

Caldwell, Comal and Hays Counties Community Supervision and Corrections Department

EMPLOYMENT APPLICATION

The Caldwell, Comal and Hays Counties Community Supervision and Corrections Department is an equal opportunity employer and complies with the Americans with Disabilities Act. If you require an accommodation in order to complete this application, please request assistance.

(PLEASE PRINT)

Date of Ap	plication -		Position(s) A For	pplied			
Name				Т	elephone		
A d due se	Last		First	Middle		Area Code	e
Address TX DL #	Number	Street	City		State	Zip Co	ode
If employed	d and under	18 years of age	, can you furnish a	work permit?		Yes	□No
·	• •	cation with this	s department befor	e		Yes	□No
If yes, gi	ive date:						
Have you e	ver been em	ployed with thi	is department befo	re?		Yes	□No
If yes, gi	ive date:						
Are you cui	rrently empl	oyed?				Yes	□No
If yes, m	nay we conta	act your present	employer?			Yes	□No
in this coun	try because	of visa or immi	ming employed igration status? s will be required up	on employment.)	_	Yes	□No
On what da	te would yo	ou be available f	For work?				
When are y	ou available	e to work?	Full Time	Part Time	☐ Shift W	ork 🔲 7	Гетрогагу
crime?	-		ed adjudication or			Yes	□No

date of offense, seriousness and nature of offense, and position applied for will be considered.)

If yes, please explain:																
				EDU	JCA ⁻	ΓΙΟΝ	l:									
	Н	igh S	Scho	ol	١		tiona ning	ıl		Coll	ege/ ersity	,			uate/	
School Name																
Years Completed/ Degree	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities																

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

APPLICATION FOR EMPLOYMENT

List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

ployed
То:
Salary
Final:

2.	Employer:		Dates Employed					
	Address:		From:	То:				
	Phone Number:		Hourly	Rate/Salary				
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:	:						
	Reason for Leavin	ıg:						
3.	Employer:		Dates	Employed				
	Address:		From:	То:				
	Phone Number:		Hourly Rate/Salary					
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:	- 	1					
	Reason for Leavin	ng:						
4.	Employer:		Dates	Employed				
	Address:		From:	То:				
	Phone Number:		Hourly	Rate/Salary				
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:	 						
	Reason for Leavin	ng:						

APPLICATION FOR EMPLOYMENT

<u>Special Skills and Qualifications</u> Summarize special skills and qualifications acquired from employment experience or education.
NOTES:

APPLICATION FOR EMPLOYMENT

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect may be sufficient cause to cancel consideration of this application.

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 90 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

I understand employment consideration with this department requires a background investigation including any criminal history, driver license history and urinallysis for the testing of illicit substances.

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.

Signature of Applicant	