



GALLIA COUNTY SHERIFF'S OFFICE

EMPLOYMENT APPLICATION

-An equal opportunity employer



EMAIL APPLICATION TO: hmcasto@gallianet.net

PERSONAL

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

PHONE: _____ EMAIL: _____ SSN: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO DATE OF BIRTH: _____

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OR MISDEMEANOR? YES NO
(If you answered yes, please explain below)

JOB INTEREST/SKILLS

POSITION(S) APPLIED FOR: _____ SALARY DESIRED: _____

HAVE YOU APPLIED FOR A POSITION HERE BEFORE? YES NO IF YES, WHEN? _____

TYPE OF EMPLOYMENT REQUESTED: FULL TIME /PART TIME /ROAD DEPUTY / CORRECTIONS/OFFICE CLERK

DATE YOU COULD BEGIN WORKING: _____ TYPING SPEED (WPM): _____

SUMMARIZE ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS:



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EDUCATION

TYPE OF SCHOOL	NAME & LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE, AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						
OTHER EDUCATION						

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

1. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

2. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

REASON FOR LEAVING: _____



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EMPLOYMENT HISTORY (CONTINUED)

3. NAME OF EMPLOYER: _____

ADDRESS: _____
(Street) (City) (State) (Zip Code)

SUPERVISOR & TITLE: _____ SUPERVISOR PHONE #: _____

EMPLOYED FROM: _____ TO _____ STARTING SALARY: _____ ENDING SALARY: _____

JOB TITLE & WORK PERFORMED: _____

REASON FOR LEAVING: _____

REFERENCES

NAME	ADDRESS	HOME PHONE	DAYTIME PHONE

CIVIL LITIGATION

DO YOU HAVE ANY ACTIVE OR PENDING CIVIL SUITS? YES NO

HAVE YOU EVER DECLARED BANKRUPTCY? YES NO

MILITARY EXPERIENCE

BRANCH:	HIGHEST RANK:	DISCHARGE DATE:	TYPE OF DISCHARGE:

ACTIVE DUTY FROM: _____ TO: _____
(Date) (Date)



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OCCUPATIONAL HEALTH HISTORY

PLEASE LIST ANY DISEASES, ILLNESSES, OR MEDICAL CONDITIONS:

PLEASE LIST ANY MEDICATION YOU TAKE REGULARLY:

PLEASE LIST ANY PERMANENT IMPAIRMENT OR HANDICAP:

PLEASE LIST ANY PHYSICAL LIMITATIONS:

HAVE YOU EVER SMOKED CIGARETTES?

IF YES, HOW MANY YEARS?

HOW MANY PACKS PER DAY?

YES NO

HOW OFTEN DO YOU DRINK ALCOHOL?

LIST ALL HOSPITALIZATIONS, SERIOUS ILLNESS, SURGERIES, OR INJURIES (AND APPROXIMATE DATES):

FAMILY HISTORY

FATHER'S FULL NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

MOTHER'S FULL NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

SPOUSE'S NAME: _____ DATE OF BIRTH: _____ LIVING DECEASED

NAME, ADDRESS, AND DATE OF BIRTH OF YOUR CHILDREN AND YOUR SIBLINGS NOW LIVING:

FINANCIAL RECORDS

NAME AND LOCATION OF YOUR BANK(S):

(NAME) (ADDRESS) CHECKING SAVINGS

(NAME) (ADDRESS) CHECKING SAVINGS

ARE YOU DELINQUENT IN ANY FINANCIAL OBLIGATIONS? YES NO



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DRIVER'S LICENSE INFORMATION

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO HAS YOUR LICENSE EVER BEEN SUSPENDED? YES NO
HAS YOUR LICENSE EVER BEEN REVOKED? YES NO IF YES, PLEASE PROVIDE DATES AND EXPLAIN: _____

PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED:

(DATE)	(AGENCY)	(CHARGE)	(OUTCOME)

SUMMARY OF QUALIFICATIONS

IN THE AREA BELOW, DESCRIBE BRIEFLY THE EXPERIENCE, EDUCATION, TRAINING, AND OTHER FACTORS THAT QUALIFY YOU FOR THE POSITION OR EXAMINATION FOR WHICH YOU ARE APPLYING. REFER TO THE MINIMUM QUALIFICATION(S) AND ANY POSITION-SPECIFIC QUALIFICATION(S) POSTED FOR THIS POSITION OR EXAMINATION. BE SURE TO PROVIDE DETAILS OF YOUR BACKGROUND.

ACKNOWLEDGEMENT

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION OF THIS APPLICATION, WHETHER WILLINGLY OR ACCIDENTAL, IS GROUNDS FOR DISQUALIFICATION OF EMPLOYMENT CONSIDERATION, OR DISMISSAL FROM EMPLOYMENT IF I AM HIRED. I AUTHORIZE THE COMPANY TO CONTACT ANY AND ALL OF THE REFERENCES I HAVE LISTED ABOVE TO OBTAIN PREVIOUS EMPLOYMENT INFORMATION OR ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE. FURTHER, I RELEASE THE ABOVE-MENTIONED REFERENCES FROM ANY AND ALL LIABILITY FOR ANY DAMAGES THAT MAY RESULT FROM INFORMATION COLLECTED BY THIS COMPANY. VERIFICATION OF ELIGIBILITY TO WORK IN THE UNITED STATES MUST BE SATISFIED FOR AN OFFER TO BE MADE.

APPLICANT'S SIGNATURE: _____
SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC (SEAL)

MY COMMISSION EXPIRES: _____, 20 _____