

LASALLE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Law Enforcement

Communications

Corrections

Other _____

All Applications must be returned to:

LaSalle County Sheriff's Office
 101 Courthouse Square
 Cotulla, Texas 78014

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate "NA" (not applicable). Applications which are incomplete, illegible, or unsigned will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions. A Resume of no more than three pages may be included with this application. Other supporting documentation may be required if you proceed to the later stages of the selection process.

Section 1. Personal Information

(Last)	(First)	(Middle)	OFFICE USE ONLY
Address (Apartment, Street, P.O. Box)			Home Telephone
City	State	Zip	Work Telephone
Social Security Number	E-mail address		Alternate Telephone
Are you 18 years of age or older? Yes No		Do you have a current TCLEOSE Jailer or Deputy License? Yes No	
Are you a United States Citizen? Yes No If not, do you have legal status to work in this country?		Are you currently a commissioned Law Enforcement officer in Texas? Yes No Training Academy Location: _____ Date of Completion: _____	
Do you have any relatives currently employed by the LaSalle County Sheriff's Office? If so, list name and relationship. Yes No		Are you currently a commissioned Corrections Officer in Texas? Yes No Training Academy Location: _____ Date of Completion: _____	

Texas Drivers License No: (Not I.D.) Class _____ Expiration Date: _____	Do you have a High School Diploma or GED? Yes No Highest level of education completed: College or Tech School (2 Yr) College (Bachelor Degree) Post Graduate
Have you ever been convicted of a Felony? Yes No	Have you ever been convicted of a Class B or A Misdemeanor? Yes No
Have you been previously employed by the County of LaSalle? Yes No If so, list Dates and Departments:	Have you previously been an employee of the LaSalle County Sheriff' s Office? Yes No If so, list Dates and Positions held:

Section 2. Education History

LaSalle County Sheriff' s Office hiring policy requires that you possess either a high school diploma or a GED education from an accredited school. You must include a copy of your Diploma or GED along with this application. It is not necessary to submit a transcript.

High School Name / Location	From Date	To Date	Coursework	Diploma / Degree
				Yes No
				Yes No
Technical School Name / Location	From Date	To Date	Coursework	Diploma / Degree
				Yes No
				Yes No
College or University Name / Location	From Date	To Date	Coursework	Diploma / Degree
				Yes No
				Yes No

List any other Scholarships, apprenticeships, licenses, certifications, and memberships in professional organizations that you feel should be considered in evaluating your educational qualifications.

Section 3. Employment History

List chronologically all current and past employment. Start with your current or most recent employer. Also include all seasonal and part time employment. If unemployed for a period, provide the dates. To furnish additional employment information, attach sheets of the same size and format to the end of this application form.

Employer:	Supervisor(s):
Address:	Phone Number:
Dates of Employment	
From:	To: Part Time Full Time Seasonal
Position Title and Duties Performed:	
Reason for Leaving: Voluntary Involuntary	

Employer:	Supervisor(s):
Address:	Phone Number:
Dates of Employment	
From:	To: Part Time Full Time Seasonal
Position Title and Duties Performed:	
Reason for Leaving: Voluntary Involuntary	

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Dates of Employment	
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Position Title and Duties Performed:	
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Employer:	Supervisor(s):		
Address:	Phone Number:		
Dates of Employment			
From:	To:	Part Time	Full Time Seasonal
Position Title and Duties Performed:			
Reason for Leaving:			
		Voluntary	Involuntary

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Address:	Phone Number:		
Dates of Employment			
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Position Title and Duties Performed:			
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Dates of Employment			
From:	To:	Part Time	Full Time Seasonal
Position Title and Duties Performed:			
Reason for Leaving:			
		Voluntary	Involuntary

Attach additional sheets of 8 ½ by 11 paper as needed.

Section 4. Memberships, Skills, and Achievements

Identify the civic groups, private clubs or volunteer organizations that you actively participate in and list any personal achievement(s) or public recognition you have received.

Please check the appropriate boxes to indicate the computer hardware/software you are proficient in using:

PC Computer	Windows 95/98ME	Windows 2000 / XP	PC Networking
Internet and email	MS Word	MS Excel	MS Access
Quick Books Pro	Other:	Other:	Other:

Section 5. Military Service

Did you ever serve in the United States Armed Forces? Yes No (If no, skip to section 6)

Branch? _____ Dates of Service _____ to _____

Highest Rank or Grade _____ Active Duty Reserves

Primary Duties and Skills Acquired

Type of Discharge: _____

Did you ever serve in the United States Armed Forces? Yes No (If no, skip to section 6)

Branch? _____ Dates of Service _____ to _____

Highest Rank or Grade _____ Active Duty Reserves

Primary Duties and Skills Acquired

Type of Discharge: _____

Using only the space provided, please respond to the following questions:

- 1) Why have you chosen to apply for this position?

- 2) Describe the frequency and extent of your use of intoxicating liquors:

- 3) Describe your history in the use of marijuana or other drugs that were not prescribed to you by a physician:

- 4) Describe anything that would prevent you from fully performing the duties for the position which you are applying:

- 5) Describe anything that would prevent you from working weekends, nights and/or evening shifts if required by your supervisors:

- 6) Describe and physical limitations which would prevent you from performing the duties for the position which you are applying:

- 7) If it became necessary to take a human life in the course of your duties, describe anything that would prevent you from doing so:

Provide copies of the following documents with your application:

**Birth Certificate - Drivers License - High School Diploma or GED - Military Discharge Papers (if any)
TCLEOSE Certification Card - Passport size photograph**

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin to work. All information provided and statements made are subject to verification. This completed application for employment, once submitted to LaSalle County Sheriff becomes the property of LaSalle County, verification records and background investigation information is also the property of LaSalle County and will not be returned.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

I UNDERSTAND AND AGREE THAT IF EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND THAT I MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY. IF I AM EMPLOYED, I AGREE TO ABIDE BY AND COMPLY WITH ALL THE RULES AND REGULATIONS OF THE LASALLE COUNTY SHERIFF' S OFFICE AS THEY CURRENTLY EXIST AND/OR AS THEY ARE MODIFIED FROM TIME TO TIME DURING MY EMPLOYMENT.

I HERBY CERTIFY THAT I AM A UNITED STATES CITIZEN, THAT I HAVE A HIGH SCHOOL DIPLOMA OR GED, THAT I HAVE NOT BEEN DISCHARGED FROM ANY MILITARY SERVICE UNDER LESS THEN HONORABLE CONDITIONS, THAT I HAVE NOT BEEN CONVICTED OF ANY FELONY OFFENSE, THAT I HAVE NOT HAD A LICENSE ISSUED BY TCLEOSE THAT HAS BEEN SUSPENDED OR REVOKED.

Applicant's signature:

Date signed:

RELEASE OF INFORMATION STATEMENT

I hereby empower an employee of the LaSalle County Sheriff's Office or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

- . Municipal, State or Federal law enforcement agencies
- . Selective Service Systems
- . Any banking institution
- . Any place of business (for purposes of obtaining credit or employment data)
- . Credit rating bureaus or institutions maintaining individual credit rating files
- . Any previous employer
- . Present employer
- . Any school, college, university or other educational institution
- . Any office, clinic, sanitarium or hospital where illness, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated

I hereby release any Municipal, State or Federal law enforcement agency, individual or institution, 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.

Exceptions to this blanket authorization:

- 1. _____
- 2. _____
- 3. _____

Applicant's signature:

Date signed:

For official use only, not to be released to unauthorized persons.