Application for Employment

ANSWER ALL QUESTIONS - - PLEASE PRINT

Garza County Sheriff's Office 412 East 15th Street Post, Texas 79356 P (806) 495.3595 F (806) 990-4446

POSITION(S) APPLIED FOR	DATE OF APPLICATION///
$\begin{array}{c c} \textbf{NAME} & & \\ \hline & \textbf{LAST} & \textbf{FIRST} \end{array}$	MIDDLE
ADDRESS	МЕРРЫ
STREET CITY	STATE ZIP CODE
TELEPHONE NUMBER () SO	OCIAL SECURITY NUMBER
If necessary, best time to call you at home is	
May we contact you at work?	YES NO
If yes, work number and best time to call() AREA CODE
Have you filed an application here before?	YES NO
If yes, give date	
Have you been employed here before?	YES NO
If yes, give dates FROM	/TO/
Are you at least 18 years of age?	YES ☐ NO
Are you legally eligible for employment in this country?	
Have you ever been convicted of a criminal offense other than minor traffic (Convictions will not automatically disqualify you for employment)	violations?
If yes, indicate date(s) and type of offense(s)	
Date available for work	/
Type of employment desired: Full Time Part-Time	☐ Temporary ☐ Educational Co-Op
Are you on a lay-off and subject to recall?	YES NO
Is there anything to prevent you from working the number of hours per week for which you are applying?	
Will you work overtime if required?	TYES NO
Are you related to any current employee or elected official of the Garza Cour	ty Sheriff's Office?
If yes, please indicate name and relationship:	
Driver's License Number: Class A B C (Please Circle One)	State Issued: Expiration Date:

Employment History

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References					
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I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the Garza County Sheriff's Office reserved the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Garza County Sheriff's Office has the authority to make any assurances to the contrary.

I give the Garza County Sheriff's Office the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Garza County Sheriff's Office and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the County, if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by the County.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the County's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The Garza County Sheriff's Office is an equal opportunity employer. The Garza County Sheriff's Office does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (90) days. At the conclusion of this time, if I have not heard from the Garza County Sheriff's Office and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant	Date / /
Signature of rippireum	

Applicant Data Survey (Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin,

age over 40 years, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. Date ____/____ POSITION(S) APPLIED FOR ____ REFERRAL SOURCE ☐ ADVERTISEMENT ☐ EMPLOYEE ☐ RELATIVE ☐ WALK-IN ☐ SCHOOL ☐ GOVERNMENT EMPLOYMENT AGENCY PRIVATE EMPLOYMENT AGENCY OTHER APPLICANT'S NAME First Middle Area Code Phone ADDRESS ______STREET CITY STATE ZIP CODE As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated. Please be advised that your survey is considered confidential information and is not a part of your official application for employment CHECK ONE MALE | FEMALE CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP ☐ HISPANIC ☐ BLACK ☐ WHITE ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN/PACIFIC ISLANDER CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE VETERAN DISABLED VETERAN ☐ DISABLED INDIVIDUAL If handicapped or disabled, what is the nature of your handicap/disability? If hired into the position for which you are applying, what accommodation would you need in order to perform the job property and safely?

PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by County Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the County to collect a urine or other specimen as cited the County Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the County, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the County. Any further consideration for employment will be in accordance with the terms and conditions in the County Substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Medical Review Officer who will report the test results to the designated County Officer and the Substance Abuse Program Administrator for the County for record keeping. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

(NOT A DOT REQUIREMENT)

Applicant's Name:	Date:	
Social Security Number:		
Driver's License Number:		
Applicant's Signature:		

Garza County Sheriff's Office RELEASE FOR CRIMINAL HISTORY RECORD CHECK

DEAR APPLICANT:

THE GARZA COUNTY SHERIFF'S OFFICE, TEXAS ("COUNTY") IS AUTHORIZED BY SECTION 411.129 OF THE TEXAS GOVERNMENT CODE TO PERFORM CRIMINAL HISTORY RECORD CHECKS ON APPLICANTS FOR EMPLOYMENT WITH THE COUNTY.

PURSUANT TO THIS AUTHORITY, THE COUNTY MUST OBTAIN THE FOLLOWING INFORMATION TO PERFORM A CRIMINAL HISTORY RECORD CHECK. THIS INFORMATION WILL BE USED <u>ONLY</u> FOR THE PURPOSES OF OBTAINING A CRIMINAL HISTORY RECORD FROM THE TEXAS DEPARTMENT OF PUBLIC SAFETY OR OTHER APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCY.

THE INFORMATION YOU PROVIDE WILL NOT BE USED FOR EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT WITH THE GARZA COUNTY SHERIFF'S OFFICE; HOWEVER, THE COUNTY WILL CONSIDER YOUR RELEVANT CRIMINAL CONVICTION RECORD IN DETERMINING YOUR ELIGIBILITY FOR EMPLOYMENT WITH THE COUNTY.

NAME:		
Last	First	Middle
SOCIAL SECURITY NUM	MBER:	
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