



COUNTY OF VICTORIA

SHERIFF T. MICHAEL O'CONNOR

Phone: 361.575.0651 101 North Glass Street Victoria, Texas 77901

PERSONAL INFORMATION

1. YOUR FULL NAME (Please print or type)		
Last	First	Middle/Maiden
Other names (including nicknames) you have used or been known by:		
2. HOME ADDRESS:		
Number:	Street:	Apt: City: State: Zip:
OTHER:		
3. LIST TELEPHONE NUMBERS AND HOURS YOU CAN BE CONTACTED	() _____ Cell () _____	() _____
4. BIRTHDATE: Month Day Year	5. You must be a citizen of the Unites States Yes No Place of Birth:	
6. SOCIAL SECURITY NUMBER	In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.	
7. FOR THE PURPOSES OF IDENTIFICATION, PLEASE PROVIDE THE FOLLOWING:		
HEIGHT:	WEIGHT:	HAIR COLOR: EYE COLOR:
SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS:		

IMPORTANT NOTE: When completing this application it is important that you furnish all forms of contact information, such as cell phone numbers, current home and work numbers and E-mail address. This will aid in the background investigation required for the position that you have applied for. It will also speed up the investigation process.

All of questions on this application must be completed to the best of your knowledge. If the question requires a "Not Applicable" answer, then place "N/A" in the space provided. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

POSITION APPLIED FOR: _____ DATE SUBMITTED _____

RELATIVES AND REFERENCES**Address****Telephone / Cell / E-mail**

RELATIVES AND REFERENCES	Address	Telephone / Cell / E-mail
1. Father:		
2. Mother:		
3. Father-in-Law:		
4. Mother-in-Law:		
5. Spouse:		
6. Former Spouse:		
7. Brother: Age:		
8. Brother: Age:		
9. Brother: Age:		
10. Sister: Age:		
11. Sister: Age:		
12. Sister: Age:		
13. Step-Father:		
14. Step-Mother:		
15. Step-Brother: Age:		
16. Step-Brother: Age:		
17. Step-Brother: Age:		
18. Step-Sister: Age:		
19. Step-Sister: Age:		

RELATIVES AND REFERENCES

20. Other People living in your household (including children) A. Relationship B. Relationship C. Relationship D. Relationship E. Relationship		
21. List the names of all dependents A. Age: Relationship: B. Age: Relationship: C. Age: Relationship: D. Age: Relationship: E. Age: Relationship:		
23. List 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives or former employers. Include work, cell numbers and E-mail addresses		
Names:	Address:	Telephone: Home / Work / Cell
1.		
2.		
3.		
4.		
5.		

EDUCATION

SCHOOLS Please submit transcripts	LOCATION	DATES ATTENDED	HOURS	DEGREE OBTAINED
Grammar Schools				
High Schools				
College/University				
Vocational				
Any other course of study				

I do not currently have a high school diploma or a G.E.D., but I plan to satisfy the requirement in the future as follows:

When: _____

How: _____

Have you ever been suspended or expelled from any high school, college, university or business or vocational school?

No

Yes, please explain _____

RESIDENCE

Please list all of your residences during the last 10 years. Give no information prior to your 15th birthday. Begin with the most current.

Address of Residence	City, State, Zip	Dates	Name and address of Lessor
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs, including part-time, temporary and voluntary positions you have held in the past 10 years. Include E-mail addresses.

1. DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE #
BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

2. DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE #
BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

3. DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE #
BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

4. DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE #
BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES:			
REASON FOR LEAVING:			

5. DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE #
BRIEFLY DESCRIBE YOUR DUTIES AND RESONSIBILITIES:			
REASON FOR LEAVING:			

EXPERIENCE AND EMPLOYMENT

<p>Would any problem result if your present employer were contacted during the course of the background investigation? <input type="radio"/> Yes <input type="radio"/> No</p>
<p>If you have had no prior employment, please explain in the space below.</p>
<p>Have you had any extended work absences for reasons other than earned vacation?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If “yes” please explain:</p>
<p>Have you ever been fired or asked to resign from any place of employment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If “yes” please explain:</p>
<p>Have you ever been a successful or unsuccessful candidate for another Detention Officer position?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If “yes” please explain:</p>
<p>List all law enforcement agencies with which you have ever applied.</p> <ol style="list-style-type: none">1.2.3.4.
<p>Are you acquainted with any member(s) of the Victoria County Sheriff’s Office?</p> <p>If so, whom?</p> <ol style="list-style-type: none">1.2.3.4.
<p>Are you related to anyone that works for the Victoria County Sheriff’s Office?</p> <p>If so, list name and relationship.</p> <ol style="list-style-type: none">1.2.3.

MILITARY SERVICE

If you are a male under age 26, please provide the following:		
Selective Service Number	Approximate Date of Registration	Address at time of Registration

Have you ever served in the armed forces, National Guard, or military reserves? <input type="radio"/> Yes <input type="radio"/> No			
If “yes” please supply the following information:			
Branch of Service	Service Number	Dates of Service	Type of Discharge

Are you currently participating in any military reserve or National Guard program? <input type="radio"/> Yes <input type="radio"/> No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="radio"/> Yes <input type="radio"/> No
If “yes” please explain:

Please list those military individuals (commanding officer or military acquaintances) who know you well enough to provide accurate information about you. Include Cell numbers and E-mail addresses.			
Name	Address	Telephone #	Years known
1.			
2.			
3.			
4.			
5.			

FINANCIAL

CURRENT MONTHLY INCOME:	CURRENT MONTHLY EXPENDITURES
MONTHLY SALARY: \$ _____	MORTGAGE PAYMENT: \$ _____
SPOUSE'S SALARY: \$ _____	RENT: \$ _____
OTHER MONTHLY INCOME: Please explain: 1. _____ 2. _____ 3. _____	OTHER MONTHLY PAYMENTS: (Credit Cards, Vehicle payment, etc.) 1. _____ 2. _____ 3. _____
TOTAL: \$ _____	TOTAL: \$ _____

CURRENT ASSETS	CURRENT LIABILITIES
SAVINGS 1. _____ \$ _____ 2. _____	MORTGAGE BALANCE: 1. _____ \$ _____ 2. _____
CHECKING 1. _____ \$ _____ 2. _____	LONG TERM LOANS 1. _____ \$ _____ 2. _____
LIFE INSURANCE 1. _____ \$ _____ 2. _____	CHARGE ACCOUNT BALANCE 1. _____ \$ _____ 2. _____
OTHER ASSETS 1. _____ \$ _____ 2. _____ 3. _____	OTHER LIABILITIES 1. _____ \$ _____ 2. _____ 3. _____
TOTAL ASSETS \$ _____	TOTAL LIABILITIES \$ _____

PLEASE SUPPLY MORE DETAILED INFORMATION ABOUT YOUR CHARGE ACCOUNTS		
NAME OF FIRM	ADDRESS	ACCOUNT NUMBER
1.		
2.		
3.		
4.		
5.		

FINANCIAL

Have you ever filed for or declared bankruptcy?	<input type="radio"/> Yes	<input type="radio"/> No
If “yes” please give details:		

Have any of your bills ever been turned over to a collection agency?	<input type="radio"/> Yes	<input type="radio"/> No
If “yes” please give details:		

Have you ever had purchased goods repossessed?	<input type="radio"/> Yes	<input type="radio"/> No
If “yes” please give details:		

Have your wages ever been garnished?	<input type="radio"/> Yes	<input type="radio"/> No
If “yes” please give details:		

Have you ever been delinquent on income or other tax payments?	<input type="radio"/> Yes	<input type="radio"/> No
If “yes” please give details:		

LEGAL

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF ANY VIOLATION OF LAW?

Yes No

DATE	POLICE AGENCY	DETAILS
1.		
2.		
3.		

HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT? Yes No

DATE	COUNTY	DETAILS
1.		
2.		

WERE YOU EVER REQUIRED TO APPEAR BEFORE A JUVENILE COURT FOR AN ACT WHICH WOULD HAVE BEEN A CRIME IF COMMITTED BY AN ADULT?

Yes No

DATE	COUNTY	DETAILS
1.		
2.		

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION?

Yes No

If "yes" give details:

MOTOR VEHICLE OPERATION

TEXAS DRIVER'S LICENSE NUMBER:	EXPIRATION DATE:
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LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE	
STATE:	Name under which license was granted:
1.	
2.	
3.	
4.	

HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE BY ANY STATE?	<input type="radio"/> Yes	<input type="radio"/> No
If "yes" please explain:		

PLEASE LIST THE CURRENT LIABILITY INSURANCE YOU HAVE WITH YOUR MOTOR VEHICLE.
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PLEASE LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED WITHIN THE LAST 10 YEARS			
DATE	LOCATION	VIOLATION	DISPOSTION
1.			
2.			
3.			
4.			
5.			

HAS YOUR LICENSE EVER BEEN SUSPENDED, REVOKED OR PLACED ON PROBATION?	<input type="radio"/> Yes	<input type="radio"/> No
If "yes" please give details:		

HAVE YOU BEEN INVOLVED IN ANY TRAFFIC ACCIDENTS IN THE PAST THREE YEARS?			<input type="radio"/> Yes	<input type="radio"/> No
DATE:	LOCATION:	POLICE AGENCY		
1.				
2.				
3.				
4.				

GENERAL INFORMATION

HAVE YOU EVER APPLIED FOR A PERMIT TO CARRY A CONCEALED WEAPON?	<input type="radio"/> Yes	<input type="radio"/> No	
DO YOU CONSUME ALCOHOLIC BEVERAGES?	<input type="radio"/> Frequently	<input type="radio"/> Lightly	<input type="radio"/> Never
ARE YOU ENGAGED DIRECTLY OR INDIRECTLY IN THE SALE OF ALCOHOLIC BEVERAGES?	<input type="radio"/> Yes	<input type="radio"/> No	
DO YOU USE ANY NARCOTIC DRUGS?	<input type="radio"/> Yes	<input type="radio"/> No	
WHAT CLUBS AND ORGANIZATIONS ARE YOU A MEMBER OF?			
1.			
2.			
3.			
LIST ANY OFFICE MACHINES YOU CAN OPERATE:			
1.			
2.			
3.			
PLEASE LIST ANY FOREIGN LANGUAGES THAT YOU ARE ABLE TO SPEAK OR WRITE:			
1.			
2.			
3.			
LIST ANY ADDITIONAL EXPERIENCE, TRAINING, OR SPECIAL QUALIFICATIONS:			
1.			
2.			
3.			
LIST ALL AREAS YOU ARE TCLEOSE CERTIFIED:			
1.			
2.			
3.			

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, (print full name)_____ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the County of Victoria, whether the said records are of a Criminal, Public, Private, or Confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records held by any Law Enforcement Agency, authorization to release any record maintained by them, but not limited to Records of Arrest and or conviction, or those relating to traffic violations, records of the U.S. Army, U.S. Air Force, U.S. Navy, U.S. Marine Corps, or the U. S. Coast Guard; educational institutions; and financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me that the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the County of Victoria. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

MOTOR VEHICLE RECORD ACKNOWLEDGEMENT:

I understand that by signing this form I am giving a representative of the County of Victoria my authorization to obtain a copy of my motor vehicle record or to use a copy provided by me.

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

Signature of Applicant

Date

Address/City/State/Zip: _____

Phone: _____ Social Security No.: _____ Driver's License No.: _____

STATE OF TEXAS
COUNTY OF _____

NOTARY PUBLIC SIGNATURE

Please note that Notary services are available at the Sheriff's Office at no charge to the applicant

This instrument was acknowledged before me on _____ by _____
(date) Printed name of Applicant

SEAL

Signature of Notary

My Commission Expires: _____