COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT GALVESTON COUNTY

715 19[™] STREET GALVESTON, TEXAS 77550 409-766-2425 FAX: 409-770-5530



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,

Shelly Thompson

Administrative Supervisor

COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT GALVESTON COUNTY

 $715\ 19^{\text{TH}}\ \text{STREET}$ Galveston, Texas $77550\ 409-766-2425$ Fax: 409-770-5530

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 and proof of automobile liability insurance coverage.

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

	First Name			Middle Name			Social Security No.			
Current Address					Length of Time at This Address			Primary Phone No.		
Permanent Address					Email Address			Alternate Phone No.		
Driver's License No. State Issuit			ng License	g License Expiration Date				Liability Insurance Policy No.		cy No.
Foreign Language	es (list)		Speak			Read			Write	
		Fair ——	Good ——	Excellent	Fair ——	Good	Excellent	Fair ——	Good ——	Excellent ——
Military Service B	ranch (Active Duty)	Dates of A		A certified co	ppy of Repor	t of Separatio	n from Arme		Are you in the Reserve?	ne Active
			,					'	☐ Yes	□ No
*Place of Birth		**Are you a	authorized a	to work in the □ No	US:					
* 51 (111::::::	information row irod	for a backgrou	nd check.							
		mmigration and	d Naturaliza	ation Service	to work in th	ne United Stat	tes, please pi	ovide:		
* If you are an alier	n authorized by the I	•								
* If you are an alier lien No cosition Desired	n authorized by the long of th	Admission No.	Support St Part-time) am - 5:00	aff pm? [Expiratio	on of employn l No	nent authoriza □ Other □ Temporar	ation, if any _		
* If you are an alien lien No Position Desired □ CSO □ Full-tir Are you w Are you w iducation Please cir	n authorized by the l	Admission No	Support St Part-time) am - 5:00 No	aff pm? E If yes, wha	Expiration 1 Yes If the percent of	on of employn □ No time? 6 7 8 9 10	nent authoriza □ Other □ Temporar	ation, if any _		
* If you are an alien lien No Position Desired □ CSO □ Full-tir Are you w Are you w iducation Please cir	me willing to work hours willing to travel:?	Admission No	Support St Part-time am - 5:00 No ool grade High School	aff pm? E If yes, wha completed: Il Diploma	Expiration Yes If the percent of th	on of employn □ No time? 6 7 8 9 10	Other Temporary	ation, if any _		
* If you are an alientalien No Position Desired	me willing to work hours willing to travel:?	Admission No	Support St Part-time) am - 5:00 No	aff pm? E If yes, wha completed: Il Diploma ended G	Expiration 1 Yes If the percent of	on of employn □ No time? 6 7 8 9 10	Other Temporary	ation, if any _		

Type of School	Name and Location	Dates Attended		Graduated		Semester Hrs.	Tuno of Dograd	Major Field of Study
Type of School		From	То	Yes	No	Completed	Type of Degree	Major Field of Study
College or								
University								

Technical or Vocational Technical or Vocational	Type of School	Name and Location	Dates A	ttended	Grad	luated	Semester Hrs.	Type of Degree	Major Field of Stud
Vocational	Type of School	Name and Location	From	То	Yes	No	Completed	Type or Degree	Major Field of Stud
Vocational									
urrent licenses, certifications, registrations (please indicate types and dates received): pecial skills and qualifications (i.e., adding machines, printing equipment, computer, etc.)									
pecial skills and qualifications (i.e., adding machines, printing equipment, computer, etc.) Image: Computer and Place Part	vocational								
pecial skills and qualifications (i.e., adding machines, printing equipment, computer, etc.) Image: Computer and Place Part									
pecial skills and qualifications (i.e., adding machines, printing equipment, computer, etc.) Image: Computer and Place Part	Current licenses, cer	rtifications, registrations (please ir	ndicate type	es and da	ates rece	eived):			
mployment History asse provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-t		- "							
mployment History asse provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-t									
mployment History asse provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-t									
ease provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-time Temporary	pecial skills and qu	alifications (i.e., adding machines	, printing e	quipment	t, compu	uter, etc.	.)		
ease provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-time Temporary									
ease provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-time Temporary									
ease provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-time Temporary									
ease provide at least the last 10 years of employment information starting with the present or more recent position, including military service if pplicable. Use additional sheets if necessary. Latest Employer Mailing Address Full-time Part-time Part-time Temporary	mployment His	tory							
Latest Employer Mailing Address	lease provide at lea	ast the last 10 years of employme	nt informat	ion starti	ng with	the pres	ent or more recent p	position, including militar	y service if
Immediate Supervisor and Phone No. Type of Business Part-time Part-time Temporary Starting Base Salary Dates of Employment Explain reason for leaving. Employer Immediate Supervisor and Phone No. Type of Business Full-time Starting Position Ending Position Explain reason for leaving. Employer Immediate Supervisor and Phone No. Type of Business Full-time Part-time Part-time Part-time Part-time Starting Base Salary Dates of Employment Starting Base Salary Dates of Employment Starting Base Salary Ending Base Salary Dates of Employment Starting Position Ending Position	oplicable. Use add	illional sheets if necessary.							
Brief description of duties and responsibilities. Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Explain reason for leaving. Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Type of Business Starting Base Salary Dates of Employment Emporary Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Ending Position	Latest Employer					Mailing	Address		
Brief description of duties and responsibilities. Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Explain reason for leaving. Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Type of Business Starting Base Salary Dates of Employment Emporary Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Ending Position									
Brief description of duties and responsibilities. Brief description of duties and responsibilities.	Immediate Superv	visor and Phone No.				Type of	Business		
Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Explain reason for leaving. Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Type of Business Immediate Supervisor and responsibilities. Starting Base Salary Ending Base Salary Dates of Employment Starting Position Ending Position									,
Dates of Employment Starting Position Ending Position Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Full-time Part-time Temporary Temporary	Brief description o	f duties and responsibilities.						Starting Base	Salary
Dates of Employment Starting Position Ending Position Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Full-time Part-time Temporary Temporary									
Explain reason for leaving. Employer Mailing Address								Ending Base	Salary
Explain reason for leaving. Employer Mailing Address									
Explain reason for leaving. Employer Mailing Address Immediate Supervisor and Phone No. Type of Business Full-time Part-time Temporary Starting Base Salary Ending Base Salary Dates of Employment Starting Position Ending Position								Dates of Emp	loyment
Explain reason for leaving. Employer Mailing Address									
Explain reason for leaving. Employer Mailing Address								Starting Positi	ion
Explain reason for leaving. Employer Mailing Address									
Employer Mailing Address Full-time Part-time Temporary Ending Base Salary Dates of Employment Starting Position Ending Position								Ending Position	on
Employer Mailing Address Full-time Part-time Temporary Ending Base Salary Dates of Employment Starting Position Ending Position									
Immediate Supervisor and Phone No. Type of Business 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	r leaving.							
Immediate Supervisor and Phone No. Type of Business Part-time Temporary Starting Base Salary Ending Base Salary Dates of Employment Starting Position Ending Position									
Brief description of duties and responsibilities. Part-time Temporary Starting Base Salary Dates of Employment Starting Position Ending Position	Employer					Mailing	Address		
Brief description of duties and responsibilities. Starting Base Salary Ending Base Salary Dates of Employment Starting Position Ending Position									
Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Ending Position	Immediate Superv	visor and Phone No.				Type of	Business		
Brief description of duties and responsibilities. Ending Base Salary Dates of Employment Starting Position Ending Position									,
Ending Base Salary Dates of Employment Starting Position Ending Position	Brief description o	f duties and responsibilities.						Starting Base	Salary
Dates of Employment Starting Position Ending Position									
Dates of Employment Starting Position Ending Position								Ending Base	Salary
Starting Position Ending Position									
Starting Position Ending Position								Dates of Emp	loyment
Ending Position								,	
Ending Position								Starting Positi	ion
								Endina Positia	on
Explain reason for leaving.	Evoloin roos == f=	Llooving							

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.		
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.		

May we contact yo	our present employer? ☐ Yes ☐ No	May we con	tact your former employers? \[\text{\tin}\text{\tett{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}}\\text{\tett{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\ti}}}\text{\text{\text{\tet	res □ No
Do you have any Department?	relatives working for the District Courts, Galvest	on County Courts, or Galvest	on County Community Supervision	n and Corrections
☐ Yes	☐ No please list names, relationships and places empl	oyed.		
that they are all gi	at the foregoing statements, as well as those or iven of my own free will. I agree that any misst iployment, should I be hired by Galveston Coun	atements as to material facts	will constitute grounds for unfavo	orable consideration or
		Applicant's S	Signature	Date
		DEPARTMENT USE		
Date Received		Attachments:	Resume Transcript EEO	
Interview				
Action				
ССН				
LI				