



SPECIAL QUALIFICATIONS NOT COVERED IN APPLICATION (Publications, Patents, Honors, Inventions, Awards, Memberships, Etc.): \_\_\_\_\_

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ OR WRITE

\_\_\_\_\_  
\_\_\_\_\_  
SPEAK READ WRITE FLUENT GOOD FAIR  
SPEAK READ WRITE FLUENT GOOD FAIR

GIVE BRIEF STATEMENT OF YOUR REASON FOR SEEKING EMPLOYMENT WITH THE WALLER COUNTY SHERIFF'S DEPT.

LIST INCOME AND SOURCE OTHER THAN YOUR PRINCIPAL OCCUPATION

DO YOU OWN ANY REAL PROPERTY ? YES NO DESCRIBE \_\_\_\_\_

BANK \_\_\_\_\_ / \_\_\_\_\_  
NAME ADDRESS PHONE CHECKING SAVINGS

HAVE YOU EVER BEEN BONDED YES NO REFUSED A BOND YES NO HAD A BOND CANCELLED YES NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN YES NO IF YES, WHY AND FROM WHAT COMPANY OR EMPLOYER:

LIST FRIENDS AND RELATIVES WORKING FOR WALLER COUNTY: \_\_\_\_\_

**LIST THREE PERSONAL/CHARACTER REFERENCES (NO RELATIVES OR FORMER EMPLOYERS):**

NAME	STREET	CITY	ZIP	CURRENT PHONE
				/ -
				/ -
				/ -

**LIST PREVIOUS JOBS YOU HAVE HAD STARTING WITH THE MOST RECENT:**

EMPLOYEER: _____	FROM _____	TO _____
ADDRESS _____	PHONE: _____ / _____ - _____	
CITY _____	STATE _____	ZIP _____ POSITION HELD _____
BRIEF DESCRIPTION OF DUTIES _____		SALARY: _____
EMPLOYEER: _____	FROM _____	TO _____
ADDRESS _____	PHONE: _____ / _____ - _____	
CITY _____	STATE _____	ZIP _____ POSITION HELD _____
BRIEF DESCRIPTION OF DUTIES _____		SALARY: _____

EMPLOYEE: _____	FROM _____	TO _____
ADDRESS _____	PHONE: _____ / _____ - _____	
CITY _____	STATE _____	ZIP _____
POSITION HELD _____		
BRIEF DESCRIPTION OF DUTIES _____		
SALARY: _____		

  

EMPLOYEE: _____	FROM _____	TO _____
ADDRESS _____	PHONE: _____ / _____ - _____	
CITY _____	STATE _____	ZIP _____
POSITION HELD _____		
BRIEF DESCRIPTION OF DUTIES _____		
SALARY: _____		

**APPLICANT'S STATEMENT**

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 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS 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 EMPLOYEES MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHERED UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

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

\_\_\_\_\_  
DATE

WALLER COUNTY SHERIFF'S DEPARTMENT  
APPLICATION FOR EMPLOYMENT

PAGE 4 INTERVIEW FORM  
FOR INTERNAL USE

INTERVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_\_ TIME: \_\_\_\_\_

POSITION(S) DISCUSSED     DEPUTY     JAILER     CLERICAL     DISPATCH     COOK

IF HIRED WHEN WOULD APPLICANT BE ABLE TO REPORT \_\_\_\_\_

REMARKS

NEATNESS	
CHARACTER	
PERSONALITY	
ABILITY	

APPLICANT IS     RECOMMENDED     NOT RECOMMENDED    FOR EMPLOYMENT

IF NOT RECOMMENDED, THEN ADDITIONAL INFORMATION ABOUT APPLICANT THAT IS PERTINENT

DATE OF EMPLOYMENT: \_\_\_\_\_ SALARY: \_\_\_\_\_

POSITION: \_\_\_\_\_ SHIFT: \_\_\_\_\_

REVIEWED & APPROVED: \_\_\_\_\_ DATE : \_\_\_\_\_

SHERIFF, WALLER COUNTY

Waller County Sheriff's Department

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **WALLER COUNTY SHERIFF'S DEPARTMENT** 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 education 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:

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: \_\_\_\_\_