



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available	Social Security No.		Driver's License #		State & Exp. date
Position(s) applied for:				Desired Salary:	
Type of Employment Requested:	<input type="checkbox"/> Full-Time		<input type="checkbox"/> Part-Time		<input type="checkbox"/> Temporary <input type="checkbox"/> Summer
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Refugio County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Other		Address	
From	To	Did you graduate?	Degree
YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Summarize any other special skills or qualifications:			

REFERENCES

Please list three references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

EMPLOYMENT RECORD- LIST PRESENT AND ALL PAST EMPLOYMENT BEGINNING WITH THE MOST RECENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

DISCLAIMER AND SIGNATURE

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Signature				Date		
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REFUGIO COUNTY SHERIFF'S DEPARTMENT

SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____

DRIVER'S LICENSE NO.: _____

POSITION DESIRED: () DEPUTY () JAILER () CLERICAL
() DISPATCH () BAILIFF () INVESTIGATOR

DO YOU CURRENTLY POSSESS A TCOLE LICENSE? _____ IF NO, WAS IT

() REVOKED () SUSPENDED () VOLUNTARILY SURRENDERED
() NEVER POSSESSED ONE

LICENSES HELD: () PEACE OFFICER () JAILER
() RESERVE OFFICER () INSTRUCTOR

PROFICIENCY CERTIFICATES HELD: () BASIC () INTERMEDIATE
() ADVANCED () MASTER
() CRIME PREVENTION INSPECTOR
() INVESTIGATIVE HYPNOTIST
() DRUG RECOGNITION EXPERT

DO YOU POSSESS A TELECOMMUNICATIONS OPERATOR CERTIFICATE? _____

LIST OTHER LICENSES YOU POSSESS _____

TCOLE LICENSING TRAINING	WHERE	WHEN	PASSED?
BASIC PEACE OFFICER TRAINING	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
BASIC JAILER TRAINING	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
PEACE OFFICER STATE LICENSING EXAM	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
JAILER STATE LICENSING EXAM	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**REFUGIO COUNTY SHERIFF'S DEPARTMENT
P.O. DRAWER 1022, 808 SOUTH COMMERCE ST.
REFUGIO, TEXAS 78377-1022
(361)526-2351
(361)526-2659 (Fax)**

**State of Texas
County Of Refugio**

Authorization to Release Information

Date:_____

**I, _____ hereby authorize the release of any and all
(Printed Name of Applicant)
information to the Refugio County Sheriff, or his representative for purposes of
background investigation. This release shall be deemed to relate to information
that would otherwise be considered confidential in nature or any other way
privileged.**

(Signature of applicant)

(Notary, in and for the State of Texas)

My Commission expires
_____20_____