

# MONTGOMERY COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT

## 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 Community Supervision and Corrections Department is an EQUAL OPPORTUNITY EMPLOYER.

### APPLICATION MUST BE RETURNED TO:

HR Specialist  
2245 N. First Street  
Conroe, Texas 77301  
theresa.flenna@mctx.org

---

---

**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 MCCSCD? \_\_\_\_\_

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:

**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: _____
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: _____

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 Community Supervision and Corrections 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.

**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 Community Supervision and Corrections Department relevant personal information from my personnel file(s) they possess. **I further understand that part of the screening process for employment by M.C.C.S.C.D. includes a criminal history check. Additionally, a new hire drug and/or alcohol test is conducted at the department's expense.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

**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 Community Supervision and Corrections Department.

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

**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 \_\_\_\_\_

POSITION(S) APPLYING FOR \_\_\_\_\_

**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.