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,

Kelly Bozeman Supervisor

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT GALVESTON COUNTY

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Employment Application

Please type or print clearly in black ink. Resumes will be accepted for additional information but will not substitute this application. Please enter 'NA' for questions not applicable.

CSO Positions: Applications must include a copy of college degrees, official college transcripts, copy of valid driver's license, and proof of automobile liability insurance coverage.

Support Staff Positions: Applications should include transcripts of the highest level of education.

University

Personal Data										
Last Name		First Nam	First Name		Middle	Middle Name		Social Security No.		
Current Address				Length of Time at This Address			Primary P	Primary Phone No.		
Permanent Address				Email A	Email Address			Alternate Phone No.		
Driver's License No. Sta		State Issu	State Issuing License		Expirat	Expiration Date			Liability Insurance Policy No.	
Foreign Language	o (liot)		Speak			Read		1	Write	
Foreign Language	s (list)	Fair	Speak Good	Exceller	nt Fair	Good	Excellent	Fair	Good	Excellent
Military Service Br	anch (Active Duty)	Dates of A		(A certified	copy of Rep	oort of Separati	ion from Arme	ed Forces	Are you in t	he Active
			, ,						☐ Yes	□ No
*Place of Birth **Are you at				uthorized to work in the US: Section 1. Sec						
* Place of birth are	information require	ed for a backgr	round check	Κ.						
* If you are an alien	-	-								
lien No	OR	Admission No	D		Expira	ation of employ	ment authoriz	zation, if any	<i>y</i>	
Position Desired CSO Full-tim Are you wi	lling to work hours	other than 8:0		0 pm?			□ Other □ Temporar	•		
	cle highest elemen licate the certificate						0 11 12 S Equivalent			
Type of School	Name and L	Name and Location Dates Attended Gra			Graduated Tes No	Semester Hi Completed	I IVn	e of Degree	e Maj	ior Field of Stu
College or										

Type of School	Name and Location	Dates A	ttended		luated	Semester Hrs.	Type of Degree	Major Field of Study
Type of Geneon	TVarric and Location	From	То	Yes	No	Completed	Type of Degree	Wajor Field of Glady
Technical or								
Vocational								
Current licenses, cert	tifications, registrations (please	indicate tyr	es and c	lates re	ceived).			
Julient licerises, cen	illications, registrations (picase	maioato typ	os ana c	acco ici	ccivca).			
						,		
special skills and qua	alifications (i.e., adding machine	es, printing (equipmei	nt, comp	outer, et	c.)		
Employment Hist	ory							,
Please provide at lea applicable. Use addi	ast the last 10 years of employm tional sheets if necessary.	ent informa	ition stari	ting with	the pre	esent or more recent	position, including milit	ary service if
	monar oncolo ir nococcary.							
Latest Employer					Mailing	Address		
Immediate Supervi	isor and Phone No.				Type of	f Business	☐ Full-time	
							☐ Part-time ☐ Temporary	
Brief description of	duties and responsibilities.			<u> </u>			Starting Base	Salary
							Ending Base S	Salary
							Dates of Empl	ovment
								oye.n
							Starting Positi	on
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							Ending Positio	200
							Ending Position	0(1
Explain reason for	leaving.							
Employer					Mailing	Address		
Immediate Supervi	isor and Phone No.				Type of	f Business	☐ Full-time	
							☐ Part-time☐ Temporary	
Brief description of	duties and responsibilities.			ı			Starting Base	
							Ending Base S	Salary
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							Dates of Empl	ovment
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							Starting Positi	on
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							5 " 5	
							Ending Position	OT I
Explain reason for	leaving.							

Employer	Mailing Address	
Immediate Supervisor and Phone No.	Type of Business	☐ Full-time ☐ Part-time ☐ Temporary
Brief description of duties and responsibilities.	,	Starting Base Salary
		Ending Base Salary
		Dates of Employment
		Starting Position
		Ending Position
Explain reason for leaving.		
Employer	Mailing Address	
Immediate Supervisor and Phone No.	Type of Business	☐ Full-time☐ Part-time☐ Temporary
Brief description of duties and responsibilities.	·	Starting Base Salary
		Ending Base Salary
		Dates of Employment
		Starting Position
		Ending Position
Explain reason for leaving.		l
Employer	Mailing Address	
Immediate Supervisor and Phone No.	Type of Business	☐ Full-time ☐ Part-time ☐ Temporary
Brief description of duties and responsibilities.	1	Starting Base Salary
		Ending Base Salary
		Dates of Employment
		Starting Position
		Ending Position
Explain reason for leaving.		1

May we contact you	r present employer? ☐ Yes	□ No	May we con	tact your former employe	rs? □ Yes	□ No
Department? ☐ Yes	latives working for the District C No ase list names, relationships an		ty Courts, or Galves	ston County Community S	Supervision and	Corrections
that they are all give	the foregoing statements, as we en of my own free will. I agree to loyment, should I be hired by Ga	hat anv misstatements	as to material facts	will constitute arounds fo	r unfavorable c	onsideration or
			Applicant's	Signature		Date
		DEPAR	TMENT USE			
Date Received		At	tachments:	Resume Transcript EEO		
Interview						
Action						
ССН						
LI						