



Wheeler County Sheriff's Office
7944 US Hwy 83 / P.O. Box 88
Wheeler, TX 79096
806-826-5537

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Social Security No: _____ Phone: _____

Driver License Number and State: _____ Date Available: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO

Do you have any relatives that work for Wheeler County Sheriff's Office? YES NO If yes, who? _____

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, explain: _____

Education

High School: _____ GED: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

List of Adults in Your Household

Full Name: _____ DOB: _____
Last First M.I.

Full Name: _____ DOB: _____
Last First M.I.

Full Name: _____ DOB: _____
Last First M.I.

Attention Correction Officer/Telecommunicators

The minimum eligibility requirements for licensure as a corrections officer or telecommunicator are listed below. Please check each requirement indicating your eligibility.

- 18 years of age or older
- U.S. Citizen
- High school diploma or high school equivalency certificate (GED)
- Has never been on court-ordered community supervision or probation for any criminal offense about the grade of Class B misdemeanor
- Has not been convicted of an offense above the grade of a Class B misdemeanor
- Has not been convicted of a Class B misdemeanor within the last ten years
- Has never been convicted or placed on community supervision in any court of an offense involving family violence as defined under Chapter 71, Texas Family Code
- Has never received a dishonorable or other discharge based on misconduct which bars future military service

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that, if considered for employment, I will be required to submit a Personal History Statement at a later date and will be subjected to a background investigation. Incomplete applications will not be accepted.

Signature: _____ Date: _____

You Can Submit Your Application Multiple Ways

Email: Rhonda.Scott@co.wheeler.tx.us

Fax: 806-826-3458

In Person: 7944 US Hwy 83 Wheeler, TX 79096



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Authority to Release Information

I hereby authorize the Wheeler County Sheriff's Office and its authorized representative 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 the 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 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 that such is not required by any law or regulation. I have been advised that all parties 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:

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____

Signature: _____ Date: _____