

Irion County Sheriff's Office

W.A. Estes, Sheriff

P.O. Box 859/209 N. Park View

Mertzon, TX. 76941-0859

Office# (325) 835-2551

Fax# (325) 835-7024



IRION COUNTY SHERIFF'S OFFICE

ACCEPTING APPLICATIONS

FOR DEPUTY SHERIFF

UNTIL POSITION FILLED

REQUIREMENTS/JOB DESCRIPTION

PATROL, TRAFFIC, COURT SECURITY, INMATE TRANSPORT, BASIC INVESTIGATIONS AND INTERDICTION (KNOWLEDGE OF ALL AREAS PERTAINING TO LAW ENFORCEMENT)

LICENSED PEACE OFFICER WITH EXPERIENCE PREFERRED.

REQUIRED TO WORK NIGHTS, WEEKENDS AND HOLIDAYS

ANNUAL SALARY \$67,613.00

HEALTH INSURANCE PROVIDED TO EMPLOYEE

2 WEEKS VACATION AFTER ONE YEAR OF EMPLOYMENT

HOLIDAY LEAVE AND SICK LEAVE BENEFITS

MUST:

- POSSESS CURRENT TEXAS PEACE OFFICE LICENSE FROM TEXAS COMMISSION OF LAW ENFORCEMENT OFFICERS STANDARDS AND EDUCATION
- HAVE A CURRENT AND VALID TEXAS DRIVERS LICENSE
- HAVE A GOOD DRIVING RECORD AND BE INSURABLE
- BE ABLE TO PASS A BACKGROUND INVESTIGATION
- BE ABLE TO PASS A PHYSICAL, DRUG TEST AND PSYCHOLOGICAL EXAM
- BE ABLE TO LIFT AT LEAST 100 POUNDS OR MORE
- GIVE AUTHORIZATION FOR RELEASE OF EMPLOYMENT HISTORY RECORDS
- MEET I-9 EMPLOYMENT ELIGIBILITY VERIFICATION CITIZENSHIP AND WORKERS' COMPENSATION CERTIFICATE

CONTACT ADMINISTRATIVE ASSISTANT TAMI SANDOVAL FOR AN APPLICATION AT

(325)835-2551 OR TAMI.SANDOVAL@CO.IRION.TX.US

IRION COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Irion County Sheriff's Office Employment Application

114 W. Sherwood • P.O. Box 17 • Mertzon, Texas 76941 • Office (325)835-2551 • Fax (325)835-7024

FILL OUT THIS APPLICATION CLEARLY AND COMPLETELY. In order to be eligible for employment, an application must be submitted for each position as it becomes available. Applications and attachments, once submitted, become the property of Irion County and are not to be returned.

Position		Salary Desired		Date of Application		Date of Available			
Last Name		First Name		Middle Name		Main Telephone#		Alternate Telephone#	
Mailing Address			City		State	Zip Code		County	
Social Security Number		Driver License Number			State	Class	Referred By		

WORKING CONDITIONS

If **REQUIRED** for the performance of the job, would you work:

Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rotating Shifts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weekends	<input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION, TRAINING AND OTHER JOB-RELATED INFORMATION

High School		City		State		Did you graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate from High School, list highest grade completed						GED <input type="checkbox"/> No <input type="checkbox"/> Yes/Date Received:			
	Name	City	State	Hours Completed	Dates Attended From To		Type of Degree	Major	
College									
Trade School									
Other									

List certifications, licenses, professional registrations or other credentials

Check any skills you have:

Type _____ WPM

Shorthand _____ WPM

Bilingual _____

Other _____

Ten Key by Touch

Personal Computer

Dictaphone

Have you ever taken a typing test with TWC?
 No Yes/Date: _____

Have you worked for Irion County before?
 No Yes/Date: _____

Except for minor traffic violations, have you ever been convicted of a felony or a misdemeanor? Yes No

Have you ever been placed on probation? Yes No

Has a court found evidence substantiating your guilt in a crime and deferred proceedings? Yes No

If the answer is YES to any of the above questions, describe all incidents on an additional sheet of paper.

PERSONAL REFERENCES

Name two persons not related to you who have knowledge of your character, ability and experience in a work situation.

Name	Address	City	State	Zip	Telephone Number	Occupation

RELATIVES EMPLOYED BY COUNTY

Name	Department	Relationship

AN EQUAL OPPORTUNITY EMPLOYER

1. The Work History must be completed in order for your application to be accepted and considered.
2. Please list most recent job first, including relevant volunteer experience.
3. Additional information, including resumes, may be attached to support but not replace the application upon submission.
4. Copies of all required licenses, certifications and other documentation must be attached to the application upon submission.
5. No additional information will be accepted for consideration after the closing date.
6. If hired, you must provide documentation verifying your identity and authorization to work in the United States within 3 days of the date of hire.

Date of Employment		Employer's Name	
From (Month/Year)	To (Month/Year)	Complete Address	
		City/State/Zip	Telephone Number
Type of Business		Job Title	Starting Salary
Supervisor's Name/Title		Reason for Leaving	
Description of Duties			

Date of Employment		Employer's Name	
From (Month/Year)	To (Month/Year)	Complete Address	
		City/State/Zip	Telephone Number
Type of Business		Job Title	Starting Salary
Supervisor's Name/Title		Reason for Leaving	
Description of Duties			

Date of Employment		Employer's Name	
From (Month/Year)	To (Month/Year)	Complete Address	
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Type of Business		Job Title	Starting Salary
Supervisor's Name/Title		Reason for Leaving	
Description of Duties			

Date of Employment		Employer's Name	
From (Month/Year)	To (Month/Year)	Complete Address	
		City/State/Zip	Telephone Number
Type of Business		Job Title	Starting Salary
			Final Salary
Supervisor's Name/Title		Reason for Leaving	
Description of Duties			

Date of Employment		Employer's Name	
From (Month/Year)	To (Month/Year)	Complete Address	
		City/State/Zip	Telephone Number
Type of Business		Job Title	Starting Salary
			Final Salary
Supervisor's Name/Title		Reason for Leaving	
Description of Duties			

Information/Reference Release

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

NOTE: All references below to Irion County apply to and include any Irion County section, department or entity

1. I authorize Irion County to investigate all statements in this application. I affirm that this information is accurate and correct. I authorize Irion County to secure any necessary information from my former employers, references and academic institutions. I authorize Irion County to perform a criminal and driving history records check. I hereby release these employers, references and academic institutions and Irion County from any liability arising from the giving or receiving of this information about my employment history, my academic credentials, qualifications, criminal/driving history, and/or my suitability for employment with Irion County
2. I am aware that this is an application and not an offer of employment, and neither is this contract (implied or verbal) with Irion County. I am aware that by signing this, Irion County has in no way made any offer of employment at a future date.
3. I am aware that any false statements made on my application (and/or resumes, documents, etc.) with the specific intent to mislead Irion County and/or to intentionally hide damaging job related information that may affect my performance on the job and place Irion County at liability may be grounds for dismissal if I am hired, regardless of the length of my employment with Irion County.
4. I am aware that Irion County is an AT WILL EMPLOYER and if I am offered a job, I do not have any contracts with Irion County, implied, verbal or actual. I am at liberty to terminate my employment without notice and Irion County is able to change any policy in existence without notifying me in advance.

I authorize Irion County to contact my current employer. Yes No

Signature of Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER: It is the policy of Irion County to recruit, hire, train and promote persons in all job categories without regard to race, color, national origin, religion, sex, age or handicap. It is the policy of Irion County to consider the best-qualified individuals according to ADA standards. Requested reasonable accommodations will be considered and final accommodation determinations will be done by department heads after consultation

(Name of Law Enforcement Agency)

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ 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:

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 _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____