



KARNES COUNTY SHERIFF'S OFFICE APPLICATION FOR EMPLOYMENT



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-related medical condition or handicap.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT OR TYPE.

Date of Application: _____ Position Desired: _____

Name: _____
Last First Middle

Mailing Address: _____

Residence Address: _____

Date of Birth: _____ Social Security Number: _____

Residence Telephone: _____ Cell Phone Number: _____

Are you employed: Yes No May we contact your present employer? _____

Are you prevented from lawfully being employed in the country because of VISA or immigration status?
 Yes No (Proof of citizenship or immigration status will be required if employed)

What date would you be available to work? _____

Are you available to work: Full time Part Time Shift Work Temp

Are you currently on "lay off" status and subject to recall? Yes No

Have you been convicted of a felony? Yes No (Conviction will not necessarily disqualify applicant from employment) If yes, please explain: _____

Veteran of U.S. Military Service? Yes No If yes, Branch: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, religion, sex, age, national origin or handicap.):

REFERENCES

Give name, address, and telephone numbers of three references that are not related to you and are not previous employers.

Name: _____ Telephone Number: _____
Address: _____

Name: _____ Telephone Number: _____
Address: _____

Name: _____ Telephone Number: _____
Address: _____

EDUCATION

School	Name of School Attended	Circle Year Completed
Elementary School		4 5 6 7 8
High School		9 10 11 12
College / University		1 2 3 4
Graduate / Professional		1 2 3 4

Diploma / Degree: _____

Describe Course of Study: _____

Describe specialized training, skills, and extra-curricular activities:

Honors Received:

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

EMPLOYMENT EXPERIENCE

List below your last four employers (Former employers beginning with present or most recent job).

From _____ to _____ Employer: _____
Address: _____
Phone Number: _____ Job Title: _____
Duties: _____
Supervisor _____ Salary: _____
Reason for Leaving: _____

From _____ to _____ Employer: _____
Address: _____
Phone Number: _____ Job Title: _____
Duties: _____
Supervisor _____ Salary: _____
Reason for Leaving: _____

From _____ to _____ Employer: _____
Address: _____
Phone Number: _____ Job Title: _____
Duties: _____
Supervisor _____ Salary: _____
Reason for Leaving: _____

From _____ to _____ Employer: _____
Address: _____
Phone Number: _____ Job Title: _____
Duties: _____
Supervisor _____ Salary: _____
Reason for Leaving: _____

Summarize your special skills and qualifications acquired from employment or other experience.

PRE-EMPLOYMENT ALCOHOL/DRUG TEST AND REFERENCE CHECK

I understand that as required by the KARNES COUNTY COMMISSIONERS' COURT, all employee applicants must be tested for controlled substances as a precondition for employment.

I consent to the urine sample collection and testing for controlled substances.

I understand that a positive test result for controlled substances will render me disqualified for employment.

The Medical Review Officer will maintain the results of my test. Negative and positive results will be reported to KARNES COUNTY. If the results are positive, the controlled substance will be identified. The results will not be released to any other parties without my written authorization.

I also understand that KARNES COUNTY may also contact my employment references and check my criminal history and driver's license records. I consent to such background checks, and the release to KARNES COUNTY any information obtained from those sources.

I UNDERSTAND THE ABOVE CONDITIONS AND HEREBY AGREE TO COMPLY WITH THEM.

Print Applicant's Name

Date

Applicant's Signature

Date

Please complete the Authority to Release Information Form for each Law Enforcement Agency you have been employed with in the past. Enclosed are two forms. If you need more, you can make a copy. Form(s) will not be accepted if not notarized.

Name of Law Enforcement Agency: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize the _____ 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 education 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 _____, _____.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

NOTARY SEAL