

ATASCOSA COUNTY JUVENILE DETENTION CENTER APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, veteran, or any other legally protected status. Proof of citizenship or immigration status will be required to consider employment. This application shall be considered active for a period of time not to exceed 45 days.

POSITION: JUVENILE SUPERVISION OFFICER OTHER: _____ **DATE:** _____

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS	CITY	STATE ZIP CODE

CONTACT INFORMATION REQUIRED (Sections marked with * must be filled out)

PHONE NUMBER *	BEST TIME TO CONTACT*	SOCIAL SECURITY NUMBER*	E-MAIL

- ARE YOU AT LEAST 21 YEARS OF AGE? YES NO
- HAVE YOU EVER FILED AN APPLICATION WITH US? YES NO IF YES, GIVE DATE: _____
- HAVE YOU EVER BEEN EMPLOYED WITH US? YES NO IF YES, GIVE DATE: _____
- DO ANY OF YOUR FRIENDS OR RELATIVES,
OTHER THAN YOUR SPOUSE, WORK HERE? YES NO IF YES, WHO: _____
- ARE YOU CURRENTLY EMPLOYED? YES NO
- ARE YOU CURRENTLY ON "RECALL" STATUS? YES NO
- MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
- CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES NO
- CITIZENSHIP: PROOF: YES NO USA OTHER: _____

HOW DID YOU LEARN ABOUT US? ADVERTISEMENT EMPLOYMENT AGENCY WALK IN FRIEND/RELATIVE

DATE AVAILABLE TO WORK: _____ DESIRED SALARY RANGE: _____

OFFICER POSITIONS ARE FULL TIME AND THE APPLICANT MUST HAVE OPEN AVAILABILITY.

Note to applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER, WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES REQUIRED OF THE JOB FOR WHICH YOU HAVE APPLIED? YES NO

I HAVE REVIEWED A COPY OF THE PHYSICAL JOB REQUIREMENTS: _____
Signature

EDUCATION:HIGH SCHOOL: _____ YRS COMPLETED: _____ DIPLOMA GED

PLEASE PROVIDE PROOF OF DIPLOMA OR GED. A HIGH SCHOOL OR COLLEGE TRANSCRIPT MAY BE SUBMITTED FOR PROOF.

COLLEGE: YES NO COURSE OF STUDY: _____ DEGREE: YES NOGRADUATE SCHOOL: YES NO COURSE OF STUDY: _____ DEGREE: YES NO**WORK EXPERIENCE (Start with your present or previous job.):**

EMPLOYER:	DATES EMPLOYED: FROM: _____ TO: _____	WORK PERFORMED:
ADDRESS:	HOURLY RATE OR SALARY:	
PHONE NUMBER:	STARTING:	
PRESENT JOB TITLE:	FINAL:	
SUPERVISOR:	REASON FOR LEAVING:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER:	DATES EMPLOYED: FROM: _____ TO: _____	WORK PERFORMED:
ADDRESS:	HOURLY RATE OR SALARY:	
PHONE NUMBER:	STARTING:	
PRESENT JOB TITLE:	FINAL:	
SUPERVISOR:	REASON FOR LEAVING:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER:	DATES EMPLOYED: FROM: _____ TO: _____	WORK PERFORMED:
ADDRESS:	HOURLY RATE OR SALARY:	
PHONE NUMBER:	STARTING:	
PRESENT JOB TITLE:	FINAL:	
SUPERVISOR:	REASON FOR LEAVING:	MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO

EXPLAIN ANY GAPS IN EMPLOYMENT:

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, OR EXTRA-CURRICULAR ACTIVITIES THAT WOULD BENEFIT YOU FOR THIS POSITION:

DESCRIBE ANY MILITARY TRAINING THAT WOULD BENEFIT YOU IN THIS POSITION (applicants with prior military service must provide a copy of their DD214 indicating Honorable Discharge):

SPECIALIZED SKILLS:
<input type="checkbox"/> PC / MAC <input type="checkbox"/> SPREADSHEET <input type="checkbox"/> WORD PROCESSING <input type="checkbox"/> MACHINERY (PLEASE LIST):

ADDITIONAL INFORMATION FOR COMPLIANCE WITH THE <i>PRISON RAPE ELIMINATION ACT OF 2003</i>
1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? <input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you been civilly or administratively adjudicated to have engaged in the activity as described in question #1 & #2 of this section? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you been civilly or administratively adjudicated, disciplined or had any government issued license revoked or suspended for having engaged in conduct defined as sexual harassment. <input type="checkbox"/> YES <input type="checkbox"/> NO

STATE ANY OTHER INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION INCLUDING PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD (YOU MAY EXCLUDE INFORMATION WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR OTHER PROTECTED STATUS):

PERSONAL / PROFESSIONAL REFERENCES (Do not include family members):			
NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION

APPLICANT’S STATEMENT: I certify that information given on this form is true and correct. I authorize investigation of this information as may be necessary to arrive at an employment decision. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this facility is of an “at will” nature, which means that the employee may resign or the employer may terminate employment at any time without cause. This “at will” relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged, in writing, by an authorized executive of this facility. In the event of employment, I understand that material omissions, false or misleading information on this application or in the interview may result in non-consideration of employment or termination, if hired. I further understand that I am required to abide by all rules and regulations of this employer.

Signature of Applicant: _____ **Date:** _____