

MONTGOMERY COUNTY DEPARTMENT OF COMMUNITY SUPERVISION AND CORRECTIONS

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT: The entire application must be completed, even if a resume is being included. (FAILURE TO COMPLETE ENTIRE APPLICATION MAY RESULT IN THE APPLICATION BEING DELAYED IN PROCESSING OR NOT BEING ACCEPTED). **IF YOU ARE APPLYING FOR A DEGREED POSITION, A COPY OF YOUR COLLEGE TRANSCRIPT MUST BE ATTACHED TO PROCESS APPLICATION. FOR NON-DEGREED POSITIONS, A COPY OF YOUR HIGH SCHOOL DIPLOMA OR GED CERTIFICATE MUST BE ATTACHED.**

- Fill the application out in a legible manner.
- Completion of an application DOES NOT imply that you will receive an interview or be extended an offer of employment.
- Applications are maintained on active status for a period of SIX (6) months.

Montgomery County Department of Community Supervision and Corrections is an EQUAL OPPORTUNITY EMPLOYER.

APPLICATION MUST BE RETURNED TO:

Human Resources
2247 N. First, Suite 214
Conroe, Texas 77301
(936) 538-8222 or Fax: (936) 538-8275

Date: _____ **Social Security Number:** _____

Drivers License Number: _____ **State:** _____

Position(s) you are applying for: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Telephone: Home: _____ Work: _____

Cell: _____ Other: _____

If you have worked under another name(s), please indicate: _____

Are you a US Citizen? Yes No If no, type of Visa and Immigration No: _____

How did you hear of MDCSC? _____

Have you ever been employed by Montgomery County? If yes, when/what department?

Date available to begin work: _____

Can you speak a foreign language? Yes No If yes, what? _____

EDUCATION

High School _____

**College/
University** _____

Professional Certification/Licenses _____

(Please provide the dates these were acquired)

LIST ANY INFORMATION INCLUDING VOLUNTEER AND COMMUNITY WORK THAT YOU HAVE DONE THAT YOU FEEL MIGHT BE HELPFUL IN DETERMINING HOW YOU COULD BEST BE EMPLOYED:

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EMPLOYMENT: List all of the jobs that you have held in the last ten (10) years beginning with the **MOST RECENT**.

Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
Reason for Leaving: _____

Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
Reason for Leaving: _____

Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
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Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
Reason for Leaving: _____

Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
Reason for Leaving: _____

Employer: _____
Address/Phone: _____
Dates Employed: _____ To _____
Position: _____ Salary: _____
Supervisor's Name/Phone: _____
Reason for Leaving: _____

*If you need additional pages, please send a separate sheet with your application.

PAGE 4

Have you ever been convicted of a Felony/Misdemeanor? Yes No

If you answered yes, explain the nature of the offense, where the offense occurred & when the offense occurred.

Have you ever been or are you currently on probation/parole supervision? Yes No

(While a conviction will not necessarily disqualify an applicant from employment consideration, being currently under probation/parole will disqualify an applicant)

REFERENCES: List personal or business references other than prior employers and/or relatives.

NAME	ADDRESS	OCCUPATION	PHONE NUMBER
1.			
2.			
3.			

May we contact employers (other than your present employer), schools and references you have listed on this application? Yes No

May we contact your present employer? Yes No

An employee may be dismissed from employment if it is determined that he/she is unable to perform assigned job duties or is not suited for employment with the Montgomery County Department of Community Supervision and Corrections.

In the event an employee is separated from his/her employment during the first six (6) months of employment, no access to the grievance procedure is allowed.

PLEASE READ THE PARAGRAPH BELOW AND SIGN / DATE YOUR APPLICATION.

I hereby represent that the information I have included in this application is correct and complete to the best of my knowledge. I understand that any incorrect-incomplete-false statements and/or information furnished by me may void this application or subject me to discharge at any time after employment. I also hereby permit my present and prior employers to divulge to the Montgomery County Department of Community Supervision and Corrections relevant personal information from my personnel file(s) they possess. **I further understand that part of the screening process for employment by M.C.D.C.S.C. includes a criminal history check. Additionally, a new hire drug and/or alcohol test is conducted at the department's expense. TB test are conducted on all new hires for the Community Corrections facility at the department's expense. Any additional cost will be at the responsibility of the applicant.**

Applicant's Signature

Date

**INFORMED CONSENT FOR DRUGS AND/ALCOHOL TESTING FOR
MONTGOMERY COUNTY
AND
MONTGOMERY COUNTY DEPARTMENT OF COMMUNITY SUPERVISION AND
CORRECTIONS**

TO PROCESS APPLICATION FORM, PLEASE READ AND SIGN:

I consent to this request for a urine or blood specimen or the use of other alcohol screening devices to perform a comprehensive test for drugs and/or alcohol pursuant to the Montgomery County Alcohol and Drug Testing Policy for employees. I authorize the release of the results of these tests to the authorized Montgomery County officials and any authorized third parties. I understand that this analysis will be conducted under the direction of a laboratory approved by Montgomery County or Montgomery County Department of Community Supervision and Corrections.

I understand refusal to consent to a drug or alcohol test may subject me to disciplinary action up to and including discharge, or if I am an applicant, may result in termination of the hiring process.

I understand the initial drug screening shall be by the enzyme immunoassay techniques (EMIT) test. If this test yields a positive result, a second test by a gas chromatography/mass spectrometry (GC/MS) test will be made immediately using a portion of the same test sample I provided or the first test. If the second test confirms the positive results, I will be notified in writing within five working days. I understand that the alcohol screening test shall be the EHOT (Ethyl Alcohol Test). The letter of notification will identify the particular substance found.

I understand the urine or blood specimen collected pursuant to the management guidelines will be used only to test drugs or alcohol included in the management guidelines and may not be used to conduct any other analysis or test unless otherwise authorized by law.

I further understand that I am responsible for paying all cost(s) of any post-offer, pre-employment drug and/or alcohol testing.

I do consent to a drug and/or alcohol test

I do not consent to a drug and/or alcohol test

PRINT EMPLOYEE/APPLICANT NAME

EMPLOYEE/APPLICANT SIGNATURE

DATE

If you are applying for a position in our 24 hour facility, please respond to the following questions below. Our facility operates with the following shifts, 7am-3pm, 3pm-11pm, and 11pm-7am.

1. Are there any SHIFTS that you cannot or will not work? Yes _____ No _____

If yes, explain _____

2. Are there any DAYS of the week that you cannot or will not work? Yes _____ No _____

If yes, explain _____

3. Can you work weekends and/or holidays? Yes _____ No _____

If no, explain _____

Signature _____ Date _____

Print Name _____ Date _____

SS # _____ -- _____ -- _____

CONSENT FOR RELEASE OF INFORMATION

To: _____ **Attention:** _____
Phone: _____ **Fax #:** _____

From: HR Specialist
936/538-8222
Fax: 936/538-8275

_____ has applied for a position with our department. Please accept the signature below as authorization to release the following information.

- Date of Hire and Last Date of Employment
- Last Salary
- Reason for Resignation or Termination
- Results from Evaluations or Performance Agreements or Other Documents which may be in the file
- Eligibility for Rehire

AUTHORIZATION: I authorize Montgomery County Adult Probation Department to obtain information about me from my previous employers. I authorize my previous employers to disclose to Montgomery County Adult Probation Department such information about me as requested above.

_____ **Date:** _____
Signature

