

# Victoria County Sheriff's Office

## APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

If you need assistance in completing this application, please inquire at the VCSO Training Unit. Furthermore, the VCSO conducts pre-employment qualification testing and personal interviews in the application process

### GENERAL INFORMATION:

Position Applied For \_\_\_\_\_

Please list the date on which you can begin work \_\_\_\_\_ Desired Hourly Wage: \$ \_\_\_\_\_

Full Legal Name \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EXPERIENCE:

Start with your present or most recent job. Describe all paid work experience and be sure to emphasize the knowledge, skills, and abilities that best demonstrate your qualifications for this position. Resumes may be attached, but **PLEASE DO NOT WRITE "SEE RESUME"**.

Job Title:	Dates Employed: (mo/yr)	to (mo/yr)
Employer:	Hourly Rate/Salary: (beg)	(end)
Address:	Duties:	
Supervisor:		
Phone:		
Reason for Leaving:		

Job Title:	Dates Employed: (mo/yr)	to (mo/yr)
Employer:	Hourly Rate/Salary: (beg)	(end)
Address:	Duties:	
Supervisor:		
Phone:		
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Employer:	Hourly Rate/Salary: (beg)	(end)
Address:	Duties:	
Supervisor:		
Phone:		
Reason for Leaving:		

**Please continue on another sheet if you need additional space.**

In compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes \_\_\_ No \_\_\_  
 Under the Act, you will be required to provide documentation of your eligibility should you be employed.

Have you ever been convicted of a law violation, excluding minor traffic violations? Yes \_\_\_ No \_\_\_  
 If yes, please provide date and explanation: \_\_\_\_\_  
 \_\_\_\_\_

Do you have relatives employed by Victoria County? Yes \_\_\_ No \_\_\_  
 If yes, please provide names and departments: \_\_\_\_\_

List Current and previous employees of the VCSO known to the applicant:  
 \_\_\_\_\_

**Have you ever been employed or previously applied for employment with Victoria County? Yes \_\_\_ No \_\_\_**

**Have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes \_\_\_ No \_\_\_**

## EDUCATION:

Circle Highest Grade Completed      1 2 3 4 5 6 7 8 9 10 11 12

Do you have a High School Diploma \_\_\_\_\_ GED \_\_\_\_\_      Name of High School \_\_\_\_\_

	Vocational/Technical	College/University	College/University
Name of School			
School Address			
City/State/Zip			
Telephone Number			
Semester Hours Completed			
Major/Minor Concentration			
Name of Degree/Diploma			

## SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special skills or qualifications that are relevant to the position for which you are applying:

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List all equipment, office machines, personal computers (including software) that you can operate:

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Typing Speed \_\_\_\_\_ words per minute      Data Entry \_\_\_\_\_ keystrokes per hour      10 Key by touch \_\_\_\_\_

Licenses (to include drivers), certificates, or other authorization to practice a trade or profession:

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## RESIDENTIAL HISTORY:

List the last ten years to include landlord/rent collector contact information and dates residing at each location.

1. \_\_\_\_\_

Current Address	City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)	Phone Number	Address

2. \_\_\_\_\_

Former Address	City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)	Phone Number	Address

3. \_\_\_\_\_

Former Address	City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)	Phone Number	Address

4. \_\_\_\_\_

Former Address	City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)	Phone Number	Address

5. _____		_____	_____	_____
Former Address		City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)		Phone Number	Address
6. _____		_____	_____	_____
Former Address		City	State	Zip
Dates	(If Renting) Landlord/Rent Collector Name (First Last)		Phone Number	Address

**REFERENCES:**

Please list the appropriate information for at least three references who are familiar with your background and not related to you through blood or marriage.

1. _____	_____	_____	_____
Name and Address	Phone	Occupation	
2. _____	_____	_____	_____
Name and Address	Phone	Occupation	
3. _____	_____	_____	_____
Name and Address	Phone	Occupation	
4. _____	_____	_____	_____
Name and Address	Phone	Occupation	
5. _____	_____	_____	_____
Name and Address	Phone	Occupation	
6. _____	_____	_____	_____
Name and Address	Phone	Occupation	

**APPLICANT'S STATEMENT (Please read carefully and sign below.)**

I certify 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 this employer or its authorized representative any and all employment records and other information it may have about my employment. I understand 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, if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before any employment decision can be made. A photocopy of this authorization shall be as valid as the original.

**I understand and agree, 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 of 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please return to Victoria County Sheriff's Office, 101 N. Glass, Victoria, Texas 77901

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# 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: \_\_\_\_\_