

**Charlie Littleton**  
Chief Deputy



**Emily Trevino**  
Jail Administrator

**Sheriff Terry Pickering**

200 Jackson Street  
Bastrop, Texas 78602  
Phone (512) 303-1080 • 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 60 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 one (1) year.

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

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## 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

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Address

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Graduated

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Units Completed

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Major/Minor

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Degree received & date

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College or  
University

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Address

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Graduated

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Units Completed

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Major/Minor

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Degree received & date

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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.

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## **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.

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# BASTROP COUNTY SHERIFF'S OFFICE APPLICATION

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

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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:

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## **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:

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### **Traffic Record**

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

If Yes, Give date, location and reasons:

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With what Company do you carry Auto Insurance?

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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.

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### **Marital and Family History**

*Please check. Are you?*

Single

Engaged

Married

Separated

Divorced

Widowed

#### **If Engaged:**

Name of Fiancée

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Home Address

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Work Address

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Work Phone

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Home Phone

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#### **If Married:**

Name of Spouse

Wife's maiden Name

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Occupation

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Work Phone

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Date Married

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City & State

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## BASTROP COUNTY SHERIFFS OFFICE APPLICATION

**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 \_\_\_\_\_

## BASTROP COUNTY SHERIFFS OFFICE APPLICATION

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# BASTROP COUNTY SHERIFFS OFFICE APPLICATION

## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# BASTROP COUNTY SHERIFFS OFFICE APPLICATION

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

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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:

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This position requires working on weekends or night shift. Are you available to work those hours?

Yes  No

Would anything prevent you from fully performing the duties of a Police Officer, including working on weekends or night shift? Yes  No

If Yes, Please explain:

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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.

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Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a law enforcement officer?

Yes  No  If Yes, Please explain:

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## BASTROP COUNTY SHERIFFS OFFICE APPLICATION

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: \_\_\_\_\_