

Application For Employment



Upshur County Sheriff's Office

Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status. Application can be returned to the Upshur County Justice Center, 405 N Titus St, Gilmer, Texas 75644.

(PLEASE PRINT or TYPE)

Positions(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address Number Street	City	State Zip Code
Telephone Number(s)		Email Address

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give date _____
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give date _____
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment.	
Date available for work ____ / ____ / ____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift Shift Work <input type="checkbox"/> Holidays
<input type="checkbox"/> Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER	

Education

	Elementary School	High School				Undergraduate College/University				Graduate/Professional			
School Name and Location													
Years Completed		9	10	11	12	1	2	3	4	1	2	3	4
Diploma Degree													
Describe Course of Study													

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for leaving			
Comments: Include explanation of any gaps in employment.			

Additional Information

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualification. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> PC	<input type="checkbox"/> Microsoft Word	Production/Mobile Machinery (list):	Other (lists):
<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Excel		
<input type="checkbox"/> Ten-Key	<input type="checkbox"/> Microsoft Office	_____	_____
<input type="checkbox"/> Typing	<input type="checkbox"/> Multi-line Phone System	_____	_____
WPM _____	<input type="checkbox"/> Fax	_____	_____
State any additional information you feel may be helpful to us in considering your application.			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes No

References

1.	_____ (Name)	(_____)	_____ (Phone #)
	_____ (Address)		_____ (Title)
2.	_____ (Name)	(_____)	_____ (Phone #)
	_____ (Address)		_____ (Title)
3.	_____ (Name)	(_____)	_____ (Phone #)
	_____ (Address)		_____ (Title)

Applicant's Statement & Acknowledgement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand and agree, if required for this position, I will authorize my employment eligibility verification under Federal Department of Homeland Security Regulation, a pre-employment driving record check, pre-employment physical and/or criminal history check. And, in accordance with the County's adopted policies, I will submit to a pre-employment drug/alcohol screening as well as any (if hired) employee required drug/alcohol screenings (random or reasonable suspension). I understand and agree that if I refuse to submit to such physical, drug/alcohol screening, driving record check, or criminal history check, I will not be eligible for further consideration for employment. I also understand that if employed, refusal to submit to such exams or a positive result on a drug/alcohol screening will be grounds for disciplinary action, which may include termination of my employment.

Signature of Applicant

Date

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **UPSHUR COUNTY SHERIFF'S OFFICE** and its authorized representatives 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 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 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 such is not required by any law or regulation. I have been advised that all parties will 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:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Date of Birth _____ Social Security # _____

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: _____