



**LEE COUNTY**

**APPLICATION FOR EMPLOYMENT**

**LEE COUNTY OFFICE OF THE SHERIFF**

**AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER**

**INSTRUCTION: ALL APPLICATIONS FOR EMPLOYMENT WITH THE LEE COUNTY OFFICE OF THE SHERIFF MUST BE MADE ON THIS FORM. CONSIDER EACH QUESTION CAREFULLY AND FILL IN ALL BLANKS. IF A QUESTION IS NOT APPLICABLE, ENTER "" N/A". RESUMES WILL BE ACCEPTED AS ADDITIONAL INFORMATION BUT NOT IN PLACE OF A COMPLETED APPLICATION.**

**Qualified applicants are considered for all position 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 NO: \_\_\_\_\_ CELL NO: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Number Street  
City County State Zip

HOW LONG AT THIS ADDRESS? \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
Number Street City State Zip

HOW DID YOU HEAR ABOUT THIS POSITION?  Newspaper  Phone Inquiry  Walk-In  Lee Co Employee  Internet  Workforce  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 8 A.M. TO 5 P.M.? ( ) YES ( ) NO

ARE YOU WILLING TO WORK DAYS OTHER THAN MONDAY THROUGH FRIDAY? ( ) YES ( ) NO

**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, GIVES NAME AND RELATIONSHIP: \_\_\_\_\_

**ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED IN A SPOUSAL RELATIONSHIP (TO INCLUDE MARRIAGE, COMMON-LAW MARRIAGE, LIVED TOGETHER, ETC) WITH A CURRENT INMATE OF THE LEE COUNTY JAIL?**

YES  NO IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

**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:** \_\_\_\_\_

## **LEGAL**

**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 SEPARATE SHEET OF PAPER IF NECESSARY:

**HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?**

YES  NO IF YES, PLEASE PROVIDE DATES AND DETAILS

**ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?**

YES  NO IF YES, PLEASE GIVE DETAILS.

**ARE THERE ANY LEGAL RESTRICTIONS AGAINST YOU CARRYING A FIREARM, SUCH AS CONVICTION OF A CRIME INVOLVING DOMESTIC VIOLENCE?**

YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

## RELATIVES AND REFERENCES

Use full birth names and maiden names:

	ADDRESS	TELEPHONE /CELL//E-MAIL
1. Father:		
2. Mother		
3. Father-in-Law		
4. Mother-in-Law		
5. Spouse:		
6: Former Spouse:		
7: Brother: Age:		
8:Brother: Age:		
9. Brother: Age:		
10. Sister: Age		
11. Sister: Age		
12: Sister: Age		
13: Step Father:		
14: Step Mother:		

## RESIDENCE:

PLEASE LIST ALL OF YOUR RESIDENCES DURING THE LAST 10 YEARS; GIVE NO INFORMATION PRIOR TO YOUR 17<sup>TH</sup> BIRTHDAY. BEGIN WITH THE MOST CURRENT ADDRESS.

ADDRESS OF RESIDENCE	CITY,STATE,ZIP	DATES	NAMES AND ADDRESS OF LESSOR
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

# 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

# EXPERIENCE AND EMPLOYMENT: BEGIN WITH YOUR MOST CURRENT EMPLOYMENT, PLEASE LIST ALL JOBS INCLUDING PART TIME, TEMPORARY POSITION HELD. ADDITIONAL SHEETS TO SHOW RELEVANT EXPERIENCE IF NECESSARY. INCLUDE COMPLETE ADDRESS (i.e. Street Address or P.O. Box, City, State Zip) INCLUDE E-MAIL ADDRESSES

1. EMPLOYERS NAME:		COMPLETE ADDRESS:	TELEPHONE #
DATES EMPLOYED: FROM: TO:		JOB TITLE/POSITION:	SUPERVISORS NAME:
STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:	
DESCRIPTION OF DUTIES, RESPONSIBILITY, AND ACCOMPLISHMENTS:			
2. EMPLOYERS NAME:		COMPLETE ADDRESS:	TELEPHONE #
DATES EMPLOYED: FROM: TO:		JOB TITLE/POSITION:	SUPERVISORS NAME:
STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:	
DESCRIPTION OF DUTIES, RESPONSIBILITY, AND ACCOMPLISHMENTS:			
3. EMPLOYERS NAME:		COMPLETE ADDRESS:	TELEPHONE #
DATES EMPLOYED: FROM: TO:		JOB TITLE/POSITION:	SUPERVISORS NAME:
STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:	
DESCRIPTION OF DUTIES, RESPONSIBILITY, AND ACCOMPLISHMENTS:			
4. EMPLOYERS NAME:		ADDRESS:	TELEPHONE #
DATES EMPLOYED: FROM: TO:		JOB TITLE/POSITION:	SUPERVISORS NAME:
STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:	
DESCRIPTION OF DUTIES, RESPONSIBILITY, AND ACCOMPLISHMENTS:			

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

TYPE: DRIVER'S LICENSE      NUMBER: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_  
TYPE: \_\_\_\_\_      NUMBER: \_\_\_\_\_      EXPIRATION DATES: \_\_\_\_\_  
TYPE: \_\_\_\_\_      NUMBER: \_\_\_\_\_      EXPIRATION DATES: \_\_\_\_\_

**MILITARY SERVICE:**

BRANCH OF SERVICE: \_\_\_\_\_      DATES OF SERVICE: \_\_\_\_\_  
RANK ON ENTERING: \_\_\_\_\_      PRIMARY DUTIES: \_\_\_\_\_  
RANK AT DISCHARGE: \_\_\_\_\_      TYPE OF DISCHARGE \_\_\_\_\_

**FINANCIAL:**

HAVE YOU EVER FILED OR DECLARED BANKRUPTCY?      ( ) YES      ( ) NO

IF YES GIVE DETAILS; \_\_\_\_\_  
\_\_\_\_\_

HAVE ANY OF YOUR BILLS EVER BEEN TURNED OVER TO A COLLECTION AGENCY? ( ) YES      ( ) NO

IF YES GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD PURCHASED GOODS REPOSED?      ( ) YES      ( ) NO

IF YES GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER HAD YOUR WAGES GARNISHED?      ( ) YES      ( ) NO

IF YES GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DELINQUENT ON INCOME OR OTHER TAX PAYMENTS?      ( ) YES      ( ) NO

IF YES GIVE DETAILS; \_\_\_\_\_  
\_\_\_\_\_

ARE THERE ANY LEGAL RESTRICTIONS AGAINST YOU CARRYING A FIREARM, SUCH AS CONVICTION OF A CRIME

INVOLVING DOMESTIC VIOLENCE? ( ) YES      ( ) NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

MARITAL STATUS    ( ) MARRIED    ( ) SINGLE    ( ) DIVORCED    ( ) WIDOWED

IF MARRIED SPOUSES NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

LIST CHILDREN BY NAME, SEX AND AGE:

CHILDS NAME	SEX		AGE	DOES CHILD LIVE IN THE HOME	
	M	F		YES	NO

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

NAME	ADDRESS	TELEPHONE/CELL NUMBER	OCCUPATION
1.			
2.			
3.			

The information requested below is optional. It may be used for background checks and will be used for maintaining required and 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 GROUND FOR MY DISMISSAL... I HEREBY AUTHORIZE LEE COUNTY TO INVESTIGATE THE FACTS CLAIMED BY ME.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**RELEASE OF INFORMATION AGREEMENT**

**TO WHOM IT MAY CONCERN:**

I am an applicant for the position with the LEE COUNTY OFFICE OF THE SHERIFF; The Office needs to thoroughly investigate my employment background and personal 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 LEE COUNTY OFFICE OF THE SHERIFF bearing this release to obtain any information in your files pertaining to my employment records I hereby direct you to release such information on request of the bearer. I do hereby authorize a review on and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the LEE COUNT OFFICE OF THE SHERIFF, whether said records are of publish, 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 LEE COUNTY OFFICE OF THE SHERIFF to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential is may appear to be.

I consent to your release of any and all public information that you n=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 record, 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 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 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 LEE COUNTY OFFICE OF THE SHERIFF 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 LEE COUNTY OFFICE OF THE SHERIFF'S 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 or whether or not to employ me with the LEE COUNTY OFFICE OF THE SHERIFF. 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 title5, 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 LEE COUNTY OFFICE OF THE SHERIFF in conjunction with employment procedures.

A photocopy or Fax copy of this release form will be valid as an original thereof; even through 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: \_\_\_\_\_

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

\_\_\_\_\_  
Signature