



# NAVARRO COUNTY SHERIFF'S OFFICE

## APPLICATION FOR EMPLOYMENT



EQUAL OPPORTUNITY EMPLOYER

**PLEASE READ CAREFULLY. TO BE CONSIDERED FOR EMPLOYMENT ALL QUESTIONS MUST BE ANSWERED.**

### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

HOME STREET ADDRESS \_\_\_\_\_ APT \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ EXPIRATION \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ARE YOU 21 YEARS OF AGE OR OLDER? YES / NO (CIRCLE ONE)

IF NOT, ARE YOU AT LEAST 18 YEARS OF AGE? YES / NO (CIRCLE ONE)

I AM A CITIZEN OF THE UNITED STATES OF AMERICA? YES / NO (CIRCLE ONE)

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY OFFENSE GREATER THAN A TRAFFIC VIOLATION OR A FAMILY VIOLENCE OFFENSE?  
YES / NO (CIRCLE ONE)

IF YES, LIST BELOW:

DATE \_\_\_\_\_ OFFENSE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

DATE \_\_\_\_\_ OFFENSE \_\_\_\_\_ DISPOSITION \_\_\_\_\_

HAVE YOU SERVED IN THE U.S. ARMED FORCES: YES / NO IF YES, WHICH BRANCH? \_\_\_\_\_

HAVE YOU PREVIOUSLY BEEN EMPLOYED OR APPLIED WITH THE NAVARRO COUNTY SHERIFF'S OFFICE? YES / NO (CIRCLE ONE)  
IF YES, LIST BELOW:

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_

ARE YOU RELATED TO OR KNOW ANYONE EMPLOYED BY NAVARRO COUNTY SHERIFF'S OFFICE? IF YES, LIST PERSON(S) BELOW:

LIST ANY SOCIAL MEDIA ACCOUNTS: N/A  Facebook  Instagram  Snapchat  Other  \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB OPENING? \_\_\_\_\_

### JOB INTEREST - POSITION(S) DESIRED

PATROL OFFICER  DETENTION OFFICER  TELECOMMUNICATOR  BAILIFF/COURTHOUSE SECURITY  ADMINISTRATION

AVAILABILITY: Are you available to work: DAYS  NIGHTS  WEEKENDS  Date you would be available to begin work: \_\_\_\_\_

### EDUCATIONAL RECORD

High School or GED Graduate? Yes  No  LANGUAGE(S): \_\_\_\_\_ Speak  Read  Write

NAME, CITY, AND STATE OF SCHOOLS ATTENDED \_\_\_\_\_ MAJOR FIELD \_\_\_\_\_ GRADUATED \_\_\_\_\_

LAST HIGH SCHOOL: \_\_\_\_\_

LAST COLLEGE/UNIVERSITY: \_\_\_\_\_

GRADUATE SCHOOL: \_\_\_\_\_

TECHNICAL/VOCATIONAL SCHOOL: \_\_\_\_\_

LIST THE COURSES YOU ARE CURRENTLY ENROLLED IN: \_\_\_\_\_

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**PROFESSIONAL LICENSES/CERTIFICATIONS**

TYPE _____	STATE ISSUED _____	DATE ISSUED _____	EXPIRES ON _____	NUMBER _____
TYPE _____	STATE ISSUED _____	DATE ISSUED _____	EXPIRES ON _____	NUMBER _____

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**WORK EXPERIENCE**

WHAT OTHER NAMES HAVE YOU WORKED UNDER? \_\_\_\_\_

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES  NO

LIST YOUR LAST OR PRESENT EMPLOYER FIRST FOR THE PAST 10 YEARS

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NAME OF EMPLOYER: _____	FROM: _____	TO: _____	
STREET ADDRESS _____	CITY _____	STATE _____	PHONE NUMBER _____
SUPERVISOR _____	CONTACT NUMBER _____	EMAIL _____	
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

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NAME OF EMPLOYER: _____	FROM: _____	TO: _____	
STREET ADDRESS _____	CITY _____	STATE _____	PHONE NUMBER _____
SUPERVISOR _____	CONTACT NUMBER _____	EMAIL _____	
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

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NAME OF EMPLOYER: _____	FROM: _____	TO: _____	
STREET ADDRESS _____	CITY _____	STATE _____	PHONE NUMBER _____
SUPERVISOR _____	CONTACT NUMBER _____	EMAIL _____	
POSITION TITLE _____	STARTING SALARY _____	FINAL SALARY _____	
BRIEFLY DESCRIBE YOUR DUTIES _____			
REASON FOR LEAVING _____			

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NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ STARTING SALARY \_\_\_\_\_ FINAL SALARY \_\_\_\_\_

\_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES \_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **NAVARRO 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 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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Notary Seal

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**ENTRY LEVEL POSITION AS DEPUTY SHERIFF**

Minimum Requirements:

- Be a United States Citizen
- Be at least 21 years of age at the time of employment (18 years of age for detention and telecommunications)
- Valid Texas Driver's License
- Free from disease of physical / mental impairments that would prevent the individual from performing the essential job functions of a Deputy Sheriff
- High School diploma or GED
- Speak, read and write English
- Pass a complete background investigation including a polygraph examination
- Illegal drug use as a juvenile will not be a reason to reject an applicant, if no established pattern continues as an adult
- No marijuana use no more than one time within the past two years. Must be satisfactorily explained to review board.
- No controlled substance use or dangerous drugs, other than prescribed for their use, within the past ten years
- The suitability of an applicant, who has used any class of a controlled substance beyond ten years, must be fully explained to the satisfaction of the employee review board. A decision will be rendered based on the circumstances of involvement, use, length of use, and quantity of use. Applicants who have established a pattern of selling, manufacturing, distributing or cultivating illegal drugs, including marijuana will be rejected.
- No criminal history
- Must meet all legal requirements necessary to become eligible for licensing by the Texas Commission on Law Enforcement (TCOLE)

**Starting Salary & Benefits for Detention and Communications Officers** Effective October 1, 2023

Starting Salary	\$49,600.00 yearly	\$4,133.33 per month	\$23.85 per hour
Level 2 Salary	\$51,100.00 yearly	\$4,258.33 per month	\$24.57 per hour

**Starting Salary & Benefits for Bailiffs and Courthouse Security**

Salary	\$55,100.00 yearly	\$4,591.67 per month	\$26.49 per hour
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**Starting Salary & Benefits for Patrol Officers**

Deputy Recruit	\$51,100.00 yearly	\$4,258.33 per month	\$24.57 per hour
Level 1 Deputy	\$61,600.00 yearly	\$5,133.33 per month	\$29.62 per hour
Level 2 Deputy	\$63,100.00 yearly	\$5,258.33 per month	\$30.34 per hour

Paid Health and Life Insurance / Paid Sick, Vacation and Holiday Leave / Longevity Pay / 5 Step Pay Program / Deferred Compensation / Furnished Uniforms / TCDRS retirement system