JOB APPLICATION

Employment Application KLEBERG-KENEDY COUNTY CSCD & KLEBERG COUNTY JUVENILE PROBATION An Equal Opportunity Employer

THE FOLLOWING QUESTIONS ARE ESSENTIAL TO THE POSITION YOU HAVE APPLIED FOR AND WILL BE PART OF THE EVALUATION PROCESS BY WHICH YOU MUST QUALIFY FOR EMPLOYMENT WITH OUR DEPARTMENT. A COPY OF THE JOB DESCRIPTION FOR EVERY OPENING WILL BE MADE AVAILABLE AS PART OF THE APPLICATION PROCESS. EACH QUESTION OR BLANK MUST BE COMPLETED. DO NOT LEAVE ANYTHING BLANK OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE.

UPON COMPLETION, THIS APPLICATION BECOMES THE PROPERTY OF THE

KLEBERG-KENEDY COUNTY CSCD/KLEBERG COUNTY PROBATION AND WILL NOT BE RETURNED TO THE APPLICANT. TODAY'S DATE: ____/ ___ DATE YOU CAN START: / / NAME: first, middle initial) (last, POSITION APPLIED FOR: SOCIAL SECURITY NUMBER: ARE YOU 18 YEARS OF AGE OR OVER? ☐ Yes ☐ No **CURRENT ADDRESS:** (street, apartment no.) (city, state, zip code) PHONE NUMBERS: _ (home) (work or other) DO YOU KNOW ANYONE WHO IS PRESENTLY ON PROBATION? YES \square NO \square IF YOU HAVE STATED YES, PLEASE STATE THEIR RELATIONSHIP TO YOU AND ANY COMMENTS YOU MAY HAVE.

U. S. CITIZEN, CAN YOU AFTER EMPLO YOUR LEGAL RIGHT TO WORK PERMA YES □ NO □ FAILURE TO PROVIDE SUC THIS APPLICATION AND/OR SEPARATI EMPLOYMENT.	NENTLY IN THE UNITED STATES? CH PROOF, WILL LEGALLY CANCEL
ARE YOU WORKING OR HAVE YOU	CHECK THE TYPE OF WORK YOU
EVER WORKED FOR KLEBERG	=
COUNTY? []NO []YES	□ REGULAR
	FULL TIME
If yes, Dept:	☐ REGULAR
	PART TIME
Date:	☐ TEMPORARY
ALL POSITIONS REQUIRE THAT YOU	HAVE RELIABLE TRANSPORTATION,
SHOW PROOF OF PROPER LIABILITY	INSURANCE FOR YOUR VEHICLE AND
POSSESS A VALID DRIVERS LICENSE.	PLEASE COMPLETE THE FOLLOWING:
DRIVER'S	
LICENSE NO.:	STATE:
EXPIRATION: / /	
WHAT CLASS OF LICENSE DO YOU HA	VE?
PERSONAL RESIDENCE: LIST ALL ADDRESSES WI PAST 5 YEARS, BEGINNING WITH P MONTH AND YEAR. MONTHYEAR ADDRESS	HERE YOU HAVE LIVED DURING THE PRESENT ADDRESS. LIST DATE BY
MONTHYEAR ADDRESS_	
COMPUTER I	FYDEDIENCE
	☐ Yes ☐ No
If Yes, check programs your familiar with.	_ 100
	☐ Microsoft Word ☐ Microsoft PowerPoint
	☐ Microsoft Works ☐ Microsoft Publisher
☐ Others (list below)	- Midiodoli (Volido - National Colores de Co
1	3
2	4
Briefly describe your computer related activi	ties with your previous employers.

EDUCATION & TRAINING

ATTACH COPY OF YOUR TRANSCRIPT(S), DIPLOMA OR CERTIFICATE FOR THE HIGHEST LEVEL OF EDUCATION ATTAINED.

Name of School and Complete Address	Full Time				s	Study and peci	y al	Н	[our	S	01	•		ade int rage
												-		
											i			-
		<u></u>									11			14
	School and Complete Address	School and Complete Address Time	School and Complete Address Time	School and Complete Address Time	School and Complete Address Time Time	School and Complete Address S	School and Complete Address Time Stud Speci Cours	School and Complete Address Time Time Study and Special Courses	School and Complete Address Time Time Study and Special Courses	School and Complete Address Time Study and Special Courses Courses Hourses	School and Complete Address Time Study and Special Courses Completed	School and Complete Address Time Study and Special Courses Courses Time Study and Special Courses	School and Complete Address Time Study and Special Courses Completed Completed Or Degree	School and Complete Address Time Time Study and Special Courses Completed Ave.

WHAT LANGUAGES (OTHER THAN ENGLISH) DO YOU SPEAK FLUENTLY

READ? □ Yes □ No	WRITE? □ Yes □ No

IF YOU HOLD ANY LICENSE, CERTIFICATE OR OTHER PROOF OF PROFESSIONAL DEVELOPMENT RELATED TO THE POSITION YOU SEEK, COMPLETE THIS SECTION AND PROVIDE A COPY WITH YOUR APPLICATION. EXAMPLE, LCDC, DWI INSTRUCTOR, ETC.

LICENSES/CERTIF	TICATIONS	
DATE	ISSUING AGENCY	EXPIRATION DATE

SALARY EXPECTED

Per Hour	\$
Annually	\$

ARRESTS, DETENTIONS AND LITIGATION:

INTO COURT? YES \square NO \square	ED, DETAINED	BY POLICE O	K 5U.	MIMONED	
IF YES, COMPLETE THE FOLLOW					
CRIME CHARGED					
DATE CHARGED				<u> </u>	
POLICE AGENCY					
(CITY/STATE)				··	-
DISPOSITION OF CASE			<u>. </u>		
HAVE YOU EVER BEEN CONCONTEST OR BEEN CONVICTION OF A FINE OVER PLEASE EXPLAIN:	TED OF A MIS TER \$500 DURIN	SDEMEANOR IG THE LAST	RES TEN	ULTING IN YEARS? II	I
HAVE YOU EVER BEEN INVOLV YES NO IF YES,					
PLEASE PROVIDE THREE PERS ENOUGH TO PROVIDE CURRE	ENT INFORMAT	NCES WHO KI TION ABOUT			
INCLUDE RELATIVES OR FORM	ER EMPLOYER:	S. place of			years
Name	occupation	employmen	t	phone	known
PROFESSIONAL ME	EMBERSHIP IN	ORGANIZAT	IONS	<u> </u>	
Name	Addre	ess		s of Members month/year)	ship

WORK HISTORY

	Employer:
End Date:	Supervisor:
	Phone Number:
	Street Address:
End Salary:	City:
• •	Street Address:
	State & Zip:
th 3 or more examp	les of tasks performed and areas of responsibility
ıg:	
	End Salary: th 3 or more examp

Position Held:		Employer:
Start Date	End Date:	Supervisor:
	-	Phone Number:
		Street Address:
Start Salary	End Salary:	City:
		Street Address:
		State & Zip:
Describe the job wit	th 3 or more examp	les of tasks performed and areas of responsibility
. .		
Reason(s) for leavin	ıg:	

WORK HISTORY

Position Held:		Employer:
Start Date	End Date:	Supervisor:
		Phone Number:
		Street Address:
Start Salary	End Salary:	City:
	-	Street Address:
		State & Zip:
Describe the job wit	th 3 or more examp	les of tasks performed and areas of responsibility
	· · · · · · · · · · · · · · · · · · ·	
Reason(s) for leaving	ıg:	
	·-	

Position Held:		Employer:
Start Date	End Date:	Supervisor:
		Phone Number:
		Street Address:
Start Salary	End Salary:	City:
		Street Address:
		State & Zip:
Describe the job wi	th 3 or more example	es of tasks performed and areas of responsibility
	<u> </u>	
Reason(s) for leaving:		

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS

1. CAN YOU PERFORM THE FUNCTIONS OF THIS POSITION $\ \square$ WITH $\ \square$ OR WITHOUT ACCOMMODATIONS?

	HE JOB FUNCTIONS WITH ACCOMMODATION (S), YPE OF ACCOMMODATIONS (S) REQUIRED AND RM THE FUNCTIONS.
2. □ YES □ NO	HAVE YOU BEEN DISMISSED OR ASKED TO RESIGN FROM A JOB WITHIN THE LAST FIVE (5) YEARS?
3. □ YES □ NO	DO YOU OR DOES YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR OR HOLDING OFFICE IN THE KLEBERG COUNTY GOVERNMENT?
	Name(s): Dept:
	Name(s): Dept:
NOT MENTIONED HEREIN EVALUATION OF YOUR	HERE ANY INCIDENTS IN YOUR LIFE OR DETAILS N WHICH MAY INFLUENCE THIS DEPARTMENT'S SUITABILITY FOR EMPLOYMENT. IF SO, PLEASE
APPLICATION FOR EMPTON VERIFICATION OF THE INTHE DEVELOPMENT OF B AS FAMILY MEMBERS, BOTHER ACQUAINTANCES	ESTIGATION WILL BE MADE IN PROCESSING MY LOYMENT. I HAVE NO OBJECTIONS TO THE FORMATION SET OUT IN THIS APPLICATION AND ACKGROUND INFORMATION FROM OTHERS SUCH USINESS ASSOCIATES, FINANCIAL SOURCES, OR AND FROM RECORDS OF LAW ENFORCEMENT IG A COMPUTERIZED CRIMINAL HISTORY.

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND THAT ANY ATTACHMENT I MAKE TO THIS APPLICATION FORM BECOMES PROPERTY OF THE KLEBERG-KENEDY COUNTY CSCD/KLEBERG COUNTY JUVENILE PROBATION AND WILL NOT BE RETURNED. I UNDERSTAND THAT SHOULD THERE BE A CHANGE IN ADDRESS, HOME PHONE NUMBER OR MY NAME, I MUST NOTIFY THIS DEPARTMENT WITHIN 10 WORKING DAYS. I UNDERSTAND THAT IF EMPLOYED, AS A CONDITION OF MY EMPLOYMENT, I MUST PROVIDE THE KLEBERG-KENEDY COUNTY CSCD/KLEBERG COUNTY JUVENILE PROBATION WITH PROOF OF MILITARY SERVICE (IF APPLICABLE), SOCIAL SECURITY NUMBER, AVAILABILITY TO WORK IN THE U. S. AND EDUCATION.

I UNDERSTAND THAT IF I AM OFFERED A JOB, I WILL BE REQUIRED TO PASS A CRIMINAL BACKGROUND CHECK AND A DRUG TEST.

I UNDERSTAND THAT THE INFORMATION GIVEN BY ME IN MY APPLICATION WILL BE INVESTIGATED. I AUTHORIZE THE KLEBERG-KENEDY COUNTY CSCD/KLEBERG COUNTY JUVENILE PROBATION TO OBTAIN FROM PERSONAL REFERENCES, FROM EDUCATIONAL INSTITUTIONS, AND FROM MY FORMER AND CURRENT EMPLOYERS, ALL DATA NEEDED TO SUPPORT THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION IN THIS APPLICATION WILL BE CONSIDERED JUST CAUSE FOR REJECTION FROM EMPLOYMENT OR DISMISSAL FROM EMPLOYMENT.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT WITH THIS DEPARTMENT, I AGREE TO ABIDE BY THE DRUG FREE WORKPLACE POLICY, AS WELL AS ALL OTHER ORGANIZATIONAL POLICIES AND REGULATIONS.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY. KLEBERG COUNTY POLICY 17.05 DISMISSAL.

County Policy 17.05 Dismissal There is no tenure or permanent lifetime employment or appointment with Kleberg County, and not all dismissals should be considered disciplinary in nature. Employment with Kleberg County is on an at-will basis, and either the employee or the employer may terminate the employment relationship at any time with or without reason.

EQUAL EMPLOYMENT OPPORTUNITY POLICIES

THE KLEBERG-KENEDY COUNTY CSCD/KLEBERG COUNTY JUVENILE PROBATION COMPLIES WITH THE KLEBERG COUNTY POLICY 1.07 WHICH STATES "KLEBERG COUNTY IS COMMITTED TO PROVIDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, DISABILITY OR VETERAN STATUS, AS REQUIRED BY STATE AND FEDERAL LAWS. THE COUNTY'S COMMITMENT EXTENDS TO ALL EMPLOYMENT-RELATED DECISIONS, TERMS AND CONDITIONS OF EMPLOYMENT.

SIGN:	DATE: /	/

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I HEREBY REQUEST AND AUTHORIZE Y	YOU TO FURNISH THE
KLEBERG-KENEDY COUNTY CSCD/KLEBERG	COUNTY JUVENILE
PROBATION WITH ANY AND ALL INFORMATI	ION THAT THEY MAY
REQUEST CONCERNING MY WORK RECORD, E	DUCATIONAL HISTORY
MILITARY RECORD, FINANCIAL STATUS, CRI	MINAL RECORD, AND
GENERAL REPUTATION. THIS AUTHORIZAT	ION IS SPECIFICALLY
INTENDED TO INCLUDE ANY AND ALL INFORMATI	ON OF A CONFIDENTIAL
OR PRIVILEGED NATURE AS WELL AS PH	OTOCOPIES OF SUCH
DOCUMENTS, IF REQUESTED. THE INFORMATION	WILL BE USED FOR THE
PURPOSES OF DETERMINING MY ELIGIBILITY	FOR EMPLOYMENT AS
(POSITION)	
I HEREBY RELEASE YOU AND YOUR ORG	ANIZATION FROM ANY
LIABILITY WHICH MAY OR COULD RESULT F	ROM FURNISHING THE
INFORMATION REQUESTED ABOVE OR FROM AN	Y SUBSEQUENT USE OF
SUCH INFORMATION IN DETERMINING MY QUALIF	FICATIONS TO SERVE AS
(POSITION)	
SIGNATURE OF APPLICANT	DATE
BIONATURE OF AFFEICAINT	DATE
PRINTED OR TYPED NAME OF APPLICANT	_
SOCIAL SECURITY NUMBER	
SOULD SECORT I NOWIDER	

EMPLOYMENT STATEMENT

ATTENTION ALL APPLICANTS AND EMPLOYEES:

The Kleberg-Kenedy County CSCD and Kleberg County Juvenile Department rely on grants and funds from the State of Texas for operational expenses on a fiscal year to year basis. The Agency is unable to guarantee continued employment to any employee. As such, employees serve "at will" and no offer or acceptance of employment may be implied or construed to establish a contractual relationship between an applicant or employee and the agency.

It is further understood that this funding is subject to decrease and could require a reduction in employees of the aforementioned departments. You are also advised that salaries are subject to change based upon funds availability and/or the decisions of the District Judge and the County Court at Law Judge.

I fully understand that if budget conditions so dictate, I could be released from employment longevity. I further agree that if I terminate employment owing sick leave or vacation, it may be deducted from my final check or retirement check if necessary.

PERSONAL BOND OFFICE

The Personal Bond Office is operated by the District and County Judges of a judicial district that established the office. However, pursuant to Article 17.42 of the Texas Code of Criminal Procedure, the creation of the Personal Bond Office is subject to the approval of the Commissioners' Court. The Personal Bond Office was established by the Kleberg County Commissioners' Court on December 10, 2001 and by the Kenedy County Commissioners' Court on January 14, 2002. The Kleberg-Kenedy County CSCD relies on the approval and support of the Commissioners' Court to operate this program. If the Commissioners rescind their approval, the Personal Bond Office could cease to operate and your employment would be subject to review for possible termination. As such, employees serve "at will" and no offer or acceptance of employment may be implied or construed to establish a contractual relationship between an applicant or employee and the CSCD.

Signature	Date
Witness	Date

Revised 11/06