

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT  
GALVESTON COUNTY

715 19<sup>TH</sup> STREET GALVESTON, TEXAS 77550  
409-766-2425 FAX: 409-770-5530

Dan Moore, 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 cursive script that reads "Shelly Thompson".

Shelly Thompson  
Administrative 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.

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

<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>		

<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>		

<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>		

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.

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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

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**DEPARTMENT USE**

Date Received

Attachments:

Resume  
Transcript  
EEO

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Interview

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Action

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CCH

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LI

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