

Charles S. Wagner
Sheriff

J. G. Adkins
Chief Deputy

BRAZORIA COUNTY



SHERIFF'S OFFICE

Employment Application of:

Position Applied For:

- Detention Deputy Telecommunications Clerical
 Patrol Deputy (normally filled from within the department)
 Other (explain) _____

NOTICE

THIS APPLICATION MUST BE FILLED OUT FROM THE COVER SHEET TO THE LAST SHEET BEFORE IT IS TURNED IN. ANY NOTARIZATIONS REQUIRED ARE YOUR RESPONSIBILITY. IF IT IS NOT FILLED OUT COMPLETELY AND ALL REQUIRED DOCUMENTATION ATTACHED, IT WILL BE DISCARDED.

Charles S. Wagner
Sheriff

J. G. Adkins
Chief Deputy

Brazoria County Sheriff's Department

3602 County Road 45
 Angleton, Texas 77515
 979-849-2441

Application For Employment Information Sheet

Brazoria County is an Equal Opportunity Employer

Texas Law states "A deputy serves at the pleasure of the Sheriff".
Texas Local Government Code, Art. 85.003 (c)

The attached application is for the position of a County Jailer and a clerical or communications officer. Please read carefully the duties and responsibilities of the position you are applying for. All employees are subject to rotating shift work if deemed necessary.

Communications/Clerical Position

1. Answer and initiate telephone calls in a possible high stress environment.
2. Be familiar with and utilize an in-house computer system.
3. Operate a teletype terminal and be familiar with the various formats.
4. Be the first contact a citizen will make with the Sheriff's Department. This requires a professional image the Department demands.
5. Be responsible for maintaining radio contact with approximately 50 patrol units at any given time.
6. Operate a typewriter and be able to pass a standard typing test to be administered by the department.
7. Optional: Be familiar with the Windows operating system and portions of Windows Office products.

County Jailer

1. Supervise and maintain constant security of all county jail inmates.
2. Undertake and successfully complete within a 12-month period, an 80-hour course of instruction, which upon completion will license you as a County Jailer.
3. Learn to be aware of the inherent risks to officer safety that is present in a confined, structured environment with daily close contact with a criminal element.
4. Cultivate and maintain a professional image as defined in the Department General Manual.
5. Accomplish, at a minimum, all the tasks above while working closely with other jailers in a highly structured, highly stressful environment.

Basic Minimum Qualifications

To be considered for employment with this agency, you must:

- Be at least 19 years of age [21 years of age if you are applying for a County Jailer position].
- Have no more than 20/200 vision that is correctable to 20/20.
- No past convictions for Driving While Intoxicated (DWI or DUI).
- No more than three (3) moving violations within the last 2 years.
- Possess a valid, current Texas Driver's License.
- Not have ANY felony convictions.
- Not have ANY misdemeanor convictions for any offense involving moral turpitude.
- Be a United States Citizen [born or naturalized]
- Possess a high school diploma or G.E.D.
- If prior military service, possess an honorable discharge.
- Be prepared to purchase regulation departmental uniforms [a minimum of \$200]
- Have a current, working telephone.
- Successfully pass a written examination consisting of vocabulary and comprehension skills.
 - Applicants failing this test will be allowed to test a second time not less than 90 days from the first test, if a position is available at that time.

ALL INTERVIEWS ARE POST-TEST AND ARE SCHEDULED BY THE PERSONNEL OFFICER.

- **Not previously been re-hired by the Brazoria County Sheriff's Office more than once.**

All other positions are normally filled from within the Department.

I have read and understand the information contained on this information sheet.

Signature of Applicant

Date

Our hiring policy is simple:

WE FOLLOW THE LAW!

This company hires lawful workers only – U.S citizens or nationals and non-citizens with valid work authorization – without discrimination.

Federal immigration law requires all employers to verify both the identity and employment eligibility of all persons hired to work in the United States.

In its efforts to meet the law's requirements, this company is participating in the Basic Pilot program established by the Department of Homeland Security and the Social Security Administration (SSA) to aid employers in verifying the employment eligibility of all newly-hired employees. Our participation in the pilot program does not exempt us from the obligation to complete a Form I-9 for everyone we hire.

For additional information on the verification program contact:

Department of Homeland Security,
SAVE Branch
425 I Street, NW (ULLB 1st Floor)
Washington, DC 20536
Phone (888) 464-4218

SSA, Office of Program Benefits Policy
6401 Security Blvd.
760 Altmeyer
Baltimore, MD 21235

Nuestra poliza de empleo es simple:

NOSOTROS SEGUIMOS LA LEY!

Sin desriminación, esta compañía emplea solamente trabajadores legales – ciudadanos o nacionales de los Estados Unidos y extranjeros con autorización de trabajo.

La Ley Federal del Inmigración y Nacionalidad requiere que todas las empresas verifiquen la identidad y elegibilidad de las personas que buscan empleo en los Estados Unidos.

En su esfuerzo de cumplir los requisitos de la Ley esta compañía participa en un programa Piloto Basico de verificación de empleo, establecido por El departamento de la Seguridad de la Patria en conjunto con la Administración de Seuro Social en esta forma los empleadores, verficaran la elegibilidad de todos los nuevos aplicantes. Nuestra participación en este programa piloto, hace que no exista ningun tipo de excepcion en la Ley, tenemos la obligación de completer el formulario I-9 para toda persona que nostros empleamos.

For additional information on the verification program contact:

Department of Homeland Security,
SAVE Branch
425 I Street, NW (ULLB 1st Floor)
Washington, DC 20536
Phone (888) 464-4218

SSA, Office of Program Benefits Policy
6401 Security Blvd.
760 Altmeyer
Baltimore, MD 21235

Instructions to Applicant

- Print or type answers to all questions as completely as possible.
- If you have served with the armed forces, enclose a certified copy of your completed military history. [DD-214]. Applicants with less than an honorable discharge will automatically be rejected.
- Attach a certified copy of your birth certificate.
- Attach a copy of your high school {GED} or college diploma.
- If you are already a licensed peace officer or licensed county jailer, attach a copy of your license.
- If you have been previously charged, arrested or convicted of any misdemeanor or felony you must attach a certified copy of the disposition from the appropriate authority (county, district clerk, etc.).
- **ANY ATTACHED ITEMS THAT ARE NOT ON THE LIST (RESUMES, CERTIFICATES, ETC.) WILL BE DISCARDED UPON RECEIPT OF THE COMPLETED APPLICATION.**

Any and all items submitted with this application become the property of the Brazoria County Sheriff's Department. The Sheriff may at his discretion, reject this application for employment. No explanation or reason shall be required in any case.

In the event your application qualifies you as a prospect for employment, you will be contacted for a scheduled appointment for an initial interview.

Place all copies of documents in the following order and check to be certain that you have included all the required papers and documents.

- Completed application
- Military history (DD-214)
- Birth Certificate
- High School Diploma/GED or college diploma
- Copy of peace office or jailer license
- Copy of F-5 (Report of Separation) if previously served with a law enforcement agency
- Copy of Driver's License
- Copy of Social Security card
- Certified copy of case disposition(s) [if applicable]
- Copy of credit report [if required]

[Check off the above when completed. If not applicable place an X in the box]

All documents shall be firmly attached to the application.

Brazoria County Sheriff's Department
3602 County Road 45
Angleton, Texas 77515

Date: _____ Position Applied For: _____

All questions MUST be answered in full. You may either print legibly or type. You must be willing to accept any assignments within the Brazoria County Sheriff's Department. Applications will not be retained in the active file beyond six (6) months.

1. Name

Last First Middle

2. Social Security #: _____

3. Current address: [physical address]

Street Number (apt. #)

City State Zip

4. Telephone Number(s): Home _____ Cell _____

5. Email address: _____

6. Date of Birth: _____

6. Texas Driver's License # : _____

7. Place _____ of _____ Birth:

City County State

8. Height: _____ Weight: _____ Color of Eyes: _____

9. Are you a citizen of the United States of America? Y or N

10. Marital status: Married Single Divorced Widowed Separated

11. Total number of persons living in your household (including yourself)? _____

12. Spouse's Name:

Address _____

Occupation: _____ Place of Work: _____

13. Children's Names Relation Address Age

14. Emergency Notification:

[Name] _____

Address _____

Home Telephone #: _____

Business Telephone #: _____

15. PREVIOUS EMPLOYMENT

*Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary, or seasonal employment and all periods of unemployment. **PLEASE PROVIDE THE EMPLOYER'S MAILING ADDRESS SINCE WE CANNOT PERFORM THE BACKGROUND CHECK WITHOUT IT.***

o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor: _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

- o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor: _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

- o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor: _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

- o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor: _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

- o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

o Name and address of employer:

Telephone Number: _____

Employment Date: From _____ TO _____

Salary: _____ Job Title: _____

Description of Duties: _____

Name of supervisor: _____

Telephone #: _____

Name of Co-worker: _____

Telephone #: _____

Reason for leaving: _____

16. RESIDENTIAL HISTORY

Begin with your current residence and list your residences for the past ten (10) years.

Street Address (apt. #) City State Zip

20. Special qualifications and skills

List qualifications and skills you possess which are required for the job for which you are applying. These would include, but not be limited to typing, shorthand, an ability to operate specialized equipment or machinery and any other job related training.

21. Have you ever been arrested, charged or convicted of a crime in civilian or military court?

THIS INCLUDES ARRESTS, CHARGES OR CONVICTIONS AS A JUVENILE AS

THESE RECORDS ARE OPEN TO ALL CRIMINAL JUSTICE AGENCIES.

Yes No

Have you ever been granted deferred adjudication? Yes No

If you answered yes to either question, explain _____

22. May we [Brazoria County Sheriff's Department] contact your present employer regarding qualifications and records of employment?

Yes No

In consideration for rights and privileges of employment with the Brazoria County Sheriff's Department, I agree to conform to the rules and regulations of the Brazoria County Sheriff's Department, and I understand that my compensation and position can be modified and that my employment can be terminated with or without cause, with or without notice, at any time, at the option of the Sheriff or myself. I also understand that no employee or representative of the Brazoria County Sheriff's Department other than the Chief Deputy or the Sheriff has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I hereby authorize any properly designated Brazoria County Sheriff's Department official to conduct any necessary investigation in connection with the date and information given herein. I also authorize the references listed to give the Department any and all information concerning my previous employment and I release all parties from liability for any damage that may result from furnishing it to the Department.

I certify that all the information contained in this application is true and correct, and I understand that any misstatement or omission of information is grounds for dismissal in accordance with departmental policy.

I further agree to keep the department informed of my current telephone number and address, both mailing and/or residence.

I attest to the fact that this application was completed by me.

Date

Signature

SIGNATURE ONLY ON THIS FORM!!!!

BRAZORIA COUNTY SHERIFF'S OFFICE

3602 COUNTY ROAD 45
ANGLETON, TEXAS 77515
979-849-2441

REQUEST FOR VERIFICATION OF PREVIOUS EMPLOYMENT RECORD

Dear Sir or Madam:

I am a former or current employee of your company/agency and have made application for employment with the Brazoria County Sheriff's Office. In order for the Sheriff's Office to further assess my qualifications for employment it is necessary that they promptly receive from you written verification of my previous employment. Accordingly, as evidenced by my signature below, I hereby request and authorize you, your representative or agent to release to the Sheriff's Office all employment information it has requested below. Furthermore, I hereby waive any and all rights and claims I may have regarding the seeking, gathering, release and use of such information.

Sincerely,

Signature

Name: _____ Date of Birth: _____

Social Security #: _____

Job Classification: _____ Dates of Employment: _____

Beginning Rate of Pay: _____ Final Rate of Pay: _____

Reason for Leaving: _____

Eligible for Rehire? _____

Primary Duties Performed: _____

PLEASE FAX YOUR REPLY TO THE SHERIFF'S OFFICE AT 979/848-8003. YOUR COOPERATION IS APPRECIATED AS DEPARTMENTAL POLICY PROHIBITS PROCEEDING WITH THE APPLICATION UNTIL SUCH TIME AS THE REPLY IS RETURNED. THANK YOU.

Brazoria County, Texas

NOTICE TO APPLICANTS FOR EMPLOYMENT

(Workers' Compensation-Effective June 13, 2006)

BRAZORIA COUNTY ("COUNTY") HAS WORKERS' COMPENSATION INSURANCE. THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE INJURED ON THE JOB, OR SUFFER A WORK-RELATED ILLNESS, THEY WILL BE ENTITLED TO MEDICAL AND TEMPORARY INCOME DISABILITY BENEFITS. THE COUNTY, AS THE EMPLOYER, PAYS ALL PREMIUMS DUE. IN OTHER WORDS WORKERS' COMPENSATION INSURANCE OFFERS COUNTY EMPLOYEES VALUABLE FINANCIAL PROTECTION AT NO COST TO THEM.

GIVEN THE COUNTY'S ASSUMED FINANCIAL RESPONSIBILITIES IN PROVIDING THIS PROTECTION TO ITS EMPLOYEES, IT IS APPROPRIATE THAT THE COUNTY TAKE STEPS TO ASSURE THAT NO FRAUDULENT CLAIMS FOR SUCH BENEFITS ARE ACCEPTED. ONE OF THESE STEPS IS TO OBTAIN PRIOR INJURY INFORMATION ON ITS NEW EMPLOYEES FROM THE TEXAS WORKERS' COMPENSATION COMMISSION ("COMMISSION"). THIS MEANS THAT WHEN COUNTY EMPLOYEES ARE FIRST HIRED THEY'RE REQUIRED, AS A CONDITION FOR CONTINUED EMPLOYMENT, TO GIVE WRITTEN AUTHORIZATION (USING THE FORM PROVIDED FOR THIS PURPOSE) TO THE COMMISSION FOR ITS RELEASE TO THE COUNTY INFORMATION ON TWO OR MORE GENERAL INJURY CLAIMS THEY HAVE FILED, IF ANY, DURING THE FIVE (5) YEARS PRECEDING THEIR EMPLOYMENT WITH THE COUNTY.

IN INSTITUTING THIS REQUIREMENT THE COUNTY CERTIFIES TO THE COMMISSION THAT IT IS COVERED UNDER SECTION 402.087 OF THE TEXAS LABOR CODE AND U.S.C. 12101 OF THE AMERICANS WITH DISABILITIES ACT OF 1990.

IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUIREMENT PLEASE ASK A REPRESENTATIVE OF THE COUNTY'S HUMAN RESOURCES DEPARTMENT (Phone # 979/864-1809).

AS EVIDENCED BY MY SIGNATURE BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS NOTICE; AND, AGREE TO ABIDE BY ITS REQUIREMENTS IN THE EVENT I BECOME EMPLOYED BY THE COUNTY.

Signature: _____ Date: _____

Printed Name: _____

**THESE RULES WILL BE FOLLOWED WHILE WEARING THE
DEPARTMENTAL UNIFORM REGARDLESS OF ON OR OFF DUTY**

MALE UNIFORMED EMPLOYEES

- a) The hair shall be clean, well groomed, and neat. It must not contain an apparently excessive amount of grease, creams, oils, gels, and/or spray.
- b) Hair will be groomed so that the outline of the entire ear will be visible.
- c) The thickness and/or bulk on the side of the head above the ear will not exceed ½ inch.
- d) The hair on top of the head will present a groomed appearance.
- e) The hair on the back will not touch the collar except the closely cut hair on the back of the neck.
- f) Hair on the back of the head in either a block or conventional style will present a tapered appearance. The thickness of the hair at the back hairline will not exceed ¼ inch. The thickness and/or bulk of the hair at the base of the skull shall not exceed ½ inch.
- g) Hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the band of properly worn headgear.
- h) The wearing of a wig or hairpiece by male personnel while in uniform or on duty is prohibited except to cover natural baldness or physical disfigurement caused by accident or medical procedure. When worn it will conform to the standard haircut criteria as stated.
- i) Hair will not be worn in braids, ducktail, pageboy, flips, Mohawk, cornrows, punk or any bulky style.
- j) If an individual chooses to wear sideburns, they will be neatly trimmed and tapered in the same manner as the haircut. Sideburns will not extend below the lowest part of the exterior ear opening, will be an even width (not flared) and will end with a clean- horizontal line.
- k) Hair will not be streaked or dyed to abnormal color.
- l) No extreme or abnormal hairstyles within these guidelines will be permitted.
- m) Mustaches, if worn, will not droop or hang below the corner of the lips.
- n) Earrings will not be worn while in uniform, either on or off duty.
- o) Necklaces, if worn, shall be concealed while in the departmental uniform.

UNIFORMED FEMALE EMPLOYEES

- a) The hair must be clean, well groomed and neat. It must not contain an apparent excessive amount of grease, oil, creams, gels, and/or spray.
- b) The hair in front will be groomed so that it does not fall below the eyebrows and will not protrude below the back of properly worn headgear.
- c) The hair will not extend in length, on back and sides, below the bottom of the collar.
- d) Hair that is worn up must be styled in such a manner as to prevent any loose hair.
- e) Hair will not be worn in braids, ducktail, cornrows, pigtails, dog-ears, ponytails, and/or punk rock type hairstyles (a braided bun is acceptable).
- f) Hair will not be dyed or streaked in an abnormal color.
- g) If a wig or wiglet is worn, it must conform to the same standards required for natural hair. It should be of good quality and proper fit.
- h) Extreme or abnormal hairstyles within these guidelines will not be permitted.

NEW EMPLOYEE INFORMATION

Name: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ *[attach copy to application]*

Driver's License Number: _____ *[attach copy to application]*

Beneficiary:

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Relationship: _____

Driver's License Number: _____ State: _____

Dependent coverage on medical insurance? Yes No

If yes, dependent's names and date of birth:

Name: _____

D.O.B. _____

Relationship: _____

Name: _____

D.O.B. _____

Relationship: _____

{ Use another sheet if necessary }

ATTENTION: THIS RELEASE MUST BE NOTARIZED PRIOR TO YOUR SUBMITTING IT !

**BRAZORIA COUNTY SHERIFF'S OFFICE
AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the BRAZORIA 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: _____