

**GOLIAD COUNTY SHERIFF'S OFFICE
APPLICATION FOR EMPLOYMENT**

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status. The presence of non-job-related medical condition or disability, or any other legally protected status.

Position Applied For: _____ Date Of Application: _____
How did you learn about us? Advertisement Friend Walk In
 Relative Other Employment Agency

Last Name First Name Address City State Zip

(____) _____ (____) _____ DOB: _____
Telephone Number Cell Number Social Security Number

All applicants for employment must be at least 18 years of age – can you submit proof of your age after employment yes no

Have you ever filed an application with us before yes no
If yes give date: _____

Are you currently employed yes no

May we contact your present employer yes no

Are you prevented from lawfully becoming employed in this country because of visa or Immigration status yes no
***Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on lay off status and subject to recall yes no

Can you travel if the job requires it yes no

Have you been convicted of a felony within the last 10 years (conviction will not necessarily disqualify an applicant from employment) yes no

If yes please explain: _____

EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

(1) _____
Employer Address

Telephone _____ Supervisor _____ Job Title _____

Work Performed: _____

Employed From: _____ to _____ Hourly rate/Salary Start _____ Final _____

Reason for leaving: _____

(2) _____
Employer Address

Telephone _____ Supervisor _____ Job Title _____

Work Performed: _____

Employed From: _____ to _____ Hourly rate/Salary Start _____ Final _____

Reason for leaving: _____

(3) _____
Employer Address

Telephone _____ Supervisor _____ Job Title _____

Work Performed: _____

Employed From: _____ to _____ Hourly rate/Salary Start _____ Final _____

Reason for leaving: _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

EDUCATION

	School Name & Location	Years Completed	Diploma/Degree
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High School	_____		
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College	_____		
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Describe courses of study _____

Describe any specialized training, apprenticeship, skills or extra curricular activities _____

Describe any honors you have received _____

State any additional information you feel me be helpful to us in considering your application ____

Indicate any foreign languages you can speak, read and/or write _____

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

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers:

(1) _____

(2) _____

(3) _____

Have you ever had any job related training in the United States military? ____ Yes ____ No

If yes, please describe: _____

APPLICANT'S STATEMENT

I certify that answers given 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 time should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with Goliad County is an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without notice. It is further understood 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 elected official of the county.

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.

Applicant's Name

Date

Goliad County Sheriff's Office

Authorization for Release of Information Agreement

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Goliad County Sheriff's Office. The Sheriff's 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 best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

I hereby authorize any representative of the Goliad County Sheriff's Office bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Goliad County Sheriff's Office, whether said records are of public, 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 Goliad County Sheriff's Office to consider in determining my suitability for employment in that agency. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you 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 record, including any arrest records, any information contained 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 personally 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 from liability or damages that may result from furnishing the information requested, 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 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. I direct you to release such information upon request of the duly accredited representative of the Goliad County Sheriff's Office 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 Goliad County Sheriff's Office 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 whether or not to employ me with the Goliad County Sheriff's Office. 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 Title 5, 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 Goliad County Sheriff's Office in conjunction with employment procedures.

Applicant's Signature _____ **Printed Name** _____

I hereby authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records (if applicable) to release to the Goliad County Sheriff's Office information or photocopies from my military personnel records. This could include a photocopy of my DD 214, Report of Separation, etc.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year 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 pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Signature _____ **Printed Name** _____

Address/City/State/Zip _____

Telephone Number _____ Social Security Number _____

Subscribed to and sworn before me this the _____ day of _____, 20 _____

Notary Public in and for the State of Texas
My commission expires _____