



HAYS COUNTY SHERIFF'S OFFICE EMPLOYMENT INFORMATION SHEET for APPLICATION

October 2017

The purpose of this "Information Sheet" is to inform you of the Hays County Sheriff's Office procedures for employment and the function of our Human Resources (HR). Our HR Department screens applicants assuring minimum job qualifications are met and then places the applications in the first step of our employment process.

Posted Positions

Our three (3) major positions have permanent postings. Other postings have a deadline for applying. The Application must be in the Hays County Sheriff's Office Human Resources Department by the deadline. Deadlines may be shortened or extended at the discretion of the Elected Officials or Department Heads of Hays County Sheriff's Office. Applications will be accepted only for posted positions. Some postings are "open till filled" or are considered permanent postings allowing the department to maintain a pool of applicants for future vacancies.

TO BE ACCEPTED, APPLICATIONS MUST BE COMPLETE. THEY WILL ONLY BE ACCEPTED FOR POSITIONS THAT ARE POSTED. INCOMPLETE APPLICATIONS OR APPLICATIONS SUBMITTED FOR POSITIONS NOT POSTED WILL BE DESTROYED.

STEP 1 – Completion and Submission of Application

BEFORE YOU BEGIN YOUR APPLICATION, PLEASE READ THROUGH THIS INFORMATION SHEET ENTIRELY. If you are in need of reasonable accommodations for the application or interview process please call 512.393.7838 during normal office hours to request your accommodation and we will be happy to assist you with the request.

Your information **MUST** be accurate and complete with all questions being answered. Please include any skills, education, licenses, etc. required for the position to assure that you meet the minimum qualifications. A resume, or other additional information, may be submitted with your Application but do not put "see attached resume" on your Application. The Application must be completed as instructed – the resume is merely an attachment. Your Application will be reviewed for completion. If needed, questions will be asked to help determine if the minimum qualifications for a particular position are met.

To submit your application, follow the link at the end of the application.

STEP 2 – Preliminary Background Check

At the end of the closing date for the posting, all Applications will be reviewed to identify the best qualified applicants. A preliminary background check will be conducted on these applicants.

STEP 3 – Testing

When you have passed the preliminary background check, you will be scheduled for testing. Depending upon what position you are applying for, you will be scheduled for any required tests, such as: written, typing, Criticalll, and/or physical agility.

STEP 4 - Interview

Applicants successfully passing the pre-employment testing will then go before the Interview Board who will identify the final candidate(s).

STEP 5 – Application Supplement

You will be provided the Application Supplement after passing Step 2 - Preliminary Background Check. You may turn it in when you come for testing/interview or you will have 5 business days after the interview to return the completed Application Supplement. Additional required documents must be submitted with the Application Supplement. See the page titled “Required Papers and Documents” for a list of additional required documents. **Failure to provide accurate and truthful information, or any misrepresentation of the truth, on the Application and Application Supplement could result in you being disqualified from our employment process.**

STEP 6 – Full Background Check

Supplement with criminal history checks. **Failure to provide accurate and truthful information, or any misrepresentation of the truth, on the Application and Application Supplement could result in you being disqualified from our employment process.**

STEP 7 – Contingent Employment Offer

After successfully completing the full background check, you will either be placed on our employment list or if a position is available, you will be scheduled for any pre-employment medical testing and exams such as a drug screen, physical, and/or psychological test. You may be required to take a medical exam (physical and/or psychological) as part of the conditional offer for the position you are applying for. If required, it will be done at the expense of the County prior to making you an offer of employment.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

The following instructions are provided as a guide to assist you in properly completing your Application. It is essential that the information be accurate in all respects. This document will be used as the basis for your background investigation and any further job interviews with the Sheriff’s Office.

1. Avoid errors by reading the directions for each question carefully before making any entries on the form. Be sure everything is correct and in proper sequence before entering the information.
2. If the question is not applicable to you, enter “NA” in the space provided.
3. You are responsible for obtaining correct names, addresses, and phone numbers. If you are not sure of an address or phone number, please verify it for accuracy prior to including it. All addresses must have zip codes.

4. Answering all questions accurately will help expedite our investigation of you. Failure to respond to the question or failure to provide the information requested will result in disqualification.
5. Print a copy for your records before you submit your Application.
6. After you submit your Application, you are responsible for notifying the Sheriff's Office of any changes in the information provided. Residence and job information frequently change after your submission. **You must notify the Sheriff's Office within ten (10) days of any change.**

ANSWER EACH QUESTION COMPLETELY AND HONESTLY. MORE PEOPLE ARE ELIMINATED FROM THE HIRING PROCESS DUE TO OMISSIONS OR CONCEALMENT RATHER THAN ANY OTHER REASON. ANY OMISSION OR CONCEALMENT OF INFORMATION WILL BE CONSIDERED DECEPTION. WHILE MISTAKES, INDISCRETIONS OR OTHER SITUATIONS IN YOUR LIFE HISTORY MAY OR MAY NOT BE CONDONED, DECEPTION WILL ABSOLUTELY NOT BE TOLERATED.

Our Human Resources Department is available Monday – Friday, 8:00 a.m. – 4:30 p.m. Our phone number is 512.393.7838.

EEO/AA: The County of Hays is an Equal Opportunity/Affirmative Action Employer and does not discriminate against applicants or employees on the basis of race, religion, color, age, sex, national origin, ancestry, political beliefs, or disability. The building is accessible to disabled persons.

REQUIRED PAPERS AND DOCUMENTS

ORIGINALS OF THESE DOCUMENTS NEED TO BE PRESENTED WITH YOUR ORIGINAL **APPLICATION SUPPLEMENT**. WE DO NOT KEEP THE ORIGINALS – THEY ARE RETURNED TO YOU. WE NEED TO SEE THE ORIGINALS AND WILL MAKE COPIES OF THEM FOR OUR FILES. THE APPLICATION SUPPLEMENT IS DUE 5 BUSINESS DAYS AFTER YOUR INTERVIEW. HOWEVER, YOU ARE ENCOURAGED TO SUBMIT THE APPLICATION SUPPLEMENT AND THE REQUIRED DOCUMENTS WHEN YOU COME FOR YOUR TESTING OR INTERVIEW.

1. **Birth Certificate or Naturalization certificate** - Original only. Hospital Birth Certificates (with feet imprints) are not acceptable. If needed, you may purchase a certified birth certificate locally at the Hays County Clerk's office if you were born in Texas. They are located at the Government Center at 712 S Stagecoach Trail. **NO EXCEPTIONS**
2. **Proof of Education** – Original high school diploma or an official sealed transcript from your high school, GED certificate, or an official sealed transcript from a university or college indicating that you earned a degree can be submitted. An official transcript must be in a sealed envelope from the school. If you have attended a university or college **without** earning your degree, you must provide your high school diploma or an official sealed transcript from your high school or GED certificate. If the school will not give you the transcripts, you may have them mailed to: Human Resources, Hays County Sheriff's Office, 1307 Umland Road, San Marcos, TX 78666. **NO EXCEPTIONS**
3. **DD Form 214** - If applicable, a copy of your DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service. The DD Form 214 must be the copy that reflects "Reentry Code." **NO EXCEPTIONS**
4. **Social Security Card** - Original only. Please note: Laminated social security cards are unlawful. Therefore they are NOT accepted. If you have a laminated social security card you may obtain a new card. The receipt issued by the Social Security Administration Office for the new card will be accepted. You may contact the local Social Security Administration Office at 1.866.388.8515. **NO EXCEPTIONS**
5. **Driver's License** - An original of your valid driver's license must be submitted. **NO EXCEPTIONS**
6. **TCOLE License Card for Peace Officer or Basic Jailer License for Corrections Officer**- If you are applying for a Deputy position, an original of your TCOLE License Card must be submitted. If you do not have your TCOLE License by the date of application, we will accept a notification letter from TCOLE stating you have successfully passed your Texas Peace Officer Licensing exam. If you are applying for a Correction Officer position, an original of your TCOLE Basic Jailer License must be submitted. If you do not have a Basic Jailer License, you must be able to obtain it within one year of being hired.
7. **Personal Credit Report** – You will be **required** to provide a personal credit report (not a credit score). A recent personal credit report obtained within the 12 months of the date of your Application will be accepted. These can be obtained from many different websites, such as annualcreditreport.com or creditkarma.com.
8. **Vehicle Insurance Card** - Current insurance card or proof of vehicle insurance.

THESE DOCUMENTS MUST BE SUBMITTED WITHIN THE TIMEFRAME OR YOU WILL NOT QUALIFY TO CONTINUE IN THE HIRING PROCESS.

If you have any questions, please contact Human Resources at 512.393.7838.



HAYS COUNTY SHERIFF'S OFFICE

APPLICATION EQUAL OPPORTUNITY EMPLOYER



1307 Uhland Rd. San Marcos, TX 78666 (512) 393-7800 <http://sheriffhr.co.hays.tx.us>

PLEASE PRINT OR TYPE

NOTE TO APPLICANT: Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the Human Resources Department. IT IS MANDATORY FOR THIS APPLICATION TO BE COMPLETELY FILLED OUT. FAILURE TO COMPLETE APPLICATION WILL RESULT IN NON-CONSIDERATION.

Position applied for: _____ Job Posting #: _____ Date of application _____

Referral Source (check all that apply):
 Advertisement Employee Relative Government Employment Agency
 Private Employment Agency Other

Last Name: _____ First Name: _____ Full Middle Name: _____ Maiden Name: _____

Select your ethnic affiliation American Indian or Alaskan Native Black White Hispanic Multicultural Asian

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Other Phone: _____

Email Address: _____

Place of Birth (City): _____ County: _____ State: _____ Country: _____

SSN: _____ Date of Birth: _____ PID # (if applicable): _____

DL #: _____ State Issued: _____ DL Expires: _____

Other Names (Aliases, Nick Names, etc.) _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Scars, Tattoos, other Distinguishing Marks: _____

Please check all of the following social media sites you participate in:
 Facebook MySpace Twitter Google+ LinkedIn
 Instagram Pinterest Four Square YouTube None

Have you reviewed the job description for the position you are applying for? Yes No

If yes, are you able to perform the functions of the job as described in the job description? Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work? _____ Type of position desired? Full-time Part-time Temporary

Which of the following are you willing to do if required? Travel Overtime Work Nights Work Weekends Work Holidays None

Indicate which of the following you would have a problem working: Weekends Nights Holidays
 Rotating Shifts 10 hour Shifts 12 hour Shifts None

RESIDENCES - Beginning with your present address, list all addresses where you have lived during the past ten (10) years. List by month and year.

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

From:	To:	Address:	
City:	State:	Zip Code:	County:
Mortgage Company/Landlord:			Phone:
Address:	City:	State:	County:

EDUCATIONAL HISTORY

High School(s) attended	City/State	From	To	Year of Graduation	Diploma or GED
					<input type="checkbox"/> Diploma <input type="checkbox"/> GED
					<input type="checkbox"/> Diploma <input type="checkbox"/> GED
					<input type="checkbox"/> Diploma <input type="checkbox"/> GED

College Attended	From	To	Degree Earned	Type of Degree Earned	# of Hours Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Trade School Attended	From	To	Degree/Certification Earned	Type Degree/Certification	# of Hours Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Schools Attended	From	To	Degree/Certification Earned	Type Degree/Certification	# of Hours Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

WORK HISTORY – Beginning with your present or most recent job, list all employment for the past ten (10) years, including part time, temporary or seasonal work. Include all periods of unemployment, attendance at school and military service.

From:	To:	Employer:
Address:	City:	State: Zip:
Phone:	Salary:	Average Number of Hours per week:
Supervisor:	Phone:	Reason for leaving:
Job Duties:	Job Title:	

From:	To:	Employer:
Address:	City:	State: Zip:
Phone:	Salary:	Average Number of Hours per week:
Supervisor:	Phone:	Reason for leaving:
Job Duties:	Job Title:	

From:	To:	Employer:		
Address:		City:	State:	Zip:
Phone:	Salary:	Average Number of Hours per week:		
Supervisor:		Phone:	Reason for leaving:	
Job Duties:				Job Title:

From:	To:	Employer:		
Address:		City:	State:	Zip:
Phone:	Salary:	Average Number of Hours per week:		
Supervisor:		Phone:	Reason for leaving:	
Job Duties:				Job Title:

From:	To:	Employer:		
Address:		City:	State:	Zip:
Phone:	Salary:	Average Number of Hours per week:		
Supervisor:		Phone:	Reason for leaving:	
Job Duties:				Job Title:

From:	To:	Employer:		
Address:		City:	State:	Zip:
Phone:	Salary:	Average Number of Hours per week:		
Supervisor:		Phone:	Reason for leaving:	
Job Duties:				Job Title:

Have you ever been terminated or asked to resign:		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:	
Name of Employer	Date Terminated	Date Asked to Resign	Reason

Are you currently or have you previously been employed by a law enforcement agency? Yes No
 If yes, please provide the information below:

Agency	City/State	From/To	Last Supervisor

Duties/Division: _____

Please check all that apply: Voluntarily Resign Asked to Resign Laid off Fired Eligible for Rehire Not Eligible for Rehire

Reason for Leaving: _____

If you have been employed in the past by more than one agency, please include in the comments section at the end of the application.

Have you ever been investigated by a law enforcement agency?
 Yes No If yes, provide the following information and attach a separate sheet if additional space is needed:

Date	What for	Outcome

Have you ever been notified by a law enforcement/corrections agency that you were the subject of an internal investigation?
 Yes No If yes, provide the information below and attach a separate sheet if additional space is needed:

Date	What for	Outcome

As a law enforcement professional, I have had the following disciplinary actions taken against me (check all that apply):

Days off without pay Oral reprimand Written reprimand Reduction in rank or pay
 Vacation days surrendered in lieu of days off without pay Surrender of promotion None

If any, complete the following and attach a separate sheet if additional space is needed:

Date	Agency	Discipline Received	Reason for Discipline

HAYS COUNTY SHERIFF'S OFFICE EMPLOYEES THAT I KNOW

Are you acquainted with or related to any current or past Hays County Sheriff's Office employee? Yes No
 If yes, provide the name and detail the relationship (friend, relative, ride along, etc.) below.

Name	Relationship	Name	Relationship

ARRESTS AND DETENTIONS

Have you ever been arrested, cited, or charged with any criminal violation (except traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was it a felony or misdemeanor?	<input type="checkbox"/> Felony Arrests <input type="checkbox"/> Misdemeanor Arrests	Number of felony arrests Number of misdemeanor arrests
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Have you ever been arrested or appeared as a defendant in a criminal proceeding? Yes No
 If yes, please complete the following information and attach a separate page if additional space is needed:

Date of Arrest	Name of Offense	Convicted	Disposition
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever been a suspect in a crime? Yes No If yes, please explain:

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TRAFFIC / DRIVING RECORD / VEHICLE INFORMATION

List all drivers licenses you have ever held and whether or not they are currently active.

DL Number	State	Active / Surrendered / Expired	Date Surrendered or Expired
		<input type="checkbox"/> Active <input type="checkbox"/> Surrendered <input type="checkbox"/> Expired	
		<input type="checkbox"/> Active <input type="checkbox"/> Surrendered <input type="checkbox"/> Expired	
		<input type="checkbox"/> Active <input type="checkbox"/> Surrendered <input type="checkbox"/> Expired	

What restrictions do you have (i.e. glasses)?	What endorsements do you have (i.e. motorcycle)?	How many years have you been driving?	How many miles a year do you drive?

Has your driver's license ever been suspended, revoked, or put on probation? Yes No
 If yes, list all incidents where your driver's license has been suspended, revoked, or put on probation:

Date	State	Reason

Have you ever failed to dispose of a traffic, parking, or misdemeanor citation? Yes No

For the purpose of answering the next question, arrested is defined as: "Being detained by any law enforcement agency or agent acting on a warrant of arrest or summons issued in your name indicating a failure to properly dispose of a traffic, parking or other misdemeanor citation within the prescribed number of days after receipt of the citation. Detained means transported to jail, transported to a magistrate, or transported before a court clerk where a fine had to be paid or bond posted to avoid your incarceration, whether or not the fine and/or bond was actually posted by you or someone else."

Have you ever been arrested on a traffic warrant? Yes No
 If yes, provide the date, state, and agency of each arrest for traffic warrant.

Date	Offense	State	Agency

Do you currently own a vehicle or have a vehicle registered in your name? Yes No
 If yes, list all vehicles currently owned by you, registered in your name, or that you frequently drive:

Year	Make	Model	Color	License Plate	State

Insurance Carrier	Policy Number	Name of Agent	Phone Number for Agent

Have you received a ticket for not showing proof of insurance? Yes No
 Have you ever been convicted of driving without insurance? Yes No

Have you ever been detained for any offense that was not mentioned above? Yes No

If so, when?	Arresting Agency	Result of Arrest

Have you ever received a moving or non-moving ticket (excluding parking tickets)? Yes No
 If yes, list all moving and non-moving tickets excluding parking tickets that you have received starting with the most recent ticket. "Disposition of Ticket" means how you chose to take care of the ticket (i.e. plead guilty & take defensive driving, pay a fine, have the ticket dismissed by judge, receive deferred adjudication, etc.).

Date	Agency	Offense	Disposition	Posted Speed	Citation Speed
				mph	mph
				mph	mph
				mph	mph
				mph	mph
				mph	mph

Have you ever been involved in an accident where you were the driver? Yes No
 If yes, list all accidents you have been involved in as a driver starting with the most recent accident. For our use, the determination of "At Fault/Not at Fault" is the listed opinion made by the investigating officer, not yours.

Date of Accident	City	State	Investigating Agency	At Fault/Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault
				<input type="checkbox"/> At Fault <input type="checkbox"/> Not at Fault

Have you ever left the scene of a motor vehicle collision without reporting the incident to a law enforcement entity with jurisdiction where it happened? Yes No If yes, were you the driver? Yes No

FINANCIAL HISTORY AND OBLIGATIONS

What do you consider to be your current financial condition? Excellent Good Fair Poor
 Why?

SPECIAL QUALIFICATIONS AND SKILLS / LANGUAGES

List special skills and/or qualifications you may have (i.e. pilot, radio operator, scuba diver, computer programs, typing skills, etc.):

Below, please indicate your primary language, what language skills you have (including sign language) and the skill level you have for that language.

Language	Primary	Reading	Speaking	Understanding	Writing
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Do you have a working knowledge of computer operating systems? Yes No
 Indicate which of the following operating systems you have working knowledge of: Windows Mac Windows NT

Indicate the level of experience you have for the following:

Outlook	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Word	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Excel	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Access	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
PowerPoint	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Odyssey	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website design	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website maintenance	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None

PERSONAL DECLARATIONS

Have you actively ingested, inhaled, or injected any of the following? Yes No

If yes, indicate below which substances you have actively ingested, inhaled, or injected without a prescription? Detail each occurrence who, what, when, where, and why?

Name or Substance Used	Date Used	Detail of Occurrence
Marijuana <input type="checkbox"/>		
Hashish <input type="checkbox"/>		
Speed <input type="checkbox"/>		
Methamphetamine <input type="checkbox"/>		
Heroin <input type="checkbox"/>		
Mushrooms <input type="checkbox"/>		
Peyote <input type="checkbox"/>		
LSD <input type="checkbox"/>		
Cocaine <input type="checkbox"/>		
Crack <input type="checkbox"/>		
PCP <input type="checkbox"/>		
Ice <input type="checkbox"/>		
Ecstasy <input type="checkbox"/>		
Mandrel <input type="checkbox"/>		
Steroids <input type="checkbox"/>		
Amphetamines <input type="checkbox"/>		
Barbiturates <input type="checkbox"/>		
Someone else's Prescription. Please explain why. <input type="checkbox"/>		
Other (be specific) Please explain why. <input type="checkbox"/>		

Has anyone ever used illegal drugs or illegal controlled substances in your presence? Yes No

If yes, tell us about the last time anyone used illegal drugs or illegal controlled substance in your presence:

Date illegal substance used in your presence	Name of illegal Substance	Circumstance

Classify your personal use of alcoholic beverages:	<input type="checkbox"/> Beer	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
	<input type="checkbox"/> Wine	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
	<input type="checkbox"/> Liquor	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

ADDITIONAL INFORMATION

If you have additional information to answer any previous question (where there was not enough room) please indicate the question and provide the additional information.

In your opinion, what is the worst thing you have ever done?

What are the reasons you are considering public safety/law enforcement as a career and when did you decide to pursue it?

APPLICANT'S STATEMENT

I certify that all information provided by me in this application packet is true and correct to the best of my knowledge. I authorize Hays County Sheriff's Office to investigate all information contained in this packet as may be necessary in arriving at an employment decision. This application will be considered for a period not to exceed 180 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by any verbal agreement. In the event of employment, I understand that false or misleading information given in my application package or interview may result in termination. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment. I understand that no person shall be denied employment with Hays County on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

**MUST
Initial**

I understand that all employees must serve a probationary period of 180 days. If required to complete a Field Training Officer (FTO) Program I must demonstrate during this period my fitness for continued employment by the Hays County Sheriff's Office. I also understand that any employment offered me will be contingent upon the results of a complete character and fitness investigation.

**MUST
Initial**

I hereby certify that there are no willful misrepresentations, omissions or falsifications in this application. I am aware that should an investigation disclose such misrepresentations, falsifications or inaccuracies, my application will be rejected and **I will be disqualified for a minimum of two (2) years.**

**MUST
Initial**

Signature of Applicant

Date

Hays County Sheriff's Office Employment Process

The following are the steps to our employment process:

- STEP 1 - Complete and submit application to the Hays County Sheriff's Office HR Department.
- STEP 2 - Preliminary background check will be performed. If selected to continue in hiring process you will be notified.
- STEP 3 - Testing will be scheduled (physical agility, written, typing, Critical, etc.). You will be notified if you passed or failed. Those passing will continue with the process.
- STEP 4 - Interviews will be held. You will be notified of the decision to continue, or not continue, in the hiring process.
- STEP 5 - The Application Supplement along with the required original documents must be submitted within 5 business days from the interview.
- STEP 6 – A full background check will be conducted.
- STEP 7 – Any job offer you receive from the Hays County Sheriff's Office is contingent upon you passing each of the steps mentioned above and the following additional tests.

All Law Enforcement and Emergency Communication positions must pass these additional tests:	Civilian positions must pass these additional tests:
• Fingerprints	• Fingerprints
• Drug Screening	• Drug Screening
• Physical	• Physical
• Psychological	

Please sign below acknowledging you understand and consent for each of these to be conducted as required.

Signature

Printed Name

Date

Hays County Equal Opportunity Data Sheet

Date: _____

Name: _____

SSN: _____

Position Number: _____

1. Completion of this section is **strictly voluntary**. The information will be used to accommodate Equal Employment Opportunity tracking and reporting requirements.

Ethnic Origin:

Asian Black Hispanic American Indian Caucasian Other

Gender:

Male Female

Veteran:

No Vietnam Other

2. Completion of this section is **strictly voluntary**. The information will be used to determine if reasonable accommodation circumstances exist.

Disabled:

No Yes
