

MIDLAND JUDICIAL DISTRICT
COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
215 W Industrial Ave
P.O. Box 3038
Midland, TX 79702
432-688-4100
Fax: 432-688-4951

APPLICATION FOR EMPLOYMENT

PRINT NEATLY OR TYPE. Fill out application form completely. Be sure to sign the application when completed. The Midland Judicial District Community Supervision and Corrections Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. Resumes will not be accepted in lieu of applications. This application becomes public record and is subject to disclosure. Proof of education (i.e. college transcripts, high school diploma) must accompany application.

NAME: _____ Social Security No. _____
(Last, First, Middle)

CURRENT MAILING ADDRESS: _____

DAYTIME PHONE WITH AREA CODE: _____

List any other names used if different from name given on this application:

LIST EXACT TITLE OF POSITION FOR WHICH YOU WISH TO APPLY: _____

JOB POSTING NO. (IF APPLICABLE): _____

Full-Time Part-Time Summer Temp/Project Internship

Date Available for Work: _____

Are you at least 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work hours other than 8-5?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to work days other than Monday-Friday	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you willing to travel for training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Driver's License #: _____ State of Issue: _____

Have you ever been convicted of a felony? Yes No

Depending on the position applied for, a complete background check may be performed.

EDUCATION

(Note: Applicants are required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations. Please attach to application).

Highest grade completed: _____ Did you graduate/achieve GED? Yes No

SCHOOLS ATTENDED:

Name and location of school: _____ (Name of school)
_____ (Location of school)

Dates Attended: _____ (From) _____ (To)

Semester / Clock Hours Completed: _____ Graduated: Yes No

Expected Graduate Date: _____ Type of Diploma or Degree: _____

Major, Minor, or Field of Study: _____

Name and location of school: _____ (Name of school)
_____ (Location of school)

Dates Attended: _____ (From) _____ (To)

Semester / Clock Hours Completed: _____ Graduated: Yes No

Expected Graduate Date: _____ Type of Diploma or Degree: _____

Major, Minor, or Field of Study: _____

Name and location of school: _____ (Name of school)
_____ (Location of school)

Dates Attended: _____ (From) _____ (To)

Semester / Clock Hours Completed: _____ Graduated: Yes No

Expected Graduate Date: _____ Type of Diploma or Degree: _____

Major, Minor, or Field of Study: _____

Name and location of school: _____ (Name of school)
_____ (Location of school)

Dates Attended: _____ (From) _____ (To)

Semester / Clock Hours Completed: _____ Graduated: Yes No

Expected Graduate Date: _____ Type of Diploma or Degree: _____

Major, Minor, or Field of Study: _____

EMPLOYMENT HISTORY

This information will be the official record for your employment history and must accurately reflect all significant duties performed. Summaries of experience should describe your qualifications.

1. *Include ALL employment. Begin with your current or last position and work back to your first position.*
2. *Employment history should include **each position** held, even those with the same employer.*
3. *Give brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.*
4. *For supervisor/ managerial positions, indicate the number of employees you supervised.*

Position Title: _____

Was the position: Technical Non-Managerial Supervisor/Managerial

Full Time Part Time Seasonal/Temporary

Employer: _____

Mailing Address: _____

City and State / Zip: _____

Employer's Telephone # (w/area code): _____

Immediate Supervisor (Name and Title): _____

If supervisory, number of employees you supervised: _____

Hire Date: _____ **Termination Date:** _____

Reason for Leaving: _____

Current / Final Salary: \$ _____

Please give a brief description of your job duties:

Position Title: _____

Was the position: Technical Non-Managerial Supervisor/Managerial

Full Time Part Time Seasonal/Temporary

Employer: _____

Mailing Address: _____

City and State / Zip: _____

Employer's Telephone # (w/area code): _____

Immediate Supervisor (Name and Title): _____

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Mailing Address: _____

City and State / Zip: _____

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City and State / Zip: _____

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Immediate Supervisor (Name and Title): _____

If supervisory, number of employees you supervised: _____

Hire Date: _____ **Termination Date:** _____

Reason for Leaving: _____

Current / Final Salary: \$ _____

Please give a brief description of your job duties:

LICENSES OR CERTIFICATES

If a license, certificate, or other authorization is required or related to the position for which you are applying, (CSO, Law Enforcement, LCDC, LPC, P.E., Atty, CPA, etc) complete the following:

License/Certification: _____

Date Issued: _____ **Issued By:** _____

License Number: _____

Location of Issuing Authority (city & state): _____

License/Certification: _____

Date Issued: _____ **Issued By:** _____

License Number: _____

Location of Issuing Authority (city & state): _____

License/Certification: _____

Date Issued: _____ **Issued By:** _____

License Number: _____

Location of Issuing Authority (city & state): _____

License/Certification: _____

Date Issued: _____ **Issued By:** _____

License Number: _____

Location of Issuing Authority (city & state): _____

License/Certification: _____

Date Issued: _____ **Issued By:** _____

License Number: _____

Location of Issuing Authority (city & state): _____

SPECIAL SKILLS/QUALIFICATIONS

List all special skills you possess and machines or office equipment you use, such as computers, calculators, printing or graphics equipment, other computer equipment, types of software and hardware, etc.

Approximate Words Per Minute in Typing: _____ WPM

Can you communicate in Sign Language? Yes No

Are you a certified Sign Language interpreter? Yes No

Do you speak a language other than English? Yes No

If yes, what language(s) do you speak? _____
How fluently? Fair Good Excellent

PREVIOUS EMPLOYMENT WITH MIDLAND CSCD AND/OR MIDLAND COUNTY

Have our ever been employed by the Midland CSCD or Midland County? Yes No

If you have been previously employed by the Midland CSCD or Midland County, list the department(s) in which you were employed, and the dates of employment:

Have you ever retired from Texas County and District Retirement System? Yes No

Do you have any relative working for the Midland CSCD? Yes No

If yes, list the names, relationships, position, employed:

MILITARY SERVICE

A copy of a report of separation (DD214) from the Armed Services will be required.

Were you a member of any branch of the U.S. Military (Army, Navy, Air Force, Marines, Coast Guard): Yes No

Date of Service (From / To): _____

Were you Honorably Discharged? Yes No

If no, please explain:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. *I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.*
2. *I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.*
3. *I understand that the department will check with the State Criminal Record Repository, Driver's License Bureaus and/or the Federal Bureau of Investigation for any criminal history, or driving records in accordance with applicable statute, regulations and policy.*
4. *I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.*
5. *I understand that Midland Judicial District CSCD requires a pre-employment urine drug test to be conducted by an independent lab chosen by the Midland CSCD at their expense upon preliminary offer of employment. I authorize Midland Judicial District CSCD to obtain the results of my urine drug test for the purposes of determining illegal drug use that may block my employment with the Midland CSCD. I understand that I will not be allowed to begin work until results of the urine drug test have been received by the Midland CSCD. I further understand that a positive test result for illegal or controlled substances may result in the offer of employment being withdrawn and I will not be considered further for employment with the Midland Judicial District CSCD.*

THIS APPLICATION MUST BE SIGNED

**SIGN
HERE:**

SIGNATURE – APPLICANT

DATE

**MIDLAND JUDICIAL DISTRICT
COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
APPLICANT BACKGROUND INVESTIGATION REQUEST FORM**

ALL QUESTIONS MUST BE ANSWERED IN COMPLETELY

NAME (Last, First, Middle): _____

LIST ALL OTHER NAMES YOU HAVE BEEN KNOWN BY OR USED (I.E. MAIDEN NAME):

CURRENT ADDRESS: _____

SEX: male female

RACE: White Hispanic Black Asian Other

HEIGHT: _____ **WEIGHT:** _____

HAIR COLOR: _____ **EYE COLOR:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

ARE YOU A U.S. CITIZEN? Yes No

SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ **DL STATE OF ISSUE:** _____

**HAVE YOU EVER SERVED IN ANY BRANCH OF THE UNITED STATES ARMED FORCES
OR COAST GUARD?** Yes No

IF YES, WHICH BRANCH OF SERVICE? _____

DATE AND TYPE OF DISCHARGE: _____

**HOW MANY MOTOR VEHICLE ACCIDENTS HAVE YOU BEEN INVOLVED IN AS
OPERATOR IN THE LAST FIVE YEARS?** _____

**HOW MANY TRAFFIC VIOLATION CITATIONS HAVE YOU RECEIVED IN THE LAST FIVE
YEARS?** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OFFENSE? _____

If yes, explain: _____

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OFFENSE? _____

If yes, explain: _____

HAVE YOU EVER BEEN UNDER ANY TYPE OF COMMUNITY SUPERVISION (I.E., PRETRIAL DIVERSION, BOND RELEASE, PROBATION – ADULT OR JUVENILE):

Yes No

If yes, explain: _____

AUTHORITY TO RELEASE INFORMATION

I hereby authorize a duly appointed representative of the Midland Judicial District Community Supervision and Corrections Department to obtain any and all criminal history information pertaining to me that may be kept on file by any criminal justice agency within the State of Texas, or any other State within the United States, and any criminal justice agency associated with the United States Government. I understand that a duly appointed representative of the Midland Judicial District community Supervision and Corrections Department may be utilizing any or all of the information provided above to obtain criminal history information through the Texas Department of Public Safety TCIC/NCIC computerized criminal history system. I further understand that any information obtained by the Midland Judicial District Community Supervision and Corrections Department is for official use of this agency only. I am furnishing my social security number on a voluntary basis with the understanding that such is not required by Federal Statute or Regulation. I am advised that the Midland Judicial District Community Supervision and Corrections Department will utilize this number only to facilitate the location of criminal justice information concerning me in connection with this application.

SIGNATURE OF APPLICANT

DATE