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**Return To**  
**CHEROKEE COUNTY SHERIFF'S OFFICE**  
**272 Underwood St.**  
**Rusk, TX 75785**  
**Phone: (903) 683-2271**  
**Fax : (903) 683-2813**

# APPLICATION FOR EMPLOYMENT

**ALL APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP.**

[PLEASE PRINT OR TYPE]

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER LICENSE NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_ PID # \_\_\_\_\_

HAVE YOU FILED AN APPLICATION HERE BEFORE? YES  NO  IF YES, WHEN ? \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?  YES  NO  IF YES, WHEN ? \_\_\_\_\_  
ARE YOU EMPLOYED NOW?  YES  NO

MAY WE CONTACT YOUR EMPLOYER ? YES  NO

ON WHAT DATE WOULD YOU BE ABLE TO WORK? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK  FULL TIME  PART TIME  SHIFT WORK

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? YES  NO

HAVE YOU EVER BEEN ARRESTED? YES  NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES  NO

IF YES TO EITHER OF THE LAST TWO QUESTIONS, EXPLAIN WHERE, DATE, CHARGE, AND DISPOSITION.

\*\*PLEASE INITIAL\*\* \_\_\_\_\_ AN EQUAL OPPORTUNITY EMPLOYER

DO YOU HAVE ANY PHYSICAL, MENTAL, OR MEDICAL IMPAIRMENTS OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION, WHICH YOU ARE APPLYING?  YES  NO  
IF YES, PLEASE INDICATE \_\_\_\_\_

INDICATE WHAT FOREIGN LANGUAGES YOU READ, SPEAK, AND/OR WRITE

_____	<input type="checkbox"/> SPEAK	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> FLUENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR
_____	<input type="checkbox"/> SPEAK	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> FLUENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR
_____	<input type="checkbox"/> SPEAK	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> FLUENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN)

\_\_\_\_\_

\_\_\_\_\_

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MILITARY SERVICE

Have you served in the Armed Forces of the United States? From: \_\_\_\_\_ To: \_\_\_\_\_

Are you currently in the Reserves or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:

GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1971 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA AND SECTION 903 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS. IF YOU ARE A DISABLED VETERAN, OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATIONS TO ENABLE YOU TO PERFORM THE JOB IN A PROPER AND SOLE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED, PLEASE SIGN BELOW.

HANDICAPPED INDIVIDUAL     DISABLED VETERAN     VIETNAM ERA VETERAN

\_\_\_\_\_  
SIGNATURE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE TIME SPENT IN MILITARY SERVICE AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

[1] EMPLOYER	DATES EMPLOYED FROM     /     TO	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[2] EMPLOYER	DATES EMPLOYED FROM     /     TO	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[3] EMPLOYER	DATES EMPLOYED FROM     /     TO	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		
[4] EMPLOYER	DATES EMPLOYED FROM     /     TO	<u>WORK PERFORMED</u>
ADDRESS		
JOB TITLE		
SUPERVISOR		
REASON FOR LEAVING		

**SPECIAL SKILL & QUALIFICATIONS:** SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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# EDUCATION

	ELEMENTARY	HIGH SCHOOL/GED	COLLEGE/UNIVERSITY	PROFESSIONAL
SCHOOL NAME				
YEARS COMPLETED (CIRCLE)	4   5   6   7   8	9   10   11   12	1   2   3   4	
DIPLOMA/DEGREE DESCRIBE COURSE OF STUDY				
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP SKILLS, EXTRACURRICULAR ACTIVITIES				
HONORS RECEIVED				

**Proof of education and birth certificate required by TCOLE, please attach to application.**

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

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## AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THIS AGENCY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYED:      \_\_\_\_\_ YES      \_\_\_\_\_ NO      DATE OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

# MINIMUM REQUIREMENTS FOR THE APPLICANTS HIRING PROCEDURE

MINIMUM: 21 YEARS OF AGE

1. TO BE CONSIDERED FOR EMPLOYMENT AS A SWORN OFFICER WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST BE LICENSED AS A PEACE OFFICER BY TCOLE (OR ELIGIBLE TO BE LICENSED AS A PEACE OFFICER BY TCOLE DUE TO PREVIOUS EXPERIENCE).
2. TO BE CONSIDERED FOR EMPLOYMENT AS A COMMUNICATIONS OPERATOR WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST BE ELIGIBLE FOR CERTIFICATION BY TCOLE.
3. TO BE CONSIDERED FOR EMPLOYMENT AS A CORRECTIONAL OFFICER WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANT MUST HOLD A STATE JAILER CERTIFICATE OR BE ELIGIBLE FOR CERTIFICATION AS A JAILER BY TCOLE.
4. TO BE CONSIDERED FOR EMPLOYMENT AS A SECRETARY OR OTHER POSITION WITH THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT, APPLICANTS MUST MEET THE REQUIREMENTS AS DESCRIBED IN THE JOB DESCRIPTION, WITH THE EXCEPTION OF A PSYCHOLOGICAL EXAM.
5. REQUIREMENTS TO BE CONSIDERED FOR EMPLOYEMENT:
  - A. HAVE OR OBTAIN A TEXAS DRIVER'S LICENSE
  - B. HIGH SCHOOL DIPLOMA, OR GED.
  - C. BE ABLE TO PASS A MEDICAL EXAMINATION BY THE COUNTY PHYSICIAN, INCLUDING DRUG AND ALCOHOL TESTING.
  - D. HAVE NO FELONY CONVICTIONS, DWI CONVICTIONS, OR MISDEMEANOR CONVICTIONS INVOLVING CRIMES OF MORAL TURPITUDE, OR LENGTHY TRAFFIC VIOLATION HISTORY.
  - E. HONORABLE DISCHARGE, IF APPLICANT SERVED IN THE MILITARY (COPY OF DD-214).
  - F. VALID BIRTH CERTIFICATE.
  - G. MUST BE A UNITED STATES CITIZEN.
6. APPLICANTS MUST BE OF HIGH MORAL CHARACTER AND HAVE NO HISTORY OF DRUG OR ALCOHOL ABUSE.
7. THE FOLLOWING WILL BE REQUESTED OF ALL APPLICANTS FOR SWORN POSITIONS, INCLUDING JAIL AND DISPATCH POSITIONS:
  - A. COMPLETE PERSONAL HISTORY STATEMENT
  - B. CRIMINAL HISTORY CHECK
  - C. DRIVER'S LICENSE CHECK
  - D. EXTENSIVE BACKGROUND INVESTIGATION

- E. POLYGRAPH EXAMINATION (IF DEEMED NECESSARY BY THE SHERIFF).
- F. PSYCHOLOGICAL EXAMINATION
- G. ORAL INTERVIEW
- 8. ALL APPLICANTS HIRED BY THE CHEROKEE COUNTY SHERIFF'S DEPARTMENT WILL COMPLETE A SIX-MONTH PROBATIONARY PERIOD.
- 9. ALL APPLICANTS / EMPLOYEES MUST BE ABLE TO FREQUENTLY BEND. STOOP, SQUAT, KNEEL, CLIMB, STAND, SIT, WALK, OR REACH ABOVE THEIR SHOULDERS WHEN NECESSARY.
- 10. ALL APPLICANTS / EMPLOYEES MUST BE ABLE TO FREQUENTLY PERFORM THE FOLLOWING AND / OR WORK UNDER THE FOLLOWING CONDITIONS:
  - A. REPETITIVE MOTION OF BOTH HANDS
  - B. DRIVING
  - C. MAKING DIFFICULT DECISIONS
  - D. CONTACT WITH THE PUBLIC
  - E. EXPOSURE TO DUST, FUMES, OR GASSES
  - F. UNPROTECTED HEIGHTS
  - G. OPERATE EQUIPMENT
  - H. USING POWER EQUIPMENT
  - I. USING HAND EQUIPMENT

ALL APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR

I HAVE READ AND UNDERSTAND THE HIRING PROCEDURES LISTED ABOVE

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SIGNATURE

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DATE

# CHEROKEE COUNTY SHERIFF'S OFFICE

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## AUTHORITY TO RELEASE INFORMATION

THIS FORM WILL BE RETAINED WITH YOUR APPLICATION

CHEROKEE COUNTY  
PRE-EMPLOYMENT INQUIRY RELEASE

I give Cherokee County, herein referred to as County, permission to make inquiries concerning my current and previous employment and credit histories, criminal and driving records and other related matters. I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies to release any and all information maintained by any such employers, concern, agency or entity concerning my personal history. I understand, if employment with the County is denied wholly or partly because of information contained in a consumer report obtained from a consumer-reporting (or smaller) agency, that I will be entitled to receive from the County only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the County's acceptance and consideration of my application for employment, I hereby and by these presents do for my heirs, agents, executors, administrators and assigns, release forever discharge the County and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the County's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the County of information pertaining to my personal history.

Applicant's Name: \_\_\_\_\_

*(Please print name)*

Applicant's Date of Birth: \_\_\_\_\_

Texas DL # \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Prospective Department: \_\_\_\_\_

# CHEROKEE COUNTY SHERIFF'S OFFICE

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## AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the *Cherokee County Sheriffs' Office* and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

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Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

In and for Cherokee County, in the State of Texas.

Signature of Notary Public: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

NOTARY SEAL

My commission Expires: \_\_\_\_\_

**PLEASE DO NOT SIGN THIS PAGE UNLESS YOU ARE IN FRONT OF A NOTARY**