



Sheriff Maurice C. Cook

200 Jackson Street
Bastrop, Texas 78602
Phone (512) 549-5100 • Fax (512) 549-5193



SECOND EMPLOYMENT APPLICATION

Name: _____

Position: _____

Required Documentation for Employment with the Bastrop County Sheriff's Office

- Certified high school or GED transcripts
- Certified birth certificate, U.S. passport, or naturalization papers
- Valid Texas driver's license
- Any and all military discharge papers (DD-214 Copy 4- if applicable)
- Court documents showing final disposition on each arrest, probation, community supervision, or conviction

Desired Documentation for Employment with the Bastrop County Sheriff's Office

- Certified college transcripts
- Copies of TCLEOSE licenses
- Copies of past training certificates

Applicants have seven (7) days to provide the required documentation to Human Resources at the Bastrop County Sheriff's Office. Failure to provide the required documentation may result in application denial and ineligibility to reapply for six (6) months.

Applicants may supply desired documentation at any time. This documentation may assist Bastrop County Sheriff's Office in ensuring future employees are given proper TCOLE credit.

**Return application to the Bastrop County Human Resources Office, located at 804 Pecan Street,
Bastrop, Texas 78602.**

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Application for Employment. It is essential that the information be accurate in all respects. The Application for Employment will be used as the basis for a background investigation that will determine your eligibility for employment within the Bastrop County Sheriff's Office. Any inaccuracy may result in the rejection of the application.

1. Answer all questions to the best of your ability. Please print legibly.
2. If a question is not applicable to you, enter N/A in the space provided.
3. You are responsible for obtaining correct names, addresses and phone numbers. If you are not sure of an address, check it by personal verification. All addresses must have zip codes.
4. If there is insufficient space on the form for you to include all information required, attach extra sheets. Be sure to reference the relevant section and question number on the attached sheet(s).
5. An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications will result in disqualification.

Failure to provide all requested information, or an explanation as to why it was not included, may result in a rejection of the application without any attempt to contact the applicant.

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

Applicant Information

Information provided in this section is for identification purposes only.

1. Name:

Last

First

Middle

2. Mailing Address:

Street

Apartment #

City

State

Zip Code

3. Telephone #'s: (Home): _____

(Work): _____

(Cell): _____

4. Email:

6. Nick name(s), maiden name or other names by which you have been Known:

7. Social Security Number: _____

8. Place of Birth:

City

County

State

9. Are you eligible to work in the U.S.?

Yes

No

10. Color of eyes: _____

11. Color of hair: _____

12. Scars, Tattoos or other distinguishing marks: _____

13. How did you hear about the position? _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

Work History

Beginning with your present or most recent job: List all employment within the last (10) years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach extra pages, if necessary. **Include address, city, state and zip codes.**

1. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

2. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

3. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

4. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

5. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

6. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

7. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

8. Employer _____
Address _____
From _____ To _____ Phone _____
Job Title _____
Duties _____
Supervisor _____ Name of Co-Worker _____
Reason for leaving _____
Hourly rate salary _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

Military Record

Branch _____ Date From: _____ To: _____

Service Number _____ Rank _____

Type of Discharge _____

Disciplinary actions received (Describe in full) _____

Education History

Include Street Address, City & Zip Codes

High School _____

Address _____

Graduated _____

College or University _____

Address _____

Graduated _____

Units Completed _____ Major/Minor _____

Degree received & date _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

College or
University

Address

Graduated

Units Completed

Major/Minor

Degree received & date

College or
University

Address

Graduated

Units Completed

Major/Minor

Degree received & date

List other schools attended (Trade, vocational, Business, etc.) Give name and address of school, dates attended, course of study, certificate and any other pertinent information.

Special Qualification & Skills

List any special Licenses you hold (such as Pilot, Radio Operator, Scuba, etc.). Show Licensing authority, original date of issue and date of expiration.

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

List any specialized machinery or equipment, which you can operate.

If you are fluent in a foreign language, indicate in each area your degree of fluency.
(Excellent, Good or Fair).

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other special skills or qualifications you may possess:

ARREST, DETENTIONS & LITIGATION

Have you ever been arrested, detained by Police or summoned in court? Yes No

If Yes, complete the following:

Offense Charged	City/State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

Have you ever been involved as a party in a civil litigation? Yes No

If Yes, Give details:

Traffic Record

Have your Driver's License ever been suspended revoked? Yes No

If Yes, Give date, location and reasons:

With what Company do you carry Auto Insurance?

List, to the best of your memory, all driving citations you have received excluding parking tickets.

Month/Year	Charge	City/State	Disposition
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

BASTROP COUNTY SHERIFFS OFFICE APPLICATION

Describe in brief narrative, any traffic accidents in which you have been involved, give approximate dates & locations.

Marital and Family History

Please check. Are you?

Single

Engaged

Married

Separated

Divorced

Widowed

If Engaged:

Name of Fiancée

Home Address

Work Address

Work Phone

Home Phone

If Married:

Name of Spouse

Wife's maiden Name

Occupation

Work Phone

Date Married

City & State

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If Separated, Divorce or Widowed:

Name of Spouse
1. Wife's maiden Name _____ Date of Marriage: _____
City & State of Marriage _____ Date of Order Decree _____
Present Address _____ Phone Number _____
Separated, Divorced, or Annulled (State which) _____

Name of Spouse
2. Wife's maiden Name _____ Date of Marriage: _____
City & State of Marriage _____ Date of Order Decree _____
Present Address _____ Phone Number _____
Separated, Divorced, or Annulled (State which) _____

List all children related to you or your spouse (natural, stepchildren, adopted and foster children)

1. Name _____ Relation _____
Date of Birth _____ Supported by Whom _____
Address _____

2. Name _____ Relation _____
Date of Birth _____ Supported by Whom _____
Address _____

3. Name _____ Relation _____
Date of Birth _____ Supported by Whom _____
Address _____

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4. Name _____ Relation _____
 Date of Birth _____ Supported by Whom _____
 Address _____

5. Name _____ Relation _____
 Date of Birth _____ Supported by Whom _____
 Address _____

List all other dependents:

Name	Relation	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other relatives in the following order:

Father, Mother (include maiden name), brothers and sisters. If deceased, please indicate.

Name	Relation	Phone #	Age	Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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References

List five (5) persons who know you well enough to provide current information about you. Do not list any relatives. Include street address or rural route, city, state and zip codes.

1. Name _____ Years Known _____

Address _____

Work Address _____

Home Phone _____ Work Phone _____

2. Name _____ Years Known _____

Address _____

Work Address _____

Home Phone _____ Work Phone _____

3. Name _____ Years Known _____

Address _____

Work Address _____

Home Phone _____ Work Phone _____

4. Name _____ Years Known _____

Address _____

Work Address _____

Home Phone _____ Work Phone _____

BASTROP COUNTY SHERIFFS OFFICE APPLICATION

5. Name _____ Years Known _____
Address _____
Work Address _____
Home Phone _____ Work Phone _____

Membership in Organizations. (Past or present)

Name and Address	Type (Professional Fraternal, Social, Etc.)	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Declarations

Have you ever used marijuana or any other drug not prescribed by your physician? Yes No
If Yes, Please explain:

Have you ever sold or furnished drugs or narcotics to anyone? Yes No
If Yes, Give details:

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Describe in your own words, the frequency and extent of your use of intoxication liquors.

If it became necessary to take a human life in the course of your duty as a law enforcement officer, would any religious or other beliefs prevent you from your doing so? Yes No

If Yes, Please explain:

Would anything prevent you from fully performing the duties in the position you are applying for, including working on holidays, weekends or night shift? Yes No

If Yes, Please explain:

Have you ever made application for employment with this or any other law enforcement or related agency? Yes No

If Yes, Please give agency, date(s) and status of application.

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment in the position you are applying for?

Yes No If Yes, Please explain:

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I understand that all employment is at-will and that during any employment; the employee must demonstrate his/her fitness for continued employment with the Bastrop County Sheriff's Office. I further understand that any appointment tendered me will be contingent upon the results of a complete background investigation.

I hereby certify that there are no willful misrepresentations or falsifications in any of the statements made in this application. I understand that any falsification or misrepresentation will result in my application being rejected and my disqualification from any appointment with the Bastrop County Sheriff's Office both now and in the future.

Signature of Applicant _____ Date _____

Print Name _____

BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

200 Jackson St.
Bastrop, TX 78602
(512) 303-1080

Release Consent Form

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Bastrop County Sheriff's Office, or to any authorized agent of a criminal justice agency or any private agency upon request of the Bastrop County Sheriff's Office, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of military service records, "Authority to release Law Enforcement or criminal records or information from a law enforcement agency", educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or rating) and financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the US Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys At Law, or of other counsel whether repressing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly in whole, or in part, upon this release authorization, will be considered in determining my suitability for employment by the Bastrop County Sheriff's Office. **I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) and affiliated agency(s) from any and all liability, which may be incurred as result of furnishing such information.**

I ALSO AGREE TO PAY FOR ANY AND ALL CHARGES OR FEES CONCERNING THIS REQUEST AND CAN BE BILLED FOR SUCH CHARGES AT THE BELOW LISTED ADDRESS.

A PHOTOCOPY OF THIS RELEASE FORM WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

Signature of Applicant: _____ Date: _____
(Include Maiden Name)

Print Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Witness: _____ Date: _____

Address: _____ Phone: _____

OR

Notary Public: _____ Date: _____