

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

GALVESTON COUNTY

123 ROSENBERG SUITE 4040 GALVESTON, TEXAS 77550
409-766-2425

FAX: 409-770-5530

Janis Bane, Director



Dan Moore, Deputy Director

All Prospective Employees

Thank you for your interest in Galveston County Community Supervision and Corrections Department.

To be considered for a position with this department, the following information must be submitted. Applications without Items a. - d. will not be considered.

- a. _____ Application for employment
- b. _____ Resume
- c. _____ University or College transcript showing completion of bachelor's degree.
- d. _____ Copy of current automobile liability insurance policy.
- e. _____ Copies of specialized training, education and awards to enhance qualifications.
- f. _____ Other

The Department keeps applications active for six months from the date that all required documents are received. After six months, applicants who want applications to be kept active must notify the Department in writing. The Galveston County Community Supervision and Corrections Department is an E-Verify employer.

Sincerely,

A handwritten signature in black ink that reads "Kelly Bozeman". The signature is written in a cursive, flowing style.

Kelly Bozeman
Supervisor

| Type of School | Name and Location | Dates Attended | | Graduated | | Semester Hrs. Completed | Type of Degree | Major Field of Study |
|-------------------------|-------------------|----------------|----|-----------|----|-------------------------|----------------|----------------------|
| | | From | To | Yes | No | | | |
| Technical or Vocational | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Current licenses, certifications, registrations (please indicate types and dates received):

Special skills and qualifications (i.e., adding machines, printing equipment, computer, etc.)

Employment History

Please provide at least the last 10 years of employment information starting with the present or more recent position, including military service if applicable. Use additional sheets if necessary.

| | | | |
|--|--|-----------------------------|--|
| <i>Latest Employer</i> | | <i>Mailing Address</i> | |
| <i>Immediate Supervisor and Phone No.</i> | | <i>Type of Business</i> | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
| <i>Brief description of duties and responsibilities.</i> | | <i>Starting Base Salary</i> | |
| | | <i>Ending Base Salary</i> | |
| | | <i>Dates of Employment</i> | |
| | | <i>Starting Position</i> | |
| | | <i>Ending Position</i> | |
| <i>Explain reason for leaving.</i> | | | |

| | | | |
|--|--|-----------------------------|--|
| <i>Employer</i> | | <i>Mailing Address</i> | |
| <i>Immediate Supervisor and Phone No.</i> | | <i>Type of Business</i> | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
| <i>Brief description of duties and responsibilities.</i> | | <i>Starting Base Salary</i> | |
| | | <i>Ending Base Salary</i> | |
| | | <i>Dates of Employment</i> | |
| | | <i>Starting Position</i> | |
| | | <i>Ending Position</i> | |
| <i>Explain reason for leaving.</i> | | | |

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| | <i>Ending Base Salary</i> | |
| | <i>Dates of Employment</i> | |
| | <i>Starting Position</i> | |
| | <i>Ending Position</i> | |
| <i>Explain reason for leaving.</i> | | |

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| | <i>Starting Position</i> | |
| | <i>Ending Position</i> | |
| <i>Explain reason for leaving.</i> | | |

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| <i>Immediate Supervisor and Phone No.</i> | <i>Type of Business</i> | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary |
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| | <i>Ending Base Salary</i> | |
| | <i>Dates of Employment</i> | |
| | <i>Starting Position</i> | |
| | <i>Ending Position</i> | |
| <i>Explain reason for leaving.</i> | | |

May we contact your present employer? Yes No

May we contact your former employers? Yes No

Do you have any relatives working for the District Courts, Galveston County Courts, or Galveston County Community Supervision and Corrections Department?

Yes No

If yes, please list names, relationships and places employed.

I hereby certify that the foregoing statements, as well as those on any attachments to this form, are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatements as to material facts will constitute grounds for unfavorable consideration or dismissal from employment, should I be hired by Galveston County CSCD. I understand that if employed, I will serve an initial probationary period.

Applicant's Signature

Date

DEPARTMENT USE

Date Received

Attachments:

Resume
Transcript
EEO

Interview

Action

CCH

LI
