



Travis County Sheriff's Office

Human Resources
P.O. Box 1748
Austin, Texas 78767
(512) 854-9772

Position applying for:

- RN
- LVN
- C N A
- Counselor

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

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

Date of Birth: _____ Ethnicity: _____ Sex: _____ DL #: _____ State: _____

Height: _____ Weight: _____ Hair: _____ Eye: _____ 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 or 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 had a medical license suspended or revoked, or have you voluntarily surrendered your license to avoid suspension? Yes No

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 judgment 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 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: _____

This form is used to determine if an applicant meets minimum standards for approval to perform contract services for 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

Subscribed and Sworn to before me, the undersigned ____ day of _____, 201__.

(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.

↓ For use by Authorized Contract Employer and Travis County Sheriff's Office ↓

I certify the below documents have been visualized by the authorized contract employer:

Driver's License Visualized by: _____ Date: _____
Name listed, if different than on application: _____

Social Security card or Birth Certificate
Visualized by: _____ Date: _____
Name listed, if different than on application: _____

Medical License(s) Visualized by: _____ Date: _____
Name listed, if different than on application: _____

I further certify employment and personal reference checks and pre-employment drug screening has been completed and the information regarding such is on file with this authorized contract employer and available upon request.

Signature: _____ Date: _____

Printed Name: _____ Contract Agency: _____



**Greg Hamilton
TRAVIS COUNTY SHERIFF**

PO Box 1748

Austin, Texas 78767

(512) 854-9772

Fax: 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; 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): _____ Date: _____

Address: _____

Phone: _____ Date of Birth: _____ SSN: _____

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

(seal)

Notary Public in and for Travis County, Texas