



Travis County Sheriff's Office

Personnel Office
P.O. Box 1748
Austin, Texas 78767
(512) 854-9772 / 1-888-JOB-TCSO
sheriff.personnel@co.travis.tx.us

INTERN / AUXILIARY APPLICATION

Name: _____ SSN: _____
(Last) (First) (Middle)

Other Names: _____
(Any name by which you have been known. Ex: Maiden Names, married names, Nicknames, etc.)

Address: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Email: _____

Ethnicity: ____ Sex: ____ Date of Birth: ____ - ____ - ____ DL/ID #: _____ State: ____

Height: ____ Weight: ____ Hair: ____ Eyes: ____ Scars/Tattoos: _____

Have you ever applied with the Travis County Sheriff's Office? Yes No If yes, when? _____

Do you know or are you related to anyone who works for TCSO? Yes No
If yes, who? _____

Do you know or are you related to anyone incarcerated for any reason? Yes No
If yes, state the relationship, crime charged, city & state, and case disposition on the back.

Are you currently under indictment for or charged with any criminal offense? Yes No

Have you ever been on or are you currently on court-ordered community supervision or probation for any offense above the grade of Class C misdemeanor (Ex: Class A or B misdemeanor or a Felony?) Yes No
If yes, state the offense, date of offense: _____

Have you ever been convicted of an offense above the grade of a Class C misdemeanor? Yes No If yes, state the offense, date, and disposition: _____

Have you ever bought, furnished or sold any controlled substance or dangerous drug, including marijuana, to another? Yes No

Have you ever been discharged from any city, state, federal, or private corrections institute or law enforcement agency as an officer or civilian for disciplinary reasons, resigned to avoid suspension or discharge, or resigned during a disciplinary investigation without final judgement being rendered? Yes No

Have you ever been questioned, detained or arrested by police or had any criminal charges filed against you, or been summoned to court? Yes No
If yes, explain on back. Include the offense, city and state where it occurred, the date, and disposition.

Have you used any illegal controlled substances, dangerous drugs, or marijuana? Yes No

If Yes, State the illegal substance, date and frequency of use: _____

If applying for an internship, is it required as part of a course of study or program? Yes No N/A

School or College: _____ Supervising Instructor: _____

Address: _____ Phone: (____) _____

Expected Number of Hours per Week: _____

Briefly state why you are seeking an auxiliary volunteer/ intern opportunity with the Travis County Sheriff's Office.

This form is used to determine if an applicant meets minimum standards for as an intern or volunteer with the Travis County Sheriff's Office. All applicants are required to answer all questions.

I affirm that the answers and written explanations I have made to each inquiry in this official document are true to the best of my knowledge and belief. I also acknowledge by my signature below that any falsification, misrepresentation, or omission of any information may be just cause for the rejection.

I also acknowledge by my signature below that falsification, misrepresentation, or omission in this form could be violations of the Texas Penal Code, Chapter 37 – "Perjury and other Falsification".

Signature of Applicant

Date

Sworn and subscribed to before me, the undersigned this ____ day of _____, 200__.

(seal)

Notary Public in and for Travis County Texas

Complete for applicants under 18:

I acknowledge I am the parent or legal guardian for the above applicant and I grant my permission for my child to assist the Travis County Sheriff's Office as an intern and/or volunteer. I understand that my child may be exposed to information and circumstances of a graphic or explicit nature.

Sworn and subscribed to before me, the undersigned this ____ day of _____, 200__.

(seal)

Notary Public in and for Travis County Texas

The Travis County Sheriff's Office is an Equal Opportunity Employer and complies with the Americans with Disabilities. Reasonable accommodations will be provided upon request.



Travis County Sheriff's Office

P.O. Box 1748, Austin, TX 78767
512.854.9772 / fax 512.854.4729

**Personal Inquiry Waiver
Authority for Release of Information**

I _____, do hereby authorize a review of, photocopying of, and full disclosure of, all records, and information concerning myself to any duly authorized Agent of the Travis County Sheriff's Office, whether the said records are of private, public or confidential nature, and regardless of any agreement I may have made with you previously to the contrary.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail, credit agencies (including credit reports and/or ratings); and any other financial statements and records wherever filed; employment and Pre-employment records, including background reports; efficiency ratings; complaints or grievances filed by or against me; Internal Affairs investigations, completed or on going; ; polygraph examinations; records and recollections of Attorneys at Law or other Counselor (whether representing me or another person in any case), either criminal or civil, and any medical records in which I presently have or have had an interest in.

I understand that any information obtained by the Pre-Screening Application, Personal History Statement and Background Investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization, will be considered in determining my suitability for employment by the Travis 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) from any and all liability which may be incurred as a result of furnishing such information.

Information received from all sources will be kept confidential and will not be released to the Applicant. Information will be released to any Law Enforcement Agency requesting same and presenting a valid release form signed by Applicant. Information received becomes part of the Employee's Personnel File on date of hire and may be used for internal reviews and investigation.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (including maiden name): _____

Address/City/State/Zip Code: _____

Phone: (____) _____ Date of Birth: ____ / ____ / _____ SSN: _____ - _____ - _____

Subscribed and sworn to before me, by _____ this _____ day of _____, 20_____, to certify which witness my hand and seal of Office.

NOTARY'S SIGNATURE

DATE

{notary seal}

NOTARY PUBLIC IN AND FOR TRAVIS COUNTY, TEXAS

5/12/16 ASY606



ANTHONY JOHNSON
Chief Deputy

SALLY HERNANDEZ

TRAVIS COUNTY SHERIFF

P.O. Box 1748
Austin, Texas 78767

(512) 854-9770

www.tcsheriff.org

ARTHUR AREVALO
Major - Law Enforcement

NELDA "SALLY" PENA
Major - Corrections

SHANE POOLE
Major - Administration & Support

DISCLOSURE OF SEXUAL MISCONDUCT

In accordance with Prison Rape Elimination Act (PREA) Standard §115.17, this office shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:

- ▶ has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- ▶ has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or,
- ▶ has been civilly or administratively adjudicated to have engaged in the activity previously described above.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Check one of the following:

- I certify that I have not engaged in the activity described above.
- I have engaged in the activity described above. (Explain below):

Also in accordance with PREA Standard §115.17, this office shall consider any incidents of sexual harassment in determining where to hire or promote anyone who may have contact with inmates.

Check one of the following:

- I certify that I have not had any substantiated incidents of sexual harassment.
- I have had a substantiated incident(s) of sexual harassment. (Explain below):

I certify that the information I have given is true, and I understand that I have a continuing affirmative duty to disclose any such conduct.

Employee Name (Printed): _____ Date: _____

Employee Signature: _____ TCSO Employee Number: _____



Safety, Integrity, Tradition of Service