

Fisher County Sheriff's Office

APPLICATION OF EMPLOYMENT

Type or print in black ink. These instructions must be followed exactly. Fill out the application form completely: if questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they may contain, but not in place of a completed application. BE SURE TO SIGN APPLICATION WHEN IT IS COMPLETED.

Name _____ Date: _____
(Last) (First) (Middle)
Address (Current) _____
(Street or Box) (City) (State) (Zip)
Phone: _____ SS#: _____

Type of work/position desired: Deputy Sheriff _____ Jailer _____ Clerical _____
Date available to begin work: _____ Full Time _____ Part Time _____

If part time days and hours available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Sex: M F Height: _____ Weight: _____ Date of Birth: _____

Race: Caucasian _____ Hispanic _____ African _____ American Indian _____ Other _____

Driver's License Number: _____ State Issue _____ Type _____ Year Exp. _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____

If married, name of spouse: _____ Children: Y N

How many: _____ Age(s) _____

If unmarried, name and address of nearest living relative: _____

Is your spouse employed by any federal, state or local government? Y N

If yes, where? _____

Do you have experience as a jailer or peace officer? Y N

Are you a certified jailer or peace officer under Texas law? Y N

Do you have a criminal record? Y N

Have you ever been committed to any institution or hospital for drug or alcohol treatment, or treatment for any medical condition? Y N

If yes, When? _____ Where? _____

Have you ever been involved in civil or criminal litigation? Y N

If yes, When? _____ Where? _____

EDUCATION

Elementary or high school grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate? Y N Did you receive a GED? Y N Date: _____

(transcripts may be required for verification.)

Type of School	Name and Location	Dates Attended		Did You Graduate?	Major Field of Study
		From	To		
High School				Y N	
College/University				Y N	
Technical/ Vocational				Y N	

EMPLOYMENT HISTORY

Please indicate past employment. Start with present or most recent job and work in reverse order. Use additional sheets if necessary.

Employer: _____ Immediate Supervisor _____

Mailing Address: _____ Telephone No: _____

Dates of Employment: From _____ To _____ Starting Position: _____

Briefly describe your duties and responsibilities: _____

Mail reason for leaving: _____

Employer: _____ Immediate Supervisor _____

Mailing Address: _____ Telephone No: _____

Dates of Employment: From _____ To _____ Starting Position: _____

Briefly describe your duties and responsibilities: _____

Mail reason for leaving: _____

Employer: _____ Immediate Supervisor _____

Mailing Address: _____ Telephone No: _____

Dates of Employment: From _____ To _____ Starting Position: _____

Briefly describe your duties and responsibilities: _____

Mail reason for leaving: _____

May we contact your present employer? Y N

SPECIAL SKILLS AND QUALIFICATIONS

List all equipment or machines you can operate: _____

Computer skills/courses completed: _____

Do you have experience using: Word Y N Excel Y N Databases Y N
Typing speed (approximate words per minute): _____

PERSONAL REFERENCES

List at least 3 (Three) people who know you well. If your references are acquainted with you under another name, please give that name.

Name	Address	Telephone No.	Job Title/Position
		() -	
		() -	
		() -	

Will you be able to pass a complete medical and psychological evaluation? Y N

MILITARY SERVICE

Have you ever been a member of the Armed Forces? Y N
If yes, what branch: _____ Dates of service: From _____ To _____
Date of Discharge: _____ Type of Discharge: _____

I hereby certify that the foregoing statements as well as those of any attachments here are true and correct to the best of my knowledge and all are given of my own free will. I agree that any misstatements or omissions as to material fact will constitute grounds for unfavorable consideration or dismissal from employment. I also understand that Fisher County and the Fisher County Sheriff's Office are Equal Employment Opportunity employers.

Applicant Signature: _____ Date: _____
Phone No.: _____

DO NOT WRITE BELOW THIS LINE

Referral Source: _____ Date: _____
Course Time: _____

Comments: _____

