

EMPLOYMENT APPLICATION FOR 32ND JUDICIAL DISTRICT COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status. If you require accommodation of a disability in order to complete any portion of the application process, please inform Gail Simmons 325-235-2608. So that we can have the best opportunity to provide necessary and reasonable accommodation, we ask that you give us a much notice as possible prior to the need.

(PLEASE PRINT)

Position Applied For:	Date of Application:
How Did You Learn About This Position?	
Advertisement	Friend
Employment Agency	Relative
	Walk-In
	<input type="checkbox"/> CSCD Website
Other: _____	
Last Name	First Name
	Middle Name
Street Address	City
	State
	Zip
Telephone Number (s)	
Home:	Work:
	Cell:
Email Address:	Social Security Number:

Have you ever filed an application with us? YES NO If yes, when: _____

Have you ever interviewed with this department? YES NO If yes, when: _____

Have you ever been employed with this department? YES NO If yes, when: _____

Do you have any relatives employed by this department or Nolan/Fisher/Mitchell County?

YES NO

If Yes, Name: _____ Dept: _____ Relationship: _____

Are you currently employed? YES NO

May we contact your current employer to verify this? YES NO N/A

Are you legally authorized to work in the United State? YES NO

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work? Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you ever been convicted, received deferred adjudication, or YES NO

placed on pre-trial supervision for a misdemeanor or felony offense?

If Yes, please explain: _____

PLEASE NOTE: A record does not constitute an automatic bar to employment; however, failure to disclose your criminal history will result in the disqualification of your application.

EDUCATION

	Name, City and State of School	Course of Study	Years Completed	Diploma Degree
High School Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Undergraduate College Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Graduate Professional Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				
Other (Specify) Graduate <input type="checkbox"/> YES <input type="checkbox"/> NO				

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include all jobs and account for all gaps in employment or at least for the last ten years.

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

EMPLOYMENT EXPERIENCE cont.

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

Employer	Dates Employed		Work Performed
	From	To	
Address	Telephone Number(s)		
City and State	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Reason for Leaving	Supervisor's Name		

If you need additional space, please continue on a separate sheet of paper.

Have you ever been discharged or requested to resign from any position? YES NO

If yes, give details: _____

<p>List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p>

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills: Please check applicable skills/equipment operated

- | | |
|---|---|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Microsoft Office (Word, Excel, Access) |
| <input type="checkbox"/> Windows Operating System | <input type="checkbox"/> Internet Explorer |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Multi-line phone system |
| <input type="checkbox"/> Calculator/10-key | <input type="checkbox"/> Copier/Fax |

List other software/programs you use:

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: 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 involved in the job or occupation for which you have applied? YES NO

Personal References (not relatives or former employers)

Name: _____	Home: () _____	Cell: () _____
Employer Name: _____	Employer: () _____	
Name: _____	Home: () _____	Cell: () _____
Employer Name: _____	Employer: () _____	
Name: _____	Home: () _____	Cell: () _____
Employer Name: _____	Employer: () _____	
Name: _____	Home: () _____	Cell: () _____
Employer Name: _____	Employer: () _____	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment 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 organization.

I understand also false, misleading or incomplete information given in my application or interview(s) may result in the termination of my candidacy for employment, or, in the event of employment, may result in discharge. I understand I am required to abide by all rules and regulations of the 32nd Judicial District Community Supervision and Correction Department as set by the department.

WITHOUT SIGNATURE, APPLICATION WILL BE REJECTED:

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks:

Employed Yes No Date Employed _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date

Notes: (To include any verbal information given)
