

MOORE COUNTY SHERIFF'S OFFICE



1. All documents requested must be submitted with the application (photocopies are acceptable in most cases).
 - Copy of your Social Security card.
 - Original certified copy of your birth certificate. (We will make photo copy when turning in your application)
 - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma or GED certificate.
 - Sealed original certified copy of your college transcript. (No photo copy)
 - Photocopy of your college diploma.
 - Copy of your Peace Officer Certificate from your police academy. (Peace Officer Applicants Only)
 - Copy of your Texas peace officer license and all training certificates awarded to you. (Peace Officer Applicants Only)
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified copy of your Naturalization papers, if applicable. (No photo copy)
 - Copy of current proof of automobile liability insurance.

EDUCATION:

SCHOOL	NAME AND ADDRESS OF SCHOOL	LAST YEAR COMPLETED	GRADUATE	DEGREE
ELEMENTARY		5 6 7 8	___ Y ___ N	
HIGH SCHOOL		9 10 11 12	___ Y ___ N	
COLLEGE		1 2 3 4	___ Y ___ N	
OTHER			___ Y ___ N	

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT:

NAME & ADDRESS OF COMPANY	FROM MO. YR.	TO MO. YR.	ENDING SALARY	REASON FOR LEAVING
DESCRIBE YOUR WORK _____				

PHONE NO: () - _____				
NAME & ADDRESS OF COMPANY	FROM MO. YR.	TO MO. YR.	ENDING SALARY	REASON FOR LEAVING
DESCRIBE YOUR WORK _____				

PHONE NO. () - _____				
NAME & ADDRESS OF COMPANY	FROM MO. YR.	TO MO. YR.	ENDING SALARY	REASON FOR LEAVING
DESCRIBE YOUR WORK _____				

PHONE NO. () - _____				
NAME & ADDRESS OF COMPANY	FROM MO. YR.	TO MO. YR.	ENDING SALARY	REASON FOR LEAVING
DESCRIBE YOUR WORK _____				

PHONE NO. () - _____				

Moore County Sheriff's Office

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ 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 employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, 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:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

Signature of Notary Public: _____

NOTARY SEAL

Printed Name of Notary Public: _____

My Commission Expires: _____

Shiftwork Acknowledgement

I, _____ understand that the operations of the Moore County Sheriff's Office are divided into the following shifts and hours:

Deputy:

- 2 Shifts (Days and Evenings)
 - 12 hours per shift to be manned twenty four hours a day, every day

Jail/Dispatch:

- 3 Shifts (Days, Evenings, Midnights)
 - 8 hours per shift to be manned twenty four hours a day, every day

As a new employee, I understand that I may be assigned to any one of the shifts on a regular type basis; however, I may be re-assigned to another shift as the need arises and as determined by a supervisor. It may even result in a temporary re-assignment to a different shift until the manpower problem is corrected or a resolution has been achieved.

Applicant Signature

Date

DATE INTERVIEWED: _____ COMMENTS: _____
