

APPLICATION FOR EMPLOYMENT
Kaufman County Sheriff's Department
Detention Officer

Kaufman County Law Enforcement Center
Kaufman, Texas 75142

Instructions- Read Carefully

Please complete in full. Please PRINT your name. Other information may be in handwriting. False information is cause for rejection or dismissal. Employment is subject to applicant's satisfying County requirements as to character, employment references, and physical examination. The application becomes the property of the Kaufman County Sheriffs Office. In accordance with the Texas Nepotism Statues, an elected or appointed official of Kaufman shall not hire a relative in the third degree of consanguinity (blood) or the second degree of affinity (marriage) to work in a department which he or she supervises.

PERSONAL

Name _____
Last First Middle Initial

Present Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Telephone Number _____

Were you previously employed by us? Yes No

Do you or your spouse have a relative employed by the County of Kaufman now? Yes No

If yes give name _____ Relationship _____ Department _____

Hiring Process

- Must meet all requirements as listed on the backside of this application
- Pre-employment examination (All applicants will be notified via the U.S. Mail as to the date of the examination, Examination are only scheduled as needed)
- Applicants must pass a background investigation
- Applicants must pass a oral interview board

Date _____ Signature of applicant _____

Please, do not attach resumes or other documents to this application.

Authorization For Release of Information and Waiver

County of Kaufman

KNOWN ALL MEN BY THESE PRESENTS:

I, _____, hereby authorize the Kaufman County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my criminal history, employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, social media accounts, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Signature (including maiden name)

Date of Birth

Address

XXX-XX-
Social Security Number

City/State/Zip Code

()
Telephone Number

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public