



Jack County Sheriff's Office
Tom Spurlock, Sheriff
1432 FM 3344
Jacksboro, Texas 76458
940-567-2161

APPLICATION FOR EMPLOYMENT

APPLICANT: _____

DEPARTMENT: _____

DATE: _____

THIS APPLICATION MUST BE COMPLETED AND PRINTED BY YOU AND NO OTHER PERSON. PRINT IN BLACK INK IF COMPLETED MANUALLY. WHEN COMPLETED, MAIL TO: JACK COUNTY SHERIFF'S OFFICE – 1432 FM 3344 – JACKSBORO, TEXAS 76458.

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". do not leave any Questions blank. Be sure to sign when completed. Jack County Sheriff's Office is an Equal Opportunity Employer and does not discriminate on the basis if race, color, national origin, sex, religion, age or disability in employment or the provision of services. Responses may be verified by polygraph examination.

APPLICANT IDENTIFICATION

Name _____ Social Security No. ____ - ____ - ____
(last) (first) (middle)

Mailing Address (Current) _____ (____) _____
(Street) (City) (State) (Zip) (Daytime Phone)

Date of Birth _____ (Proof Required) Place of Birth _____
(City) (State)

List any other names used if different from name given on application: _____

We must be able to contact you during the investigation. Please provide the following phone numbers:

Home: _____ Work: _____ Mobile: _____
Pager: _____ Other: _____

Name of Spouse: _____ (____) _____ Phone

LIST EXACT POSITION FOR WHICH YOU HAVE APPLIED: _____

Driver's License No. _____ State _____ Expiration Date: _____ Class A B C (Circle One)

ARREST, DETENTIONS AND LAW SUITS

Have you ever been arrested or convicted of an offense? _____ If your answer is "yes" explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

NOTE: Some police agencies may require additional information related to convictions of misdemeanors and deferred adjudication.

Have you ever been on Probation or Parole? _____ If "yes", explain on separate sheet of paper.

Are you under indictment or charges for a criminal offense? _____ If "yes", explain on separate sheet of paper.

Have you ever been involved as a party in a law suit? _____ If "yes", explain on separate sheet of paper.

MILITARY SERVICE

A copy of a report of separation from the Armed Services will be required (if applicable).

Dates of Service (From) _____ (To) _____

FAMILY MEMBERS

List all immediate family members, mother, father, brother(s), sister(s), children and any other family member living in your household. Give addresses and telephone numbers of each person, and indicate whether they are living (L) or deceased (D).

Name: _____ Relationship: _____

Address: _____

Telephone: Work: _____ Home: _____

Name: _____ Relationship: _____

Address: _____

Telephone: Work: _____ Home: _____

Name: _____ Relationship: _____

Address: _____

Telephone: Work: _____ Home: _____

Name: _____ Relationship: _____

Address: _____

Telephone: Work: _____ Home: _____

Name: _____ Relationship: _____

Address: _____

Telephone: Work: _____ Home: _____

EDUCATION

NOTE: Applicant will be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you Graduate / Achieve GED ?

Name of School	Location	Dates Attended	Areas of Study	Type of Degree

SUMMARY OF OTHER WORK EXPERIENCE / SPECIAL SKILLS, SPECIAL LICENSES, ETC..

Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work with this organization.

Do you speak, read or write a language other than English? _____

If "yes", what Language(s)? _____

How fluently? Fair _____ Good _____ Excellent _____

REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or any other person listed elsewhere in this application.

Name _____ Phone Number (____) _____ (____) _____ (Residence) (Work) Address _____ Years Known _____ Occupation _____
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EMPLOYMENT HISTORY

This information will be official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment, back 17 years of age. Begin with your current or last position and work back to your first position.
2. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
3. For supervisory / managerial positions, indicate the number of employees you supervised.

EMPLOYER'S NAME AND ADDRESS _____	PHONE NO. () _____
DATES EMPLOYED (from) _____ (to) _____	POSITION HELD _____
DESCRIPTION OF DUTIES PERFORMED _____	
STARTING SALARY _____ ENDING SALARY _____	
SPECIFIC REASON FOR LEAVING _____	
SUPERVISOR'S NAME AND HOME PHONE NUMBER _____	() _____
CO-WORKER'S NAME AND HOME PHONE NUMBER _____	() _____
CO-WORKER'S NAME AND HOME PHONE NUMBER _____	() _____

EMPLOYER'S NAME AND ADDRESS _____	PHONE NO. () _____
DATES EMPLOYED (from) _____ (to) _____	POSITION HELD _____
DESCRIPTION OF DUTIES PERFORMED _____	
STARTING SALARY _____ ENDING SALARY _____	
SPECIFIC REASON FOR LEAVING _____	
SUPERVISOR'S NAME AND HOME PHONE NUMBER _____	() _____
CO-WORKER'S NAME AND HOME PHONE NUMBER _____	() _____
CO-WORKER'S NAME AND HOME PHONE NUMBER _____	() _____

EMPLOYER'S NAME AND ADDRESS _____
 _____ PHONE NO. (____) _____

DATES EMPLOYED (from) _____ (to) _____ POSITION HELD _____

DESCRIPTION OF DUTIES PERFORMED _____

STARTING SALARY _____ ENDING SALARY _____

SPECIFIC REASON FOR LEAVING _____

SUPERVISOR'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____

EMPLOYER'S NAME AND ADDRESS _____
 _____ PHONE NO. (____) _____

DATES EMPLOYED (from) _____ (to) _____ POSITION HELD _____

DESCRIPTION OF DUTIES PERFORMED _____

STARTING SALARY _____ ENDING SALARY _____

SPECIFIC REASON FOR LEAVING _____

SUPERVISOR'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____

EMPLOYER'S NAME AND ADDRESS _____
 _____ PHONE NO. (____) _____

DATES EMPLOYED (from) _____ (to) _____ POSITION HELD _____

DESCRIPTION OF DUTIES PERFORMED _____

STARTING SALARY _____ ENDING SALARY _____

SPECIFIC REASON FOR LEAVING _____

SUPERVISOR'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____
 CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____

RESIDENCES

List all addresses (including city, state and zip code) where you have lived since age 17, beginning with your present address. Include the name, address and telephone numbers of at least two neighbors at each residence. If you are / were renting, list the name, address and telephone numbers of the landlord or apartment manager, and the names and telephone numbers of two neighbors.

Address _____ From _____ To _____		
Landlord / Mgr. _____		Phone No. (____) _____ (____) _____
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE

Address _____ From _____ To _____		
Landlord / Mgr. _____		Phone No. (____) _____ (____) _____
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE

Address _____ From _____ To _____		
Landlord / Mgr. _____		Phone No. (____) _____ (____) _____
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE

Address _____ From _____ To _____		
Landlord / Mgr. _____		Phone No. (____) _____ (____) _____
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE
Neighbor _____ Phone No. (____) _____		
NAME	ADDRESS	RESIDENCE

FINANCIAL INFORMATION

Banking Institution(s) in which you maintain account(s).

Name/Location of Institution	Type of Account	Average Balance

FINANCIAL OBLIGATIONS

Include credit card(s) and name of issuing institution(s). Do Not include credit card(s) number(s).

Name/Location of Creditor(s)	Phone Number	Monthly Payment	Balance
	() _____		
	() _____		
	() _____		
	() _____		
	() _____		

Are you under obligation to pay child support? _____ If "yes", are you current? _____
 Give name of individual, agency name, address and phone number to whom your payments are made.

PROFESSIONAL, FRATERNAL, OR CIVIC ASSOCIATION MEMBERSHIPS

Organization	Period of Time	Office(s) Held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of alcoholic beverages.

2. Have you ever used marijuana or any other drug not prescribed by a physician? _____
 If "yes", indicate substance and frequency, including date last used.

3. Have you ever sold, given or delivered illegal drugs or narcotics? _____ If "yes", explain:

4. Have you ever received illegal drugs or narcotics from anyone? _____ If "yes", explain:

5. Have you ever made application for employment with this or any other law enforcement agency? _____ If "yes", explain status of application, and if applicable, reason for not being hired.

6. If it became necessary to take a human life in the course of your duties as a police officer, would your beliefs or any other principles prevent you from doing so? _____ If "yes", explain

7. If it became necessary to work weekends, holidays, evenings or nights in the course of your duties as a police officer, would your beliefs or any other principles prevent you from doing so? _____ If "yes", explain:

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired termination.
2. I understand that as a condition of employment, I may be required to provide legal proof of authorization to work in the U.S.
3. I understand that some agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION WAS COMPLETED BY MYSELF AND NO OTHER PERSON AND IS COMPLETE AND TRUTHFUL.

SIGN HERE: _____ DATE: _____

AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER

Jack County Sheriff's Office

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or 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 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 the 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 advised that all parties will utilize this 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 _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____