
Return To

CHEROKEE COUNTY SHERIFF'S DEPARTMENT

Route 5 Box 275

Rusk, TX 75785

Phone: (903) 683-2271

Fax : (903) 683-2813

APPLICATION FOR EMPLOYMENT

ALL APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.

[PLEASE PRINT OR TYPE]

POSITION APPLIED FOR: _____ DATE: _____

NAME: _____
(LAST) (FIRST) M. I.

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE: (____) _____ DATE OF BIRTH: _____ S. S. N. _____

DRIVER LICENSE NO.: _____ CLASS: _____

MARITAL STATUS: [] Married [] Single [] Divorced [] Widow SPOUSES NAME: _____

SPOUSE'S EMPLOYER: _____ NO. OF CHILDREN: _____ AGES: _____

	YES	NO	
ARE YOU A LEGAL CITIZEN OF THE UNITED STATES ?	[]	[]	
HAVE YOU FILED AN APPLICATION HERE BEFORE?	[]	[]	IF YES, WHEN ? _____
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE ?	[]	[]	IF YES, WHEN ? _____
ARE YOU EMPLOYED NOW ?	[]	[]	
MAY WE CONTACT YOUR EMPLOYER ?	[]	[]	
ON WHAT DATE WOULD YOU BE ABLE TO WORK?			_____
ARE YOU AVAILABLE TO WORK [] FULL TIME	[] PART TIME		[] SHIFT WORK
ARE YOU ON LAYOFF AND SUBJECT TO RECALL ?	[]		

HAVE YOU EVER BEEN ARRESTED ? [] []

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? [] []

IF YES TO EITHER OF THE LAST TWO QUESTIONS, EXPLAIN WHERE, DATE, CHARGE, AND DISPOSITION.

PLEASE INITIAL _____ AN EQUAL OPPORTUNITY EMPLOYER
THIS APPLICATION WILL BE KEPT ON FILE FOR 12 MONTHS

DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENTS OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION WHICH YOU ARE APPLYING?
 YES NO

IF YES, PLEASE INDICATE _____

INDICATE WHAT FOREIGN LANGUAGES YOU READ, SPEAK, AND/OR WRITE

_____ SPEAK READ WRITE FLUENT GOOD POOR

_____ SPEAK READ WRITE FLUENT GOOD POOR

_____ SPEAK READ WRITE FLUENT GOOD POOR

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1971 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA AND SECTION 903 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS. IF YOU ARE A DISABLED VETERAN, OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATIONS TO ENABLE YOU TO PERFORM THE JOB IN A PROPER AND SOLE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED, PLEASE SIGN BELOW.

SIGNATURE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

[1] EMPLOYER	DATES EMPLOYED FROM _____ / _____ TO _____	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[2] EMPLOYER	DATES EMPLOYED FROM _____ / _____ TO _____	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[3] EMPLOYER	DATES EMPLOYED FROM _____ / _____ TO _____	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[4] EMPLOYER	DATES EMPLOYED FROM _____ / _____ TO _____	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		

-
-
-
-

SPECIAL SKILL & QUALIFICATIONS: SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

MINIMUM REQUIREMENTS FOR THE APPLICANTS HIRING PROCEDURE

MINIMUM: 21 YEARS OF AGE

1. TO BE CONSIDERED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST BE LICENSED AS A PEACE OFFICER BY TCLEOSE (OR ELIGIBLE TO BE LICENSED AS A PEACE OFFICER BY TCLEOSE DUE TO PREVIOUS EXPERIENCE).
2. TO BE CONSIDERED FOR EMPLOYMENT AS A COMMUNICATIONS OPERATOR WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST BE ELIGIBLE FOR CERTIFICATION BY TCLEOSE.
3. TO BE CONSIDERED FOR EMPLOYMENT AS A CORRECTIONAL OFFICER WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST HOLD A STATE JAILER CERTIFICATE OR BE ELIGIBLE FOR CERTIFICATION AS A JAILER BY TCLEOSE.
4. TO BE CONSIDERED FOR EMPLOYMENT AS A SECRETARY OR OTHER POSITION WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANTS MUST MEET THE REQUIREMENTS AS DESCRIBED IN THE JOB DESCRIPTION, WITH THE EXCEPTION OF A PSYCHOLOGICAL EXAM.
5.
 - A. WEIGHT IN PROPORTION TO HEIGHT.
 - B. HAVE OR OBTAIN A TEXAS DRIVER'S LICENSE
 - C. HIGH SCHOOL DIPLOMA, OR GED, WITH 12 HOURS FROM AN ACCREDITED COLLEGE
 - D. BE ABLE TO PASS A MEDICAL EXAMINATION BY THE COUNTY PHYSICIAN, INCLUDING DRUG AND ALCOHOL TESTING.
 - E. HAVE NO FELONY CONVICTIONS, DWI CONVICTIONS, OR MISDEMEANOR CONVICTIONS INVOLVING CRIMES OF MORAL TURPITUDE, OR LENGTHY TRAFFIC VIOLATION HISTORY.
 - F. HONORABLE DISCHARGE, IF APPLICANT SERVED IN THE MILITARY.
 - G. VALID BIRTH CERTIFICATE.
 - H. MUST BE A UNITED STATES CITIZEN.

6. APPLICANTS MUST BE OF HIGH MORAL CHARACTER AND HAVE NO HISTORY OF DRUG OR ALCOHOL ABUSE.

7. THE FOLLOWING WILL BE REQUESTED OF ALL APPLICANTS FOR SWORN POSITIONS, INCLUDING JAIL AND DISPATCH POSITIONS:

- A. COMPLETE PERSONAL HISTORY STATEMENT
- B. CRIMINAL HISTORY CHECK
- C. DRIVER'S LICENSE CHECK
- D. EXTENSIVE BACKGROUND INVESTIGATION
- E. POLYGRAPH EXAMINATION (IF DEEMED NECESSARY BY THE SHERIFF).
- F. PSYCHOLOGICAL EXAMINATION
- G. ORAL INTERVIEW

8. ALL APPLICANTS HIRED BY THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT WILL COMPLETE A SIX-MONTH PROBATIONARY PERIOD.

9. ALL APPLICANTS / EMPLOYEES MUST BE ABLE TO FREQUENTLY BEND, STOOP, SQUAT, KNEEL, CLIMB, STAND, SIT, WALK, OR REACH ABOVE THEIR SHOULDERS WHEN NECESSARY.

10. ALL APPLICANTS / EMPLOYEES MUST BE ABLE TO FREQUENTLY PERFORM THE FOLLOWING AND / OR WORK UNDER THE FOLLOWING CONDITIONS:

- A. REPETITIVE MOTION OF BOTH HANDS
- B. DRIVING
- C. MAKING DIFFICULT DECISIONS
- D. CONTACT WITH THE PUBLIC
- E. EXPOSURE TO DUST, FUMES, OR GASSES
- F. UNPROTECTED HEIGHTS
- G. OPERATE EQUIPMENT
- H. USING POWER EQUIPMENT
- I. USING HAND EQUIPMENT

ALL APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR

I HAVE READ AND UNDERSTAND THE HIRING PROCEDURES LISTED ABOVE.

SIGNATURE

DATE

AUTHORITY TO RELEASE INFORMATION

I HEREBY REQUEST AND AUTHORIZE YOU TO FURNISH THE CHEROKEE COUNTY SHERIFF DEPARTMENT WITH ANY AND ALL INFORMATION THAT THEY MAY REQUEST CONCERNING MY WORK RECORD, EDUCATIONAL HISTORY, MILITARY RECORD, FINANCIAL STATUS, CRIMINAL RECORD, GENERAL REPUTATION, AND PAST OR PRESENT MEDICAL CONDITION. THIS AUTHORIZATION IS SPECIFICALLY INTENDED TO INCLUDE ANY AND ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE AS WELL AS PHOTOCOPIES OF SUCH DOCUMENTS, IF REQUESTED. THIS INFORMATION IS FOR EMPLOYMENT AS A DEPUTY SHERIFF, LAW ENFORCEMENT DISPATCHER / CLERK, JAILER, OR RESERVE DEPUTY SHERIFF.

I HEREBY RELEASE YOU AND YOUR ORGANIZATION FROM ANY LIABILITY WHICH MAY OR COULD RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE OR FROM ANY SUBSEQUENT USE OF SUCH INFORMATION IN DETERMINING MY QUALIFICATIONS TO SERVE AS A DEPUTY SHERIFF, LAW ENFORCEMENT DISPATCHER / CLERK, JAILER, OR RESERVE DEPUTY SHERIFF.

APPLICANT'S SIGNATURE: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC, STATE OF TEXAS

THIS FORM WILL BE RETAINED WITH YOUR APPLICATION

***THIS FORM SHOULD BE NOTARIZED ONLY UPON ACCEPTANCE OF EMPLOYMENT ***