

**Dallas County
Community Supervision & Corrections
Department (CSCD)**

Employment Application



**Frank Crowley Courthouse Building
133 N. Industrial Blvd., 9th Floor
Dallas, TX 75207**

**Human Resources Department
Tele: (214) 653-5210
Fax: (214) 653-5317**

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CSCD EMPLOYMENT APPLICATION

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. CSCD is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. **Resumes will not be accepted in lieu of applications.**

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Title of position for which you wish to apply.

Today's Date

- | | | |
|------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Internship – High School |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Temp/Project | <input type="checkbox"/> Internship – College |

NAME

Last	First	Middle	Social Security Number

PRESENT ADDRESS

Street	City	State	Zip	Country

PERMANENT ADDRESS (if different from Present Address)

Street	City	State	Zip	Country

CONTACT INFORMATION

Home Telephone Number	Alternate Telephone Number	E-Mail Address

DRIVER'S LICENSE INFORMATION (if required for position)

State	Number	Expiration Date

Have you ever been employed by Dallas County or CSCD?

- Yes (answer below) No

Department(s)

Dates (mo/yr)

Supervisor

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EDUCATION (Note: Applicants will be required to provide proof of diploma, degree, transcripts, licenses, certifications, etc.)

Please circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Did you graduate from high school or receive a GED?

Yes

No

Name of School	Date Graduated	Semester/Clock Hours Completed	Major/Minor Field of Study

If a license, certification or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification (LCDC, LPC, etc.)	Date Issued	Expiration Date	Issued by/Location of issuing authority	License No.

Special Training/Skills/Qualifications: List all job-related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software or hardware.

Do you speak a language other than English?

Yes

No

If yes, what language(s) do you speak?

How fluently?

Fair

Good

Excellent

Do you write in a language other than English?

Yes

No

If yes, which language(s):

MILITARY SERVICE

Branch of Service	Date of Entry	Date of Discharge	Rank upon Discharge

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EMPLOYMENT HISTORY: This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include employment for the last **ten years** beginning with your current or last position.
2. Employment history should include **each position** held, even those with the same employer.
3. If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

NAME

Last	First	Middle	Social Security Number

Employer #1

Employer Name, City and State	
Hire Date	
Separation Date	
Position Title	
Current/Final Salary	
Type of Position (Clerical, Technical, Professional, Supervisory, Managerial, etc.)	
Primary Duties (Include all related work experience: case management, probation, parole, etc.)	
Reason for Leaving	
Supervisor Name and Title	
Supervisor Telephone Number	
May we contact this Employer?	

The above position is/was:

- Full-Time
 Part-Time
 Summer
 Other

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NAME

Last	First	Middle	Social Security Number

Employer #2

Employer Name, City and State	
Hire Date	
Separation Date	
Position Title	
Current/Final Salary	
Type of Position (Clerical, Technical, Professional, Supervisory, Managerial, etc.)	
Primary Duties (Include all related work experience: case management, probation, parole, etc.)	
Reason for Leaving	
Supervisor Name and Title	
Supervisor Telephone Number	
May we contact this Employer?	

The above position is/was:

- Full-Time
 Part-Time
 Summer
 Other

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NAME

Last	First	Middle	Social Security Number

Employer #3

Employer Name, City and State	
Hire Date	
Separation Date	
Position Title	
Current/Final Salary	
Type of Position (Clerical, Technical, Professional, Supervisory, Managerial, etc.)	
Primary Duties (Include all related work experience: case management, probation, parole, etc.)	
Reason for Leaving	
Supervisor Name and Title	
Supervisor Telephone Number	
May we contact this Employer?	

The above position is/was:

- Full-Time
 Part-Time
 Summer
 Other

AN EQUAL OPPORTUNITY EMPLOYER

NAME

Last	First	Middle	Social Security Number

Employer #4

Employer Name, City and State	
Hire Date	
Separation Date	
Position Title	
Current/Final Salary	
Type of Position (Clerical, Technical, Professional, Supervisory, Managerial, etc.)	
Primary Duties (Include all related work experience: case management, probation, parole, etc.)	
Reason for Leaving	
Supervisor Name and Title	
Supervisor Telephone Number	
May we contact this Employer?	

The above position is/was:

- Full-Time
 Part-Time
 Summer
 Other

DISCLAIMER

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

Dallas County Community Supervision and Corrections Department (CSCD) is an equal opportunity employer and selects the best matched individual for the job based on job related qualifications; regardless of race, color, creed, sex, national origin, age, disability or other protected groups under state, federal or local Equal Opportunity Laws.

I understand and agree that:

1. All the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omissions of information may be grounds for refusal to hire or, if hired, termination.
2. As a condition of employment, I will be required to provide legal proof of authorization to work in the United States.
3. The State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. CSCD will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. A thorough investigation of my entire work history, criminal history and driving record as well as verification of all data given in my application, related papers and oral interviews is expected and is hereby authorized.
6. A review and disclosure of all records or information concerning myself by another entity to CSCD is hereby authorized. Any information obtained by a personal history background investigation will be used to assist the Agency in determining my qualifications for employment. I hereby release the person who furnishes such information from any liability, damage, or legal accountability which may occur as a result of releasing such information. Further, I hereby expressly waive and release any special rights of access I may have under any statute or the common law to the information furnished about me to CSCD.
7. If I am employed, I will conform to the rules and regulations of CSCD and understand that my employment can be terminated, at any time, with or without cause, and with or without notice, by either myself or CSCD. I understand that no supervisor or representative of the Agency other than the Director has authority to enter into any agreement contrary to the foregoing or for employment for any specified period of time.
8. Although management makes every effort to accommodate individual preferences, business needs may at times make the following condition mandatory: a work schedule other than Monday through Friday and a job site assignment determined by the Agency.

I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that CSCD can change wages, benefits and conditions of employment at any time.

I have read and understand the above.

Signature – Applicant

Date

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the Employment Application. It will be separated from the application.

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Title of position for which you wish to apply.

Today's Date

NAME

Last	First	Middle	Social Security Number

SEX

ETHNIC ORIGIN (Check mark preferred)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> M - Male | <input type="checkbox"/> W – White | <input type="checkbox"/> B – Black | <input type="checkbox"/> H - Hispanic |
| <input type="checkbox"/> F – Female | <input type="checkbox"/> I – Am. Indian/Alaskan | <input type="checkbox"/> P – Asian/Pac. Islander | <input type="checkbox"/> O - Other |

VETERAN

SPOUSE OF VETERAN

ORPHAN OF VETERAN

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No | <input type="checkbox"/> No |

HOW DID YOU FIND OUT ABOUT THIS JOB?

- | | | |
|---|--|---|
| <input type="checkbox"/> CSCD Employee | <input type="checkbox"/> Job Fair | <input type="checkbox"/> Newspaper: _____ |
| <input type="checkbox"/> Texas Workforce Commission | <input type="checkbox"/> Dallas County Website | <input type="checkbox"/> Other: _____ |

Signature – Applicant

Date

White (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

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RELEASE FORM

TO: Current or Past Employer

RE: **A Request for information concerning an applicant for employment**

The following individual has applied for employment with Dallas County Community Supervision and Corrections Department (CSCD). The applicant claims prior employment with your agency during the period indicated.

We would appreciate your completion of this form and forwarding same to us as soon as possible. For your convenience, our fax number is (214) 653-5317. Your reply will be held in strictest confidence.

Thank you.

Applicant's Name	SSN	Job Title	Start Date	End Date

I hereby authorize a review of and full disclosure of all records of information concerning myself to the Dallas County Community Supervision and Corrections Department (CSCD). I understand that any information obtained by a personal history background investigation will be used to assist CSCD in determining my qualifications for the position of Community Supervision Officer (Probation Officer).

I hereby release the person who furnishes such information from any liability, damage, or legal accountability which may occur as a result of releasing such information. Further I hereby expressly waive and release any special right of access I may have under any status of the common law to the information you furnish about me to CSCD.

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 – Applicant

Date

TO BE COMPLETED BY CURRENT AND/OR FORMER EMPLOYER

Job Title	Start Date	End Date	Reason for Leaving

Eligible for rehire: Yes No

	Excellent	Good	Satisfactory	Unsatisfactory
Attendance				
Punctuality				
Attitude				
Trustworthiness				
Quality of Work				
Dependability				

Signature

Job Title

Date