

APPLICATION FOR EMPLOYMENT
West Texas Community Supervision and Corrections Department
 Equal Opportunity Employer

PRINT IN INK OR TYPE. ALL QUESTIONS MUST BE ANSWERED IN FULL. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

DATE: _____
 POSITION DESIRED: _____

NAME _____ OTHER NAMES _____
Last First Middle (Maiden, Aliases, etc.)

RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NO. _____ PHONE NO. _____

Judicial District applicants must authorize a criminal history check. Please provide your date of birth.

DATE OF BIRTH _____

DRIVERS LICENSE NO. _____ STATE _____ TYPE _____

How did you learn of our department? _____

When answering the following questions, include all charges or convictions. Do not include any violation of law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law; any conviction whose record was expunged under federal or state law; or traffic violations except DWI and DUI.

Do you **currently** use alcohol to excess or illegal drugs? If yes, please explain. _____

Do you have any criminal charges currently pending? Yes No If yes, please explain. _____

Are you or have you been on probation (adjudicated or unadjudicated) or parole? Yes No
 If yes; please explain. _____

Have you ever been convicted of a crime? Yes No. (For purposes, conviction or adjudicated includes **deferred adjudication, paid fine, pre-trial diversion, or straight probation.**)
 Include those that may not appear on record at this time. If yes, provide the following information:

	Felony Conviction(s)	Misdemeanor Conviction(s)
Date(s)		
Location (City/State)		
Charge		
Disposition		

EMPLOYMENT RECORD

- List in chronological order, starting with current or most recent employment.
- ALL NAMES AND ADDRESSES MUST BE COMPLETE OR APPLICATION WILL NOT BE PROCESSED.**
- Addresses must include P.O. Box or complete street address.

EMPLOYER	FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS OR P.O. BOX	JOB TITLE	
CITY, STATE, ZIP	PHONE	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME
SUPERVISOR	EXACT REASON FOR LEAVING	
DUTIES PERFORMED	STARTING SALARY	ENDING SALARY

EMPLOYER	FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS OR P.O. BOX	JOB TITLE	
CITY, STATE, ZIP	PHONE	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME
SUPERVISOR	EXACT REASON FOR LEAVING	
DUTIES PERFORMED	STARTING SALARY	ENDING SALARY

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CITY, STATE, ZIP	PHONE	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME
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EMPLOYER	FROM (Mo./Yr.)	TO (Mo./Yr.)
ADDRESS OR P.O. BOX	JOB TITLE	
CITY, STATE, ZIP	PHONE	<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART-TIME
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DUTIES PERFORMED	STARTING SALARY	ENDING SALARY
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May inquiry be made of your **present employer** regarding your character and record of employment? Yes No
 If no, please explain _____

EDUCATION COMPLETED ● Required documents must accompany application.

LEVEL	SCHOOL NAME	CITY, STATE	DIPLOMA/ DEGREE	DATE OBTAINED	MAJOR	MINOR
GED						
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

COURSES NOW STUDYING

List all language abilities other than English and indicate degree of fluency. A language fluency test may be administered if required by the position for which you are applying.

Language	Speak Fluently		Read Fluently		Write Fluently	
	Yes	No	Yes	No	Yes	No

List special job skills you possess and/or equipment you can operate.

SKILL	YEARS EXPERIENCE	EQUIPMENT, IF APPLICABLE

Are you authorized to work in the United States? Yes No

If you are applying for a Deputy Probation Officer position, please indicate if you are a U.S. citizen. Yes No

List any skills or experience acquired in the military which would enhance your ability to perform this job. _____

Please list three character references and provide addresses and telephone numbers. **DO NOT LIST RELATIVES OR FORMER EMPLOYERS.**

Full Name	Address of P.O. Box	City	State	Zip	Phone

Please read the following statements carefully before signing this form.

I certify that the answers given by me to the foregoing questions and statements are true and correct without any falsifications, omissions, or misleading statements of any kind whatsoever. **I also understand that falsification or misleading statements may be cause for my termination.** I further understand and agree that all information provided will be verified through a background investigation conducted by the West Texas Community Supervision and Corrections Department. I agree that the department shall not be held liable in any respect if my employment is terminated because of the falsity of statements, inaccuracies or omissions made by me in this application without regard to either my knowledge of the inaccuracy, omission of falsity or the length of employment. I authorize previous employers, schools, or persons named previously to give any information regarding my employment, together with any information they may have regarding me, whether or not it is in their records unless I have otherwise indicated above. I hereby release all companies, schools or persons from all liability for any damage for issuing this information. I further release West Texas Community Supervision and Corrections Department from any liability for any damages for relying on or using such information.

If accepted for employment, I agree to abide by the rules and policies of the department. I also understand that these policies and procedures may be amended or modified at any time. I understand and agree that I am free to terminate my employment at any time upon sufficient notice. I further understand and agree that the department has the same rights as I do to terminate my employment and compensation at any time, with or without notice. I understand that no representative of the department has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement contrary to the rules and policies of the department. I agree to drug testing as a pre-condition of my employment and during my employment, at the option of the department for cause as stated in the department Policy and Procedure Manual. I hereby agree that I will submit myself for employment through an Oral Board.

I certify that I have been given a job description of the position for which I have applied. I further certify that I can perform all essential functions of the position with or without accommodation.

I have read and understand the foregoing statements.

SIGNATURE

DATE

WEST TEXAS COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
800 E. OVERLAND, SUITE 100
EL PASO, TEXAS 79901-2500

EQUAL OPPORTUNITY EMPLOYER

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

1. Answer ALL questions completely. **Applications with omissions will not be processed.**
2. **DO NOT INDICATE “REFER TO RESUME.” Applications with this statement will not be processed.**
3. Applications must be submitted before the published closing date to be eligible for consideration.
4. Include all required documents with the application, as outlined below. **APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTS.** Documents may be photocopied, but all documents become a permanent part of the application.
5. There will be a charge if you ask us to make a copy of any document.
6. Please read the final page of the application carefully before you sign.

REQUIRED DOCUMENTS

7. If the position requires a degree, you must provide, with your application, a copy of your college university transcript with the degree posted.
8. If you claim certification in a specific field, you must provide a copy of such certification.
9. If the position requires a driver's license, you must provide the type, number and state from which your current driver's license is issued.