you ever been convicted of a felony? YES NO
(If yes, give location, date, charge and disposition of case(s) on a separate page.)

If applying for a position which requires driving a vehicle, please provide the following information:
I have a valid driver's license YES NO DL # _____ STATE. _____

Can you, if hired, submit verification of your legal right to work in the United States? YES NO

U.S. Military Service

If you have served in the U.S. Military, please provide the following information:

 Branch of Service

From: _____ To: _____

 Type of Discharge

Educational Skills

<u>Educational Level</u>	<u>Name</u>	<u>City</u>	<u>State</u>	<u>Years Completed</u>	<u>Major</u>
<u>High School:</u>	_____	_____	_____	_____	_____
<u>Community or Junior College:</u>	_____	_____	_____	_____	_____
<u>Business or Trade School:</u>	_____	_____	_____	_____	_____
<u>College or University:</u>	_____	_____	_____	_____	_____
<u>Graduate School:</u>	_____	_____	_____	_____	_____

Computer Software Skills

Computer Software

Your Proficiency with the Software

Word Processing

Skilled Competent Familiar

Spreadsheet

Skilled Competent Familiar

Database

Skilled Competent Familiar

Other: _____

Licenses/Certification/Organizations

**Professional Licenses and Certifications
(Job Related)**

<u>Types of Licenses and Certificate</u>	<u>Date Issued</u>	<u>Registration #</u>	<u>State</u>	<u>Expires (MO/YR)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Professional, Scholastic, and Other Organizations
(Job Related)**

Exclude memberships that indicate your race, religion, color, ancestry, sex, age, disability or veteran status

<u>Name</u>	<u>Date</u>	<u>Name</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job Related Training

Name of Course	Year Completed	Name of Course	Year Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

This portion of the application must include a minimum of 10 years work history and must be completed even is supplemented by a resume. List your most recent employer first, including U.S. Military Services and unpaid or volunteer work (Base Salary Does Not Include Overtime, Bonuses or Commissions)

From(Mo/Yr)_____ To(Mo/Yr)_____ Total _____ YRS_____ MOS. Your Position_____

Employer_____ Your Supervisor_____

Address_____ Phone_____

Type of Business_____ Reason for Leaving_____

Base Salary (start)_____ (final)_____ Monthly Weekly Hourly

Other Compensations, Bonuses_____

Brief description of your duties & responsibilities _____

From(Mo/Yr)_____ To(Mo/Yr)_____ Total _____ YRS_____ MOS. Your Position_____

Employer_____ Your Supervisor_____

Address_____ Phone_____

Type of Business_____ Reason for Leaving_____

Base Salary (start)_____ (final)_____ Monthly Weekly Hourly

Other Compensations, Bonuses_____

Brief description of your duties & responsibilities _____

From(Mo/Yr)_____ To(Mo/Yr)_____ Total _____ YRS_____ MOS. Your Position_____

Employer_____ Your Supervisor_____

Address_____ Phone_____

Type of Business_____ Reason for Leaving_____

Base Salary (start)_____ (final)_____ Monthly Weekly Hourly

Other Compensations, Bonuses_____

Brief description of your duties & responsibilities _____

From(Mo/Yr)_____ To(Mo/Yr)_____ Total _____ YRS_____ MOS. Your Position_____

Employer_____ Your Supervisor_____

Address_____ Phone_____

Type of Business_____ Reason for Leaving_____

Base Salary (start)_____ (final)_____ Monthly Weekly Hourly

Other Compensations, Bonuses_____

Brief description of your duties & responsibilities _____

From(Mo/Yr)_____To(Mo/Yr)_____ Total _____YRS_____MOS. Your Position_____
Employer_____Your Supervisor_____
Address_____Phone_____
Type of Business_____Reason for Leaving_____
Base Salary (start)_____ (final) _____ Monthly Weekly Hourly
Other Compensations, Bonuses_____
Brief description of your duties & responsibilities _____

From(Mo/Yr)_____To(Mo/Yr)_____ Total _____YRS_____MOS. Your Position_____
Employer_____Your Supervisor_____
Address_____Phone_____
Type of Business_____Reason for Leaving_____
Base Salary (start)_____ (final) _____ Monthly Weekly Hourly
Other Compensations, Bonuses_____
Brief description of your duties & responsibilities _____

(Attach Additional Page if Necessary)

Explanation of Interruptions in Employment History

(Attach Additional Page if Necessary)

References

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____

No Relatives

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____

No Relatives

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____

No Relatives

Name _____
Address _____
City, State, Zip _____
Daytime Phone _____
Relationship _____

No Relatives

Emergency Contact

Name _____
Address _____
Home Phone _____

Relationship _____
City, State, Zip _____
Business Phone _____

Fair Credit Reporting Act
Disclosure and Authorization Statement

To: 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, person 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 (please print)

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)

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 ANYTIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE.

Date

Signature

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

Bowie County
100 N State Line, Box 12
Texarkana, TX
Phone (903) 798-3052

AUTHORITY FOR RELEASE OF INFORMATION

LAST NAME	FIRST NAME	MIDDLE	DOB
PLACE OF BIRTH	COUNTY OR CITY	STATE	COUNTRY
SEX	RACE		

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 account, and loans, and also, 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 and 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 which 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 can not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Subscribed and sworn before me this
 _____ day of _____ 20____
 My commission expires _____ 20____
 Notary: _____

Signature		
Street Address		
City	State	Zip Code