



Lewis Tatum
Sheriff

Tanner Crump
Chief Deputy



Sheriff's Office
298 Rosemont Street
SULPHUR SPRINGS, TEXAS 75482



OFFICE PHONE
(903) 438-4040
FAX (903) 438-4061
FAX (903) 438-4062

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.

PLEASE PRINT IN BLUE OR BLACK INK

Date of Application: _____

Position(s) applied for: _____

How did you learn about us? Employment Agency Relative Friend Social Media
 Other (please specify) _____

Last, First & Middle Name: _____

Address _____

City, State, Zip _____

Primary Contact Number: (____) _____ Cell/ Home/ Work

Secondary Contact Number: (____) _____ Cell/ Home/ Work

1. Are you capable of performing the essential functions involved in the job or occupation for which you have applied for with or without reasonable accommodations?
 Yes No
2. All Applicants for employment must be 18 years of age or 21, for deputy position; can you provide required proof of your eligibility to work?
 Yes No



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3. Have you ever filed an application with us before?
 Yes No If yes, please give date _____
4. Have you ever been employed with us before?
 Yes No If yes, please give date _____
5. Are you currently employed?
 Yes No
6. May we contact your current employer?
 Yes No
7. Are you legally eligible to work in the United State of America? Verification will be required prior to employment.
 Yes No
8. Are you related by blood or marriage to anyone who works for Hopkins County Sheriff's Office?
 Yes No If yes, please explain: _____
9. On what date would you be available for work? _____
10. Can you travel if a job requires it?
 Yes No
11. Have you ever been convicted of a Felony within the last 7 years?
 Yes No If yes, please give date and explain _____

(Conviction will not necessarily disqualify an applicant from employment)



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EDUCATION

| | Name & Address of School | Course of Study | Years completed | Diploma or Degree |
|-----------------------|--------------------------|-----------------|-----------------|-------------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate School | | | | |
| Other (Specify) | | | | |

Please indicate any foreign languages you can speak, read, and/or write.

Speak: _____ Fluent ___ Good ___ Fair

Read: _____ Fluent ___ Good ___ Fair

Write: _____ Fluent ___ Good ___ Fair

OTHER QUALIFICATIONS

Please summarize special job related skills and qualifications acquired from previous employment or other experience: _____



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Describe any specialized training, apprenticeship, skills, and extra- curricular activities: _____

If you served in the United States Armed Forces please describe any job related training received while enlisted: _____

Described any specialized skills that you have that would will benefit Hopkins County Sheriff's Office (i.e. Microsoft Word, Microsoft Excel, 10 key, etc. Specialized licenses)

Please list any additional information you feel may be helpful and beneficial to the department when we are considering your application: _____



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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, creed, gender, national origin, age, disability, or any other legally protected status.

| | |
|----------------------------|---|
| Employer: | Phone # |
| Address: | Date Employed To: From: |
| Job Title: | Supervisor: |
| Reason for leaving: | |
| Employer: | Phone # |
| Address: | Date Employed To: From: |
| Job Title: | Supervisor: |
| Reason for leaving: | |
| Employer: | Phone # |
| Address: | Date Employed To: From: |
| Job Title: | Supervisor: |
| Reason for leaving: | |



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REFERENCES

| | Name and Address | Telephone Number |
|---|------------------|------------------|
| 1 | | |
| 2 | | |
| 3 | | |



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Applicant's Statement

I, _____, certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at any employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with Hopkins County Sheriff's Office of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Hopkins County Sheriff's Office.

Signature of Applicant _____ Date _____

For Departmental Use Only

Received by: _____ Title: _____

Department: _____ Date/Time: _____

Remarks: _____