

Instructions:

Fill out all sections of the Atascosa County Sheriff's Office application except for the last page. **DO NOT** sign the last page until you are in front of a notary. A notary is available for you at the Atascosa County Sheriff's Office at no charge for the purposes of this application only.

All Applicants must pass a stringent background check, drug test, and a physical.

Items to include:

- Resume
- L-2 Last (Drug Screen/Medical Exam Form)
- L-3 Last (Psychological Evaluation Form)
- Proof of Citizenship (Copy of Birth Certificate or Naturalization Cert. SS Card, and DL)
- Proof of Education (HS Diploma or GED)
- Military Discharge (DD-214)
- Current Record of Firearm Qualification
- Personal History Statement (Including any required documents)
- Certified Copy of Court Disposition

County Benefits:

- Health Insurance provided
- Vision & Dental Insurance available
- Paid Vacation and Sick Leave
- Retirement plan with TCDRS
- Free \$10,000 Life Insurance Policy provided by the county
- Monthly Uniform Allowance of \$120
- Monthly Holiday Pay:
 - Jail & Dispatch = \$150
 - Deputy = \$175
- Annual Longevity Bonus after five years of employment

Positions Available:

Jail Nurse:

- Must be licensed LVN or RN
- Off on Major Holidays
- 40-hour work week:
- Four 10-hour days to include Saturday & Sunday
- Salary: \$57,982.00

Corrections:

- Must be 20 years of age or older
- Work 12-hour shifts
- Four days on/Four days off
- Paid Training
- Starting Salary: \$44,217.00
- After acquiring License: \$48,217.00

Deputy Sheriff:

- Must be a licensed peace officer
- Work 12-hour shifts
- Every other weekend off
- Rotate from days to nights every two months
- Must live within a 35-mile radius of the Sheriff's Office
- Starting Salary: \$52,988.57
- After 90-Day Probation: 54,988.57

For more information, please contact Major Matthew Miller at 830-769-3434, ext. 2226

ATASCOSA COUNTY, TEXAS

Sheriff's Office

1108 CAMPBELL AVE.

JOURDANTON, TEXAS 78026

(830) 769-3434



APPLICATION FOR EMPLOYMENT

(Answer all questions – please type or print in black ink)

PERSONAL

Last First Middle			Position Applying For			Date of Application		
NAME								
What type of employment are you seeking?						Have you applied here before? If YES, for what position?		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Present Address:						Home Phone #		
Number Street City State Zip Code								
Permanent Address:						Work / Cell Phone #		
Number Street City State Zip Code								
Social Security #			U.S. Citizen? If NO, list type of visa and Visa #			TCOLE PID:		
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you licensed to drive a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If YES, in what state? Driver's License Number:								
Are you now awaiting trial or have you ever served a probationary period or been convicted of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If YES, give date(s) and explain.								
Is spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If YES, whom?								
Do you have a relative employed by Atascosa County? <input type="checkbox"/> Yes <input type="checkbox"/> No						Who referred you to Atascosa County?		
If YES, who?								
In case of emergency, notify:			Name Relationship Address			Telephone No.		

EDUCATION

Schools Attended	Name and Address of School	List Diploma or Degrees and Major Courses of Study	Number of Years Completed	Dates Attended:	
				From: Mo/Yr.	To: Mo/Yr.
Elementary					
High School					
Business					
Technical or Trade					
College					
College					

List year and location if you have earned a G.E.D. diploma.

SERVICE

Began Service Date _____ Grade _____	Ended Service _____	Type of Discharge	Do you have a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Nature of work performed in the service:
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SKILLS

Indicate below the specific experience that you have had								
Type of Experience	Yrs.	Mos.	Type of experience	Yrs.	Mos.	Type of Experience	Yrs.	Mos.
Secretary			Cashier			Welder		
Law Enforcement Experience			Other Accounting (Specify)			Auto Mechanic		
Word Processing			Shipping/Receiving			Diesel Mechanic		
Typist			Stock Clerk			A/C Mechanic		
Receptionist			Computer Programmer			Truck Driver		
Windows			Computer Operator			Heavy Equipment Operator		
File/Records Retention			Mechanical Technician			Corrections Experience		
Data Entry			Electronics Technician			Bldg. & Grounds Maint.		
Other Clerical (Specify)			Electromechanical Technician			Electrician		
Accounts Receivable			Chemical Technician			Carpenter		
Accounts Payable			Report Writing			Food Service		
Expense Accounts			Instrumental Repair Technician			Other		
Payroll			Machinist					

Indicate below the type of word processor who can operate.

Word Processing Equipment: What kind? _____ wpm: _____

EMPLOYMENT HISTORY

Show present position first. Account for all periods of employment for the last ten years, including military experience, and periods of unemployment.

1. Name, address, and phone number of your last or present employer:			
Dates of employment: From		to	
mo/yr		mo/yr	
		Starting Salary	Ending Salary
Title of your last position:		Reason for Leaving:	
Description of your work duties:			
Person to contact for reference:		Name	Bus. Phone No.
		Title	
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Name, address, and phone number of employer:			
Dates of employment: From		to	
mo/yr		mo/yr	
		Starting Salary	Ending Salary
Title of your last position:		Reason for Leaving:	
Description of your work duties:			
Person to contact for reference:		Name	Bus. Phone No.
		Title	
3. Name, address, and phone number of employer:			
Dates of employment: From		to	
mo/yr		mo/yr	
		Starting Salary	Ending Salary
Title of your last position:		Reason for Leaving:	
Description of your work duties:			
Person to contact for reference:		Name	Bus. Phone No.
		Title	
4. Name, address, and phone number of employer:			
Dates of employment: From		to	
mo/yr		mo/yr	
		Starting Salary	Ending Salary
Title of your last position:		Reason for Leaving:	
Description of your work duties:			
Person to contact for reference:		Name	Bus. Phone No.
		Title	
5. Name, address, and phone number of employer:			
Dates of employment: From		to	
mo/yr		mo/yr	
		Starting Salary	Ending Salary

Title of your last position:	Reason for Leaving:		
Description of your work duties:			
Person to contact for reference:	Name	Title	Bus. Phone No.
May we contact your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Name, address, and phone number of employer:			
Dates of employment: From	to	Starting Salary	Ending Salary
	mo/yr	mo/yr	
Title of your last position:	Reason for Leaving:		
Description of your work duties:			
Person to contact for reference:	Name	Title	Bus. Phone No.

If you have previous law enforcement experience (Peace Officer, Jailer, Dispatcher) all fields in this section must be completed, no exceptions

Agency Name:	Agency Head or his/her designee Name:	Agency Head or his/her designee Title:
Agency Head or his/her designee Email:		

Agency Name:	Agency Head or his/her designee Name:	Agency Head or his/her designee Title:
Agency Head or his/her designee Email:		

Agency Name:	Agency Head or his/her designee Name:	Agency Head or his/her designee Title:
Agency Head or his/her designee Email:		

Agency Name:	Agency Head or his/her designee Name:	Agency Head or his/her designee Title:
Agency Head or his/her designee Email:		

***If more room is needed attach to this section. ***

Application continued on next page.

GENERAL INFORMATION

Please list the names, addresses, and phone numbers of three personal references who are not your relatives.

1. Name	Address	Phone
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2. Name	Address	Phone
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3. Name	Address	Phone
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If your position requires, are you willing to work shift work? Yes No: Overtime? Yes No

Do you know any reason why you could not be bonded? Yes No: If YES, explain _____

(We must have numerical idea of your salary requirement.)

Salary expected: \$

Earliest date available: \$

Do you have any disability or handicap that you believe would require a special accommodation for you to perform the job for which you are applying? Yes No: If YES, explain _____

If additional space is needed, please enclose a separate sheet or resume.

EMPLOYMENT CONDITIONS

Execution by applicant of a Contract of Employment.

Permission is granted to the Atascosa County Sheriff's Office and its employees to inquire about and obtain academic records from educational institutions, to inquire about employment with previous employers named herein, to obtain my driving records, and to use a copy of this application for authorization as necessary.

I have read and completed the foregoing application carefully and understand and agree that any false statement or omission shall be grounds for refusal of Atascosa County and the Atascosa County Sheriff's Office to hire me or, if I am employed, to immediately terminate my services, regardless of the date or circumstances which such false statement or omission is discovered.

Signature: _____ Date: _____

Atascosa County Sheriff's Office

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **Atascosa County Sheriff's Office** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____

In and for _____ county, in the state of Texas

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____