**OCHILTREE COUNTY, TEXAS**

**Sheriff’s Office**

511 S. Ash St.

Perryton, TX 79070

(806) 435-8000



**APPLICATION FOR EMPLOYMENT**

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

**PERSONAL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last First Middle  NAME | | Position Applying For | | Date of Application | |
| Are you licensed to drive a motor vehicle?  Yes  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?  Yes  No  If YES, give date(s) and explain. | | | | | |
| Do you have a relative employed by Ochiltree County?  Yes  No  If YES, who? | | | Who referred you to Ochiltree County? | | |
| Is spouse employed?  Yes  No  If YES, whom? | | | | | |
| Name Relationship Address Telephone No.  In case of emergency, notify: | | | | | |
| Number Street City State Zip Code  Present Address: | | | | | Home Phone # |
| Number Street City State Zip Code  Permanent Address: | | | | | Work / Cell Phone # |
| Social Security # | U.S. Citizen? If NO, list type of visa and Visa #  Yes  No | | | | |
| What type of employment are you seeking?  Full Time  Part Time  Reserve | | Have you applied here before? If YES, for what position?  Yes  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: To:  Mo/Yr. Mo/Yr. | |
| Elementary |  |  |  |  |  |
| High School |  |  |  |  |  |
| Business |  |  |  |  |  |
| Technical or Trade |  |  |  |  |  |
| College |  |  |  |  |  |
| College |  |  |  |  |  |
| List year and location if you have earned a G.E.D. diploma. | | | | | |

**Military SERVICE**

|  |  |  |  |
| --- | --- | --- | --- |
| Began Service Ended Service  Date  Grade | Type of Discharge | Do you have a service connected disability?  Yes  No | Nature of work performed in the service: |

**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: | |
| Starting Ending  Dates of employment: From  to  Salary  Salary  mo/yr mo/yr | |
|  | 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?  Yes  No | |
| 2. Name, address, and phone number of employer: | |
| Starting Ending  Dates of employment: From  to  Salary  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. | |

|  |  |
| --- | --- |
| 3. Name, address, and phone number of employer: | |
| Starting Ending  Dates of employment: From  to  Salary  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. | |
| 4. Name, address, and phone number of employer: | |
| Starting Ending  Dates of employment: From  to  Salary  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. | |
| 5. Name, address, and phone number of employer: | |
| Starting Ending  Dates of employment: From  to  Salary  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. | |
| May we contact your present employer at this time?  Yes  No | |
| 6. Name, address, and phone number of employer: | |
| Starting Ending  Dates of employment: From  to  Salary  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 |
| 2. Name Address Phone |
| 3. Name Address Phone |
| 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: **$** Annually  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 Ochiltree 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 Ochiltree County and the Ochiltree 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:**      **\_\_\_\_\_\_\_\_\_** |

Ochiltree County Sheriff’s Office

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **Ochiltree 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 educations 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_