



BURLESON COUNTY SHERIFF'S OFFICE

EMPLOYMENT APPLICATION

DEPARTMENT USE ONLY

APPLICANT: _____ POSITION: _____

DATE RECEIVED: _____ INTERVIEW DATE: _____ TIME: _____

RATING: 1 2 3 4 5 6 7 8 9 10 AUTHORITY _____

INSTRUCTIONS FOR APPLICATION

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

Applicants must complete this application as instructed or the application will be rejected. All information must be accurate and supportive during any background investigation that may be conducted. Eligibility for appointment to the Burleson County Sheriff's Office, is first based on an applicants ability to follow instructions...

1. The applicant shall print or type all information with black ink, when entering the required information.
2. If a question does not apply to you as an applicant the blank must be filled in with "N/A".
3. All information must be correct. Incorrect information will be grounds to reject the application.
4. If applicable, attach a copy of your existing state license and any other information of record. (i.e. F5 from last agency, peace officer license, jailer license, TDC information, guard license)
5. Applications must be returned in a timely manner. (Note: application deadlines if applicable)
6. All other information such as an "applicant resume", must be attached to the back of the application.

CERTIFICATION:

Certified Peace Officer () No () Yes Date Commissioned_____

Academy Attended for Certification_____ Academy Name

Address/Location of Academy

Commission Status: () Basic () Intermediate () Advanced () Masters

Other Law Enforcement Experience: () US Marshal () Federal () State

Explain:_____

Certified Jailer: () No () Yes Date Commissioned_____

Jailer Certification School Attended:_____ Name of Certification School

Address/Location of School

Commission Status: () Basic () Intermediate () Advanced

TDC Guard: () No () Yes () Other

Explain:_____

Can you work any shift including nights, weekends, holidays etc? () No () Yes

QUALIFICATIONS AND SKILLS:

TLETS Certified No Yes

Certified Communications Officer No Yes

Computer Skills: No Yes

Specify skills/program knowledge:_____

Typing Skills: No Yes Words Per Minute:_____

HISTORY DATA:

Terminated by any Law Enforcement Agency or Correctional Facility?

No Yes

Name of Agency or Facility Terminated From

Suspended by any Law Enforcement Agency or Correctional Facility?

No Yes

Name of Agency or Facility Suspended From

Suspended: With Pay Without Pay Suspension Presently Active

Explain:_____

MEDICAL HISTORY:

Are you presently taking a short-term medication? (Antibiotics, etc.)

No Yes

List and Explain: _____

Are you presently taking a long-term medication? (Heart medicine, insulin, etc.)

No Yes

List and explain: _____

List all Medical Problems and Hospital Required Treatment for the past 5 years:

Date	Hospital	Medical Reason for Treatment
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DECLARATIONS:

Have you ever consumed an illegal drug/narcotic? No Yes

Explain: _____

MILITARY RECORD:

Military Service: () No () Yes

Begin Date: _____ End Date: _____

Branch of Service: _____ Rank: _____

Training/Skills Received: _____

Discharge Status: () Honorable () Dishonorable () Uncharacterized

High School education equivalency received while in Military: () No () Yes

High School education record of proof attached with application: () No () Yes

EDUCATION:

Start Date: _____ End Date: _____

High School Attended: _____
School Name

Graduated: () No () Yes

G.E.D. Certificate () Yes Certificate Number: _____

Start Date: _____ End Date: _____

College Attended: _____

Course Hours Total: _____ Graduated: () No () Yes

List Trade or Vocational School(s) Attended: (Name, Address, Telephone No.)

LITIGATION:

Have you been arrested, indicted or investigated for a criminal offense?

() No () Yes Offense: _____

Location of incident or investigation (agency and address): _____

Explain: _____

Are you or have you been involved in a civil litigation (law suit)? () No () Yes

Explain: _____

Work History:

- **Copy and Attach Additional pages if needed...**
- **Begin by listing your most recent employment. Include periods of unemployment, time while attending educational institutions and any military tour of duty...**

Start Date: _____ End Date: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

Start Date: _____ End Date: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

Start Date: _____ End Date: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

Start Date: _____ End Date: _____

Employer: _____

Address: _____

Telephone: _____ Supervisor: _____

Reason for leaving: _____

Description of job duties: _____

REFERENCES

INFORMATION MUST BE COMPLETE AND ACCURATE. DO NOT LIST FORMER EMPLOYERS AND RELATIVES...

LIST FIVE PERSONS AS YOUR PERSONAL REFERENCES FOR THE POSITION FOR WHICH YOU HAVE APPLIED...

Name: _____ Years Known: _____

Address: _____

Telephone: _____

Name: _____ Years Known: _____

Address: _____

Telephone: _____

Name: _____ Years Known: _____

Address: _____

Telephone: _____

Name: _____ Years Known: _____

Address: _____

Telephone: _____

Name: _____ Years Known: _____

Address: _____

Telephone: _____

I, _____ certify that the attached
Print Full Name
information is correct and that no omissions or falsifications exist. I further understand and acknowledge that any inaccurate or false information will be grounds for rejection of this application....

Applicant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ authorize the release of all
Printed Name of Applicant
records or information concerning my: work history, medical history, education, criminal history, military history, financial history and other personnel records to the Burleson County Sheriff's office, for the purpose of determining my eligibility, for appointment to the position for which I have applied...

**THIS INFORMATION IS BEING MADE AVAILABE DURING THE
BACKGROUND INVESTIGATION WHICH I UNDERSTAND WILL BE
CONDUCTED BY THE BURLESON COUNTY SHERIFF'S OFFICE...**

Signature of Applicant

Date