

**APPLICATION FOR EMPLOYMENT**  
**Montgomery County**  
**Olen Underwood Juvenile Justice Center**  
**Montgomery County, TX**

200 Academy Drive  
 Conroe, TX 77301  
 Ph # (936) 538-3485  
 Fax # (936) 538-3461



**An Equal Employment Opportunity Employer**  
**TJJD age requirement: Must be 21 years of age or older.**

**INSTRUCTIONS TO APPLICANT:** The entire application must be completed, even if a resume is being included. (FAILURE TO COMPLETE ENTIRE APPLICATION WILL RESULT IN THE APPLICATION NOT BEING ACCEPTED. **IF YOU ARE APPLYING FOR A DEGREED POSITION, AN OFFICIAL COLLEGE TRANSCRIPT MUST BE ATTACHED. FOR NON-DEGREED POSITIONS, A COPY OF YOUR HIGH SCHOOL/HOME SCHOOL DIPLOMA OR GED CERTIFICATE MUST BE ATTACHED. ALL HOME SCHOOL MUST BE APPROVED THROUGH TEXAS EDUCATION AGENCY.**

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.

**NAME:** \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**TELEPHONE NUMBER:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**POSITION(S) YOU ARE APPLYING FOR:**

Juvenile Supervision Officer (JSO) Full-Time  JSO Part-Time  
 Juvenile Probation Officer (JPO)  JPO-Assistant  
 Counselor  Intern  Intern (SHSU Psych)  Clerk  Maintenance  Medical Professional (Nurse/CNA)  Volunteer  
 Other: \_\_\_\_\_

**DRIVERS LICENSE NO:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

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

In compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

List all relatives who are elected officials or county employees. Include relatives by blood or marriage (use an additional sheet if necessary).		
Name	Relationship	Department/Job Title

Education	School/City and State	Course of Study/Major	Date Graduated & Degree
High School			
College			
Other			

Military Service:	Yes	No	Branch:	Dates:	Rank at Discharge:
Type of Discharge:		Specialties:			

Can you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which language? \_\_\_\_\_

Special skills and qualifications: \_\_\_\_\_

Equipment, office machines (including software) that you can operate \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** List all jobs held in the past ten years. Start with your present or most recent job. Use an additional sheet if necessary. A resume alone is not acceptable – this section must be completed.

Previously employed by Montgomery County? Yes  No  (If yes, this information **MUST BE** included on this application.)

Employer: _____	Phone : _____
Address : _____	Reason for Leaving: _____
Dates Employed: _____	Ending Salary: _____
Job Title: _____	Duties: _____
Supervisor's Name: _____	Phone: _____ Email: _____
Additional Info: _____	
Employer: _____	Phone : _____
Address : _____	Reason for Leaving: _____
Dates Employed: _____	Ending Salary: _____
Job Title: _____	Duties: _____
Supervisor's Name: _____	Phone: _____ Email: _____
Additional Info: _____	
Employer: _____	Phone : _____
Address : _____	Reason for Leaving: _____
Dates Employed: _____	Ending Salary: _____
Job Title: _____	Duties: _____
Supervisor's Name: _____	Phone: _____ Email: _____
Additional Info: _____	
Employer: _____	Phone : _____
Address : _____	Reason for Leaving: _____
Dates Employed: _____	Ending Salary: _____
Job Title: _____	Duties: _____
Supervisor's Name: _____	Phone: _____ Email: _____
Additional Info: _____	

Include any additional experiences that showcase your skills (e.g. volunteering, community involvement, professional groups): \_\_\_\_\_

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

NAME	ADDRESS	E-MAIL ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			
4.			

May we contact employers (other than your present employer), school, and references you have listed on this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**An employee may be immediately terminated 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 Juvenile Probation Department.**

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.

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

**1) If applicable, please list your current school or work schedule (THIS SECTION APPLIES ONLY FOR APPLICANTS APPLYING FOR PART-TIME POSITIONS)**

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**2) In a typical week, please place a check in the shifts you would be able to work:**

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 a.m. – 3:00 p.m.							
3:00 p.m. – 11:00 p.m.							
11:00 p.m. – 7:00 a.m.							

**The following information is required for processing a Computerized Criminal History report.**

**Please list all states other than Texas where you have resided for the past ten (10) years.**

**If Texas has been the sole place of residency, indicate by placing an X in the box provided.**

Full Name	Date of Birth	Place X in box if Texas was sole place of residency for past 10 years	Out-of State City of Residence	State of Residence	Dates of Residency

**Warning: to knowingly make or cause to be made any false statement, omission, misrepresentation of a material fact in any application, its supplemental questions, and /or employment agreement, shall be grounds for termination.**

**1. Have you ever received deferred adjudication or a conviction for a felony offense in Texas or a substantially equivalent violation against the laws of another state or the U.S., regardless of the date of disposition?**

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, date and what state(s): \_\_\_\_\_

**2. Have you ever received deferred adjudication or a conviction for ANY Class A or B misdemeanor in Texas or a substantially equivalent violation against the laws of another state or the U.S., regardless of the date of disposition?**

Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, date and what state(s): \_\_\_\_\_

**3. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**4. Have you been convicted of engaging in or attempting to engage in sexual activity in the community by force, threat of force, coercion, or where the victim did not consent or was unable to consent or refuse?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**5. Have you been civilly or administratively adjudicated for or found to have engaged in any of the conduct described in questions one and/or two above?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: If selected for employment you shall have a continuing affirmative duty to immediately report/disclose any conduct as described above.**

**Provide details of each:** \_\_\_\_\_

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Signature

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Print Name

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Date



## Disclosure of Prior Employment and Discipline

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

**Note:** TJJD standards require all applicants for employment with a juvenile probation department or juvenile justice facility or program to complete this form. Answering yes to any question does not mean you will not be considered for employment, but it does require a review of the information in order to make a decision. A failure to provide correct and truthful information is considered a violation of the TJJD Code of Ethics and may result in termination of employment, ineligibility for certification, or revocation of certification. It may also subject you to criminal prosecution for falsification of a government record.

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever had an occupational license from a child-serving entity or entity that serves other vulnerable populations (e.g., elderly persons, persons with disabilities, persons in mental health facilities, or persons who were incarcerated)?  Yes  No

If yes, enter all entities with which you have or had an occupational license. Including information on how they may be contacted.

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2. Have you ever been employed by a child-serving entity or entity that services other vulnerable populations?  Yes  No

If yes, enter all entities by which you are or have been employed. Including information on how they may be contacted.

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3. Have you ever had a contract with a child-serving entity or entity that services other vulnerable populations?  Yes  No

If yes, enter all entities with which you have had a contract. Include information on how they may be contacted.

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4. Have you ever volunteered with a child-serving entity or entity that services other vulnerable populations?  Yes  No

If yes, enter all entities with which you have volunteered. Include information on how they may be contacted.

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**If you answered YES to any of the above, have you ever:**

- Had your occupational license suspended or revoked, even temporarily?
- Had your employment, contract, or volunteer status suspended or terminated?
- Had a finding of abuse, neglect, or exploitation made against you?
- Had your name placed on a "do not hire" or similar registry with an entity that provides services to or regulation of services for children or other vulnerable populations?

Yes  No  
 Yes  No  
 Yes  No

Yes  No

**If you answered YES to any of the above, explain the circumstances. Add pages as needed.**

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**PLEASE READ THE PARAGRAPH BELOW AND SIGN AND DATE YOUR APPLICATION**

**Applicants selected for employment will be required to submit to fingerprinting, a physical agility test, and a drug and alcohol test at the applicant's expense.**

I hereby represent that the information I have included on 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 Juvenile Probation Department relevant personal information from my personnel file(s) they possess. I further understand that this is part of the screening process for employment by MONTGOMERY COUNTY JUVENILE PROBATION DEPARTMENT.

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**Signature**

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**Print Name**

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**Date**

**MONTGOMERY COUNTY, TEXAS  
APPLICANT DATA RECORD**

**IMPORTANT: All applicants read:** To enable Montgomery County to meet government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. It will not be used as selection criteria and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

NAME \_\_\_\_\_  
 First \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

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 Other: \_\_\_\_\_

**ETHNIC CATEGORY (CHECK ONE OR MORE)**

	<b>Native American or Alaska Native.</b> A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
	<b>Asian.</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	<b>Black or African American.</b> A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
	<b>Hispanic or Latino.</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic" or "Latino."
	<b>Native Hawaiian or Pacific Islander.</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<b>White.</b> A person having origins in any of the peoples of Europe, North Africa, or the Middle East.

**If you wish to identify yourself as a veteran check the appropriate box below:**

	<b>A Qualified Disabled Veteran.</b> 1) A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
	<b>A Vietnam Era Veteran.</b> 1) A person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b) was released from such active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976.



**MONTGOMERY COUNTY**  
**OLEN UNDERWOOD JUVENILE JUSTICE CENTER**  
**200 ACADEMY DRIVE**  
**CONROE, TEXAS 77301**

**RICK SUTTON,**  
Director

**Phone (936) 760-5805**  
**Fax (936) 760-5851**

**CONSENT FOR RELEASE OF INFORMATION**

**To:** \_\_\_\_\_ **Attention:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**From:** Alyssa Garza  
alyssa.garza@mctx.org

**Phone: (936) 538-3485 or (936) 760-5805**      **Fax # (936) 538-3461**

\_\_\_\_\_ 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 Documentation Which May Be In The File
- Eligibility For Rehire

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date