



Victoria County Sheriff's Office



Employment Application Instruction.

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

- Please complete application in neat legible print using blue or black ink.
- In order for our application to be considered complete,
 - all questions **must** be answered 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, or given verbally to the VCSO 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 reference's and a criminal history check are required.
- This application and any accompanying document(s) submitted for consideration of employment become property of VCSO and will not be returned to the applicant.
- Completed applications may be hand delivered, mailed, or emailed to the VCSO Training Unit.
- Note: Positions posted with a closing date of “until filled” are subject to close at any time.



Victoria County Sheriff's Office



APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

GENERAL INFORMATION:

Position Applied For: _____

Name: _____

(Last, First, Middle)

Date of Birth ____/____/____

Social Security ____-____-____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____

E-Mail Address: _____

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

Has Bond ever been refused: ___ Yes ___ No

Have you ever been applied here before? ___ Yes ___ No

Date applied: ____/____/____

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

If yes, 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? ____/____/____

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:

Education History

Type of School	Name of School	/	Location	/	Years Completed	/	Major or Degree
High School:	_____	/	_____	/	_____	/	_____
College:	_____	/	_____	/	_____	/	_____
Trade School:	_____	/	_____	/	_____	/	_____
Professional School:	_____	/	_____	/	_____	/	_____
Graduate School:	_____	/	_____	/	_____	/	_____

Driver's License Information

Do you have a current Texas Driver's License? ___ Yes ___ No

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 License/Certifications

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

Type of License or Certificate / Date Issued / Registration Number / State / Expires (month/year)

_____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

_____ / _____ / _____ / _____ / _____

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: _____ Supervisor: _____

Position: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____

Starting Date: _____ Ending Date: _____

Employer: _____ Supervisor: _____

Position: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____

Starting Date: _____ Ending Date: _____

Employer: _____ Supervisor: _____

Position: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____

Starting Date: _____ Ending Date: _____

Employer: _____ Supervisor: _____

Position: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____

Starting Date: _____ Ending Date: _____

Employer: _____ Supervisor: _____

Position: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Duties: _____

Reason for Leaving: _____

Starting Date: _____ Ending Date: _____

References

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

(1) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

(2) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

(3) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

(4) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

(5) Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Occupation: _____

I certify that the statements and information contained herein are true, complete, and correct to the best of my knowledge, and authorize any former employer to release to Victoria 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 as part of the VCSO hiring process I may be required to complete and provide additional information in order to be considered for employment.

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 the Victoria County Sheriff's Office to check for criminal conviction records.

Signature of Applicant: _____ Date: _____

Victoria County Sheriff's Office

AUTHORITY TO RELEASE INFORMATION



TO WHOM IT MAY CONCERN:

I hereby authorize the Victoria County Sheriff's Office 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 educational 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: _____