



ROBERTSON COUNTY SHERIFF'S OFFICE JOB APPLICATION INSTRUCTIONS

Please read the following instructions before completing the application for employment.

- We appreciate your interest in the employment opportunities at the Robertson County Sheriff's Office.
- Please complete application in neat, legible print using blue or black ink. In order for your application to be considered complete, you must answer all questions in this application. A resume and/or other documents will **not** be accepted in lieu of a complete application; however, you may submit additional documents with the application. Comments such as "See Resume" are not acceptable and may result in the application being considered incomplete.
- Any information you provide in this application, accompanying documents, and/or verbal submissions to Robertson County Sheriff's Office is subject to verification. Falsification, misrepresentation, or omissions of fact may be grounds for rejection of your application, or subsequent termination of employment if hired.
Employment references and criminal history check **will** be required.
- This application and any accompanying document(s) submitted for consideration of employment become property of Robertson County Sheriff's Office and will **not** be returned to the applicant.
- Completed applications may be hand-delivered, mailed, or faxed to the prospective agency as indicated in the job posting. Note: Positions posted with a closing date of "until filled" are subject to close at any time.



ROBERTSON COUNTY SHERIFF'S OFFICE

JOB APPLICATION FORM

AN EQUAL OPPORTUNITY EMPLOYER

It is Robertson County's policy to comply fully with all federal, state and local equal opportunity laws. We provide equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. Robertson County considers employment applicants solely on the basis of qualifications for the job.

PERSONAL DATA:

Position Applied for: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

E-mail Address: _____

Check each type of work you will accept: Full Time Part Time

Minimum acceptable salary: \$ _____ per _____

Are you eligible to work in the United States: Yes No

Has Bond ever been refused: Yes No

Have you ever been employed here before? Yes No Date: _____

Are you a relative of any Robertson County elected official or employee? Yes No

If yes, identify and describe the relationship: _____

Do you speak a language other than English: Yes No

If yes, what language(s) do you speak: _____

If offered employment, date you are able to begin? _____

Are you willing to travel: Yes No

Have you ever been convicted of, or plead guilty or no contest to a criminal offense other than a traffic offense? * Yes No If yes, provide date(s) and details:

* You may omit convictions for minor traffic violations, unless the position requires the operation of a motor vehicle. Conviction will not result in your automatic disqualification for employment. The seriousness of the crime, the date of the conviction and the relevance of the crime to the position you are applying will be considered.

EDUCATION HISTORY

Type of School	Name of School	Location	Number of Years Completed	Major & Degree (If applicable)
High School				
College				
Business or Trade School				
Professional School				
Graduate School				

DRIVERS LICENSE INFORMATION

If the position for which you are applying requires the operation of a motor vehicle, do you have a current Texas Driver's License? Yes No

**Please list any restriction and endorsements: _____

Type of License: Class C CDL License Number: _____

SKILLS AND QUALIFICATIONS

Summarize any training skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

PROFESSIONAL LICENSES/CERTIFICATIONS

If the position for which you are applying requires possession of a license or certification, please provide the information:

Type of License or Certification	Date Issued	Registration Number	State	Expires MO/YR

EMPLOYMENT HISTORY

Start with your present or most recent employer and work backward. If you need additional space, please continue on separate sheet(s).

May we contact your present employer? Yes No

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

Employer:	Dates: From:	To:
Address:	Summary of Job Duties:	
Phone Number:		
Job Title:		
Supervisor:		
Reason for Leaving:	Starting Salary:	Ending Salary:

REFERENCES

List three persons, not related to you, who are qualified to describe your capabilities for the position you are applying.

(1.) Name: _____ Phone: _____

Address: _____ Occupation: _____

(2.) Name: _____ Phone: _____

Address: _____ Occupation: _____

(3.) Name: _____ Phone: _____

Address: _____ Occupation: _____

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and I authorize any former employer to release to Robertson County Sheriff's Office and its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents verifying my identity and eligibility for employment. In addition, I understand that, if selected for an interview, true copies of all degrees, certificates, or licenses listed on this application will be required before an employment decision can be made. A photocopy of this authorization shall be as valid as the original.

I understand that by providing my e-mail address, I am electing to receive electronic communications.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge.

I also understand that only written representations and promises of this employer will be enforceable.

By signing this application, I give permission/authorization to Robertson County to check for criminal conviction records.

Signature of Applicant: _____ Date: _____

Subscribed and sworn to before me this ____ day of _____, ____.

(seal)

Notary Public

My Commission Expires _____



ROBERTSON COUNTY SHERIFF'S OFFICE

William Ruland, Sheriff

Authorization for Release of Personal Information

I, _____, hereby authorize a review of and full disclosure of
(Print Full Name, including maiden name)

all records concerning me to any duly authorized employee of the Robertson County Sheriff's Office whether such records are of a private, public or confidential nature. I give my consent for full disclosure of any information about me, whether written, oral, electronic or in any other form, to any person or institution, including the following: educational institutions; financial or credit institutions, including records of loans or any other accounts; commercial or retail credit agencies, including credit reports and ratings; government or law enforcement agencies; former employers, including background reports, efficiency or performance ratings, and complaints or grievances filed by or against me; and attorneys at law or other counsel, whether representing me or another person in any criminal or civil case in which I have now or have previously had an interest.

The Robertson County Sheriff's Office may use any information about me that is obtained with this waiver to determine my qualifications for employment. I promise to hold harmless any person or other entity that may release information about me to the Robertson County Sheriff's Office and I release such person or entity from any liability that may result from the release of such information.

I understand that the Robertson County Sheriff's Office will keep confidential all information about me to the extent allowed by law. The Robertson County Sheriff's Office may release information about me to any law enforcement agency that requests it and that presents a valid release form that I have signed.

A photocopy of this release form will be valid as the original, even though such photocopy does not contain an original writing of my signature.

Address: _____
street apt. city state zip

Telephone: (____) _____ Date of Birth: ____/____/____ DL #/State: _____

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ by

(Notary Print Name)

(seal)

SIGNATURE OF NOTARY PUBLIC