## **Brazoria County Community Supervision & Corrections Dept. Application for Employment**

The CSCD an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, genetic information, disability, or other classification protected by law.

	Date:	
I. Personal Information		
Name: Last	First	Middle
Present Address		
Permanent Address (if different than above)		
Telephone		E-Mail
Are you over 18? ☐ Yes ☐ No		
Are you eligible to work in the United States?	☐ Yes ☐ No	
	nin three days of bei	all persons hired must submit satisfactory proof of ng hired. Failure to submit such proof within the n.
Position Applied For:		
If you are applying for a job that requires driv Please provide drivers' license number and st		
yes, please explain and give the date, location	, and disposition of e u from employment; w	e will individually assess the nature and severity of the
Are you currently under indictment or being □ Yes □ No If yes, please explain:	, ,	ith a crime, other than a minor traffic violation?
Are you currently on probation or otherwise to If yes, please explain:		
Do you have any family members or other inc who are currently on probation or otherwise t If yes, please explain:	under the supervisio	
Is there any information we would need abou work record or background? Please specify:	it your name or use o	of another name for us to be able to check your
Have you ever used illegal drugs?	_ If so, when was th	e last time you used?

Do you have any relatives who are employed by the Brazoria in Brazoria County? ☐ Yes ☐ No	ia County CSCD, or who are judges trying criminal cases
If yes, please explain:	
How were you referred to the CSCD?	
Have you applied for employment here before? □ Yes □	No If yes, when?
Have you ever been employed here? □ Yes □ No If ye	es, when?
Are you employed now? □ Yes □ No If so, may we	contact your employer? □ Yes □ No
After reviewing the relevant job description, are you physic the job for which you are applying, with or without reasonate	•
List applicable skills:	
Can you communicate in any other language besides Englis If Yes, what language(s)? Are you	
II. Work Availability	
If your application receives favorable consideration, when y	will you be available to begin work?
Do you have any objection to working overtime?	□ Yes □ No
Can you work overtime without prior notice?	□ Yes □ No
Can you work on Saturday?	□ Yes □ No
Can you work on Sunday?	□ Yes □ No
Can you travel if required by this position?	□ Yes □ No
Please state any restrictions on availability:	
III. Work Experiences	
What do or did you like best about your present or most rec	cent job and supervisor?
What did or did you dislike the most, if anything, about you	ur present or most recent job and supervisor?
Has your present or most recent supervisor discussed with improvement?	you areas in your job performance that needed

What	t attracted you to you	ar present or mos	st recent job?				
What	t happened at your p	present or most re	ecent job that cau	sed you to want	to make a job cha	nge?	
IIV.	. Educational H	listory					
TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED FROM-TO	SEMESTER HOURS COMPLETED	GRADUATED YES/NO	EXPECTED GRADUATION DATE	TYPE OF DIPLOMA OR DEGREE	MAJOR/MINO OF STUDY
Under- graduate							
Graduate							
echnical, ocational, Business							

## IV. Employment Record

Please include all employment for the last ten years, starting with present or most recent job, and explain any gaps in employment. Include military experience, along with type of discharge. Use additional paper if necessary. If you have relevant probation-related job history that is older than ten years, list that also.

Company Name (Current or Most Recent Employer)	Position Held		
	Dates Employed:		
Address		From (Mo/Yr)	To (Mo/Yr)
Manager / Supervisor	Telephone		Wage/Salary
Reason for Leaving	<u> </u>		
Company Name	Position Held		
	Dates Employed:		
Address		From (Mo/Yr)	To (Mo/Yr)
Manager / Supervisor	Telephone		Wage/Salary
Reason for Leaving			
Company Name	Position Held		
	Dates Employed:		
Address		From (Mo/Yr)	To (Mo/Yr)
Manager / Supervisor	Telephone		Wage/Salary
Reason for Leaving			
TE: Use a separate sheet to list additional employers, if necess lication unless you specifically exclude them below. Please list the exclusion:	sary. We will attempt t any employers you do	o contact the employ not want us to conta	vers listed on this act and your reaso
nployer's Name)	Reason		
nployer's Name)	Reason		

## PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application. I understand that false, misleading, or incomplete information given in my application or interview(s) may result in the termination of my candidacy for employment, or, in the event of my employment, may result in immediate dismissal.

I understand that, if hired, I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment.

I further understand and agree that, if I am hired, my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the CSCD.

I hereby acknowledge that I have read and understand the above statements.		
Applicant Signature	Date	

## Authorization and Consent to Perform Background Check

I authorize and consent to Brazoria County CSCD obtaining and verifying background information on me for the purpose of considering me for employment, and for the purpose of re-verifying my qualification for continued employment, should I be hired. This process may include obtaining and verification of: education, criminal history, credit history, governmental and court public records, personal references, and other information which relates to my background, character, and personal reputation which may be deemed relevant to my employment.

I request that this document serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit agencies, law enforcement or criminal record agencies, and other agencies to release information about me to Brazoria County CSCD, and hereby release such persons or entities providing such information from liability in any or all claims and damages connected with their providing any requested information.

THE THE MIZED DI CHINDIDITIE, EMI	LOTEL.
Printed Full Name	
Signature	Date
	<del></del>
Previous/Alternate names	
Address	
	-
Drivers' License State and Number	

ATTHORIZED BY CANDIDATE /EMPLOYEE