

Concho County
Treasurer/Human Resources Dept.
County Courthouse



PO Box 121
Paint Rock, TX 76866
(325) 732-4279

CONCHO COUNTY
APPLICATION FOR EMPLOYMENT
CONCHO COUNTY SHERIFF'S OFFICE

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

INSTRUCTIONS: All applicants for employment with Concho County Sheriff's Office must be made on this form. Consider each question carefully and fill in **ALL** blanks. If a question is not applicable, enter "N/A". Résumés will be accepted as additional information but not in place of a completed application.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. The information requested will not be used to discriminate against any qualified applicant or employee.

POSITION APPLIED FOR: _____	DATE: _____				
NAME: _____					
Last	First	Middle			
SOCIAL SECURITY NO: _____	TELEPHONE NUMBER: _____				
PRESENT ADDRESS: _____					
Number	Street				
City	County	State	Zip		
HOW LONG AT THIS ADDRESS?: _____					
PERMANENT ADDRESS: _____					
Number	Street	City	County	State	Zip
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair					
<input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Walk-in <input type="checkbox"/> Concho Co. Employee <input type="checkbox"/> Other:					

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE: () YES () NO
IF YES, WHEN? _____ POSITION? _____
REASON FOR LEAVING? _____
ARE YOU A CITIZEN OF THE UNITED STATES? () YES () NO
ARE YOU NOW EMPLOYED? () YES () NO
IF YES, MAY WE CONTACT YOUR EMPLOYER? () YES () NO
UNDER WHAT OTHER NAMES HAVE YOU BEEN EMPLOYED? _____
CHECK TYPE EMPLOYMENT DESIRED: () FULL TIME () TEMPORARY () PART TIME
ARE YOU WILLING TO WORK HOURS OTHER THAN 8am TO 5pm? () YES () NO
ARE YOU WILLING TO WORK DAYS OTHER THAN MONDAY THROUGH FRIDAY? () YES () NO

EDUCATION:

ARE YOU A HIGH SCHOOL GRADUATE? () YES () NO GED CERTIFICATE? () YES () NO

SCHOOLS ATTENDED			
(College - University - Trade - Business - Correspondence)			
NAME OF SCHOOL	COURSE / MAJOR	DEGREE / CERTIFICATE	DATES ATTENDED OR GRADUATED

PREVIOUS EMPLOYMENT / EXPERIENCE: *Start with your present or most recent job (including military service). Use additional sheets to show relevant experience if necessary.*

1.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM: TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
2.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM: TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
3.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM: TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
4.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM: TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		

SPECIFY ANY PARTICULAR SKILLS YOU MAY HAVE. LIST EQUIPMENT/MACHINES YOU OPERATE (OFFICE AND/OR ROAD): _____

HAVE YOU HAD OTHER ADDITIONAL EXPERIENCE AND TRAINING WHICH YOU FEEL WOULD QUALIFY YOU FOR THIS POSITION? _____

PLEASE LIST ANY FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE: _____

LIST ALL LICENSES YOU MAY HOLD: (DRIVERS, PEACE OFFICER, JAILER, ETC)

TYPE: Driver's License NUMBER: _____ EXPIRATION DATE: _____

TYPE: _____ NUMBER: _____ EXPIRATION DATE: _____

TYPE: _____ NUMBER: _____ EXPIRATION DATE: _____

MILITARY SERVICE:

BRANCH OF SERVICE: _____ DATES OF SERVICE: _____

RANK ON ENTERING: _____ PRIMARY DUTIES: _____

RANK AT DISCHARGE: _____ TYPE OF DISCHARGE: _____

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? () YES () NO

IF YES, WHEN: _____

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY SHERIFF'S OFFICE EMPLOYEE/OFFICIAL?

() YES () NO IF YES, GIVE NAME AND RELATIONSHIP: _____

HAVE YOU EVER BEEN ARRESTED, PLED "GUILTY" OR "NO CONTEST" TO OR BEEN CONVICTED OF A CRIME? () YES () NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS. ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY: _____

ARE THERE ANY LEGAL RESTRICTIONS AGAINST YOUR CARRYING A FIREARM, SUCH AS CONVICTION OF A CRIME INVOLVING DOMESTIC VIOLENCE? () YES () NO

IF YES, PLEASE EXPLAIN: _____

GIVE THE NAMES AND ADDRESSES OF THREE (3) PERSONS, **OTHER THAN RELATIVES**, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE OR ABILITY:

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

The information requested below is optional. It may be used for background checks and will be used for maintaining required and proper personnel records for business and government reporting.

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SEX: () MALE () FEMALE

PLEASE READ THE FOLLOWING CAREFULLY:

I hereby declare all information given is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts I have given and any intentional misrepresentation on my part will constitute a release to the employer for any liability he may encounter by having acted on such facts, and also constitutes grounds for my dismissal. I hereby authorize Concho County to investigate the fact claimed by me.

_____ Date

_____ Signature of Applicant

A copy of this application has been sent to:	
Department	Date

Applicant Information Packet

(Read before completing the application for employment.)

Thank you for your interest in employment with the Concho County Office of the Sheriff. As an equal opportunity employer, it is the policy of this office to fill vacant job positions with the most qualified persons available. Persons selected for employment must meet all of the following applicable guidelines.

Our hiring process takes time and depends on openings and your patience and understanding of this is appreciated.

Application Process

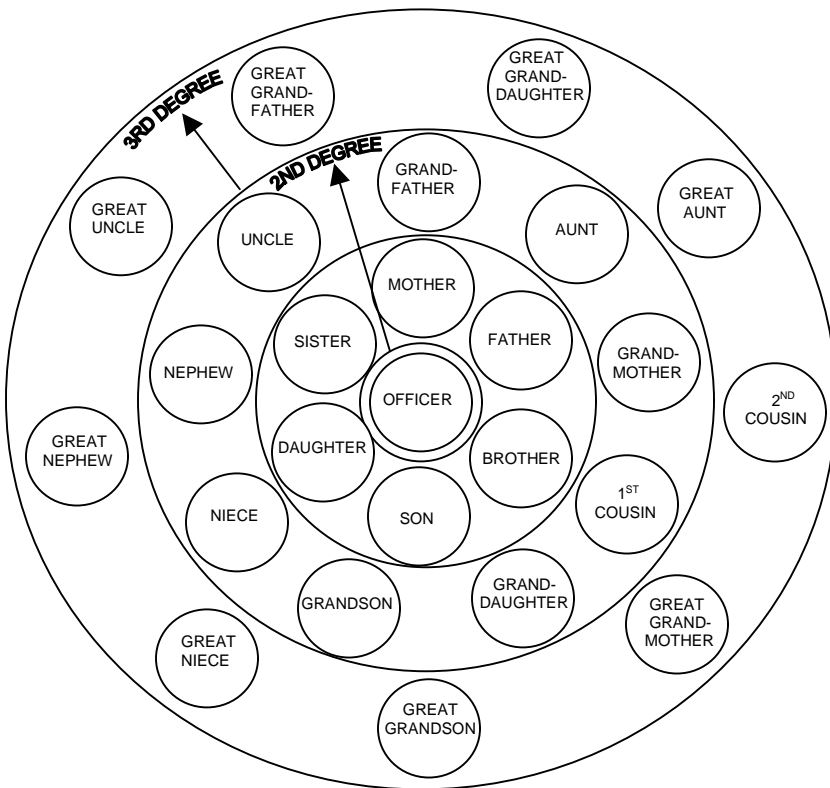
Applicants that have successfully completed an application, background investigation and oral interview will receive a conditional offer of employment. Following the conditional offer of employment, applicants must pass a physical examination, and drug screen prior to being accepted for employment.

Failure to meet the minimum requirements, false statements made in any material fact, any information intentionally withheld or omitted, or any deception or attempt of deception or fraud at any point during the employment process by the applicant shall result in immediate disqualification. Applicants may be disqualified at any phase of the employment process.

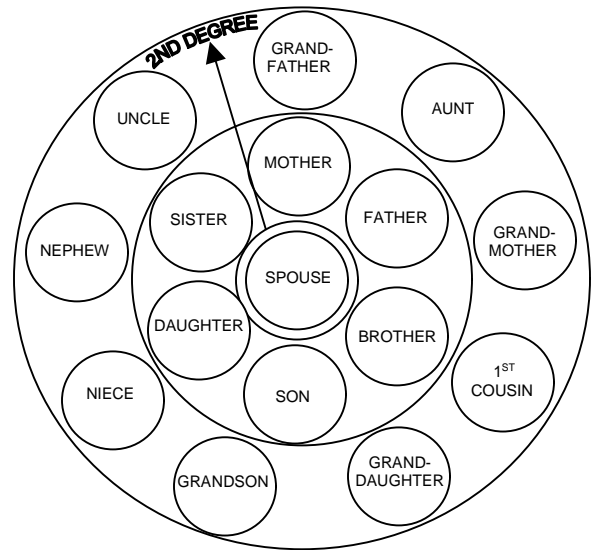
Requirements:

- must be at least 21 years of age;
 - must have a high school diploma or GED and be able to competently read and write in English;
 - United States citizen;
 - must be able to meet all legal requirements by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE);
 - Must possess a Peace Officer's License issued by TCLEOSE
 - must possess a valid Texas driver's license at the time of employment with a good driving record as determined by county standards;
 - must not have any history of criminal or improper conduct which may affect suitability for law enforcement work;
 - must not have been convicted, placed on deferred adjudication or probation or under indictment for any felony under the laws of Texas, another State, or the United States;
 - must not be on probation, community supervision, or deferred adjudication for any criminal offense;
-

- not ever have been or currently on court-community supervision or probation for any criminal offense above the grade of Class C misdemeanor or a Class C misdemeanor within the last ten years;
- not currently under indictment for any criminal offense;
- not ever have been convicted of an offense above the grade of a Class C misdemeanor or a Class C misdemeanor within the last ten years;
-
- is not prohibited by state or federal law from operating a motor vehicle;
- is not prohibited by state or federal law from possessing firearms or ammunition;
- any and all prior military service is required to have resulted in an honorable discharge;
- must be willing to work shift work, weekends, and holidays; and
- must not be related by blood or marriage to current staff members of the Concho County Office of the Sheriff. Please refer to charts below for clarification of prohibitions:



CONSANGUINITY KINSHIP CHART



AFFINITY KINSHIP CHART

Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc.) are also included.

All interpretations regarding these rules will be made by the Sheriff or his designee.

Concho COUNTY SHERIFF's OFFICE
APPLICANTS

IT IS OUR POLICY TO CONDUCT AN EXTENSIVE CRIMINAL HISTORY CHECK BACKGROUND INVESTIGATION, AND CREDIT CHECK ON ALL APPLICANTS.

IN ORDER TO PROCEED WITH YOUR APPLICATION, IT IS NECESSARY FOR YOU TO FURNISH A **RELEASE OF INFORMATION AGREEMENT**. THIS DOCUMENT MUST BE THE ORIGINAL (NO COPIES, FAX, ETC.), COMPLETED IN INK OR TYPED, AND NOTARIZED.

IF YOU DID NOT RECEIVE A RELEASE OF INFORMATION AGREEMENT FORM ONE IS AVAILABLE AT THE CONCHO COUNTY PERSONNEL OFFICE. PLEASE RETURN THE COMPLETED AND NOTARIZED FORM WITH YOUR ORIGINAL EMPLOYMENT APPLICATION TO THE CONCHO COUNTY PERSONNEL OFFICE IN A TIMELY MANNER.

NOTE: EMPLOYMENT APPLICATIONS SUBMITTED WITHOUT THE ORIGINAL **RELEASE OF INFORMATION AGREEMENT** WILL BE REJECTED. NO EXCEPTIONS.

OFFICE (325)732-4312



ADMINISTRATION (325) 732-4279



FAX (325) 732-4279

Release of Information Agreement

TO WHOM IT MAY CONCERN:

I am an applicant for the position with the **Concho County Sheriff's Office**. The Department needs to thoroughly investigate my employment background, personal history, credit check, and criminal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be discharged to the above department.

I hereby authorize any representative of the **Concho County Sheriff's Office** bearing this release to obtain any information in your files pertaining to my employment records, educational records, medical and financial history. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Concho County Sheriff's Office**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Concho County Sheriff's Office** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to all information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, my criminal history records, including any arrest records, any information containing in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I present have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information request, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for the organization, 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Concho County Sheriff's Office** regardless of any agreement I may have made with you previously to the contrary. ***The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.***

For and in consideration of the **Concho County Sheriff's Office** acceptance and processing of my application for employment, I agree to hold you, your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision of whether or not to employ me with the **Concho County Sheriff's Office**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Concho County Sheriff's Office** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorneys fees, arising out of or by reason of complying with this request.

Printed Name: _____ Date of Birth: _____ SSN: _____ - _____ - _____

Telephone Number: (_____) _____ Address: _____
Street City State Zip

Signature: _____ Date: _____

Sworn to and Subscribed before me, this the _____ day of _____, 20____.

Notary Public in and for the State of Texas

_____/_____/_____
My Commission Expires

Seal or Stamp

Signature

CONCHO COUNTY

Voluntary EEO Self-Identification Form

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this Voluntary EEO Self-Identification form. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Name	Date
Position	
Department	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: (Check all that apply) <input type="checkbox"/> Asian/Pacific Islander All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. <input type="checkbox"/> Black All persons having origins in any of the black racial groups of Africa. <input type="checkbox"/> Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race. <input type="checkbox"/> American Indian/Alaskan All persons having origins in any of the original peoples of North America. <input type="checkbox"/> White All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	