

Brazos County  
Personnel Department  
Brazos County Courthouse



Offices at  
300 East 26th St., Suite 107  
Bryan, Texas 77803-5327  
(979) 361-4114

**BRAZOS COUNTY**  
**APPLICATION FOR EMPLOYMENT**  
**BRAZOS COUNTY OFFICE OF THE SHERIFF**

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

**INSTRUCTIONS:** All applicants for employment with Brazos County Office of the Sheriff must be made on this form. Consider each question carefully and fill in **ALL** blanks. If a question is not applicable, enter "N/A". Résumés will be accepted as additional information but not in place of a completed application.

**Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. The information requested will not be used to discriminate against any qualified applicant or employee.**

POSITION APPLIED FOR: _____	DATE: _____				
NAME: _____					
Last	First	Middle			
SOCIAL SECURITY NO: _____	TELEPHONE NUMBER: _____				
PRESENT ADDRESS: _____					
Number	Street				
City	County	State	Zip		
HOW LONG AT THIS ADDRESS?: _____					
PERMANENT ADDRESS: _____					
Number	Street	City	County	State	Zip
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair					
<input type="checkbox"/> Phone Inquiry <input type="checkbox"/> Walk-in <input type="checkbox"/> Brazos Co. Employee <input type="checkbox"/> Other: _____					

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE: ( ) YES ( ) NO

IF YES, WHEN? \_\_\_\_\_ POSITION? \_\_\_\_\_

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

ARE YOU A CITIZEN OF THE UNITED STATES? ( ) YES ( ) NO

ARE YOU NOW EMPLOYED? ( ) YES ( ) NO

IF YES, MAY WE CONTACT YOUR EMPLOYER? ( ) YES ( ) NO

UNDER WHAT OTHER NAMES HAVE YOU BEEN EMPLOYED? \_\_\_\_\_

CHECK TYPE EMPLOYMENT DESIRED: ( ) FULL TIME ( ) TEMPORARY ( ) PART TIME

ARE YOU WILLING TO WORK HOURS OTHER THAN 8am TO 5pm? ( ) YES ( ) NO

ARE YOU WILLING TO WORK DAYS OTHER THAN MONDAY THROUGH FRIDAY? ( ) YES ( ) NO

**EDUCATION:**

ARE YOU A HIGH SCHOOL GRADUATE? ( ) YES ( ) NO      GED CERTIFICATE? ( ) YES ( ) NO

SCHOOLS ATTENDED			
(College - University - Trade - Business - Correspondence)			
NAME OF SCHOOL	COURSE / MAJOR	DEGREE / CERTIFICATE	DATES ATTENDED OR GRADUATED

**PREVIOUS EMPLOYMENT / EXPERIENCE:** *Start with your present or most recent job (including military service). Use additional sheets to show relevant experience if necessary.*

1.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM:            TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
2.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM:            TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
3.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM:            TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		
4.	EMPLOYER'S NAME:	ADDRESS:	TYPE OF BUSINESS:
	DATES EMPLOYED: FROM:            TO:	JOB TITLE / POSITION:	SUPERVISOR'S NAME:
	STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
	DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS:		

SPECIFY ANY PARTICULAR SKILLS YOU MAY HAVE. LIST EQUIPMENT/MACHINES YOU OPERATE (OFFICE AND/OR ROAD): \_\_\_\_\_

HAVE YOU HAD OTHER ADDITIONAL EXPERIENCE AND TRAINING WHICH YOU FEEL WOULD QUALIFY YOU FOR THIS POSITION? \_\_\_\_\_

PLEASE LIST ANY FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE: \_\_\_\_\_

LIST ALL LICENSES YOU MAY HOLD: (DRIVERS, PEACE OFFICER, JAILER, ETC)

TYPE: <u>Driver's License</u>	NUMBER: _____	EXPIRATION DATE: _____
TYPE: _____	NUMBER: _____	EXPIRATION DATE: _____
TYPE: _____	NUMBER: _____	EXPIRATION DATE: _____

MILITARY SERVICE:

BRANCH OF SERVICE: _____	DATES OF SERVICE: _____
RANK ON ENTERING: _____	PRIMARY DUTIES: _____
RANK AT DISCHARGE: _____	TYPE OF DISCHARGE: _____

HAVE YOU SUBMITTED AN APPLICATION HERE BEFORE? ( ) YES ( ) NO

IF YES, WHEN: \_\_\_\_\_

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY SHERIFF'S OFFICE EMPLOYEE/OFFICIAL?

( ) YES ( ) NO IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED, PLED "GUILTY" OR "NO CONTEST" TO OR BEEN CONVICTED OF A CRIME? ( ) YES ( ) NO IF YES, PLEASE PROVIDE DATE(S) AND DETAILS. ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY: \_\_\_\_\_

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED IN A SPOUSAL RELATIONSHIP (TO INCLUDE MARRIAGE, COMMON-LAW MARRIAGE, LIVED TOGETHER, ETC.) WITH A CURRENT OR PAST INMATE OF THE BRAZOS COUNTY JAIL? ( ) YES ( ) NO

IF YES, GIVE NAME AND RELATIONSHIP: \_\_\_\_\_

ARE THERE ANY LEGAL RESTRICTIONS AGAINST YOUR CARRYING A FIREARM, SUCH AS CONVICTION OF A CRIME INVOLVING DOMESTIC VIOLENCE? ( ) YES ( ) NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

GIVE THE NAMES AND ADDRESSES OF THREE (3) PERSONS, **OTHER THAN RELATIVES**, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE OR ABILITY:

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION

The information requested below is optional. It may be used for background checks and will be used for maintaining required and proper personnel records for business and government reporting.

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

SEX: ( ) MALE ( ) FEMALE

***PLEASE READ THE FOLLOWING CAREFULLY:***

I hereby declare all information given is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts I have given and any intentional misrepresentation on my part will constitute a release to the employer for any liability he may encounter by having acted on such facts, and also constitutes grounds for my dismissal. . .I hereby authorize Brazos County to investigate the fact claimed by me.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

A copy of this application has been sent to:	
Department	Date

## Applicant Information Packet

### Detention Officer (Jailer) Position

(Read before completing the application for employment.)

Thank you for your interest in employment with the Brazos County Office of the Sheriff. As an equal opportunity employer, it is the policy of this office to fill vacant job positions with the most qualified persons available. Persons selected for employment must meet all of the following applicable guidelines.

Our hiring process takes time and depends on openings and availability of examination times. Your patience and understanding of this is appreciated.

#### Application Process

The Brazos County Office of the Sheriff hires its Detention Officers (Jailers) from an eligibility list, which consists of applicants who have successfully passed the Entry Level Written Examination.

Applicants that successfully complete the written examination, background investigation and oral interview board will receive a conditional offer of employment. Following the conditional offer of employment, applicants must pass a psychological evaluation, physical examination, and drug screen prior to being accepted for employment.

Failure to meet the minimum requirements, false statements made in any material fact, any information intentionally withheld or omitted, or any deception or attempt of deception or fraud at any point during the employment process by the applicant shall result in immediate disqualification. Applicants may be disqualified at any phase of the employment process.

#### Requirements:

- must be at least 18 years of age;
- must have a high school diploma or GED and be able to competently read and write in English;
- United States citizen;
- must be able to meet all legal requirements by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE);
- must possess a valid Texas driver's license at the time of employment with a good driving record as determined by county standards;
- must not have any history of criminal or improper conduct which may affect suitability for law enforcement work;
- must not have been convicted, placed on deferred adjudication or probation or under indictment for any felony under the laws of Texas, another State, or the United States;
- must not be on probation, community supervision, or deferred adjudication for any criminal offense;



## **JOB DESCRIPTION: Detention Officer**

**Class No:** 1511

**Department:** Sheriff – Jail Administration

**FLSA Status:** Non-Exempt

**Job Title:** Detention Officer

**Reports To:** Sergeant – Jail Division

**EEOC Category:** Protective Service Workers

### **SUMMARY**

Provides corrections services involving the health, safety, and security of inmates and the public in the jail facility; monitors prisoners' activities; and maintains necessary records.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

Observes and supervises inmates;

Performs searches of inmates and persons entering the secured area of the Brazos County Jails;

Processes intakes of prisoners, including booking, criminal history checks, fingerprinting, photographing, inventorying personal property, medical screening, personal history documentation, prisoner orientation, classification, cell assignment, and issuing clothing and supplies;

Supervises and documents activity within the jail, including recreational activities, religious activities, educational activities, work activities, telephone activity, family visitations, strip searches, library and education activities, mail activity, head counts of inmates, prisoner transportation, riots and disturbances, feeding of inmates, and dispersing of medication;

Processes the release of inmates, including ensuring identification, documentation of charges and final disposition, dismissal of case or court order is followed, ensuring that fines and court costs are calculated and paid, proper approval of bonds, and release of inmate to proper agency;

Conducts inspections, shakedowns, and inmate searches, including searching inmates and cells for contraband items;

Dresses out inmates and puts them in their cells;

Pulls inmates for visitation, recreation, and other activities;

Transports inmates between various facilities;

Completes necessary papers and documents;

Enters inmate information into the computer, and maintains and updates inmate records;

Inspects and maintains safety equipment, and detection and alarm systems;

Assists with distributing medication to inmates;

Intervenes and resolves crisis situation such as fights and medical emergencies, including physical restraint of inmates;

Conducts head counts of inmates;

Serves meals to inmates;

Supervises work performed by inmates; and

Operates jail control panel and master control panel.

## **SUPERVISORY RESPONSIBILITIES**

This is a non-supervisor position.

## **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

## **EDUCATION and/or EXPERIENCE**

High school graduation or its equivalent.

## **KNOWLEDGE OF**

Requirements of Texas Commission on Jail Standards; Texas Penal Code; Texas Criminal and Civil Laws; first aid procedures; use of fire and safety equipment; department policies and procedures; self-defense tactics; and computers.

## **SKILL/ABILITY TO**

Operate computers, fire and safety equipment, and firearms; read and write reports, letters, and memos; perform basic mathematical calculations; analyze data; follow instructions; communicate effectively, both orally and in writing; and maintain effective working relationships with co-workers, prisoners, and the general public.

## **CERTIFICATES, LICENSES, REGISTRATIONS**

Basic certification as a jailer from the Texas Commission on Law Enforcement; to be completed within 12 months of hire date at the time and expense of the Sheriff's Office and a valid Texas Motor Vehicle Operator's License.

## **PHYSICAL DEMANDS**

The physical demand described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel; reach with hands and arms; bend and kneel; and talk and hear. The employee frequently is required to stand and walk. The employee must frequently lift and/or move objects weighing up to 20 pounds or more. Specific vision abilities required by this job include close vision, distance vision, peripheral vision, color vision, and ability to adjust focus.

## **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those on employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in the work environment is usually high. While performing the essential duties of this job, the employee is constantly required to work closely with others as part of a team. The employee is frequently required to perform multiple tasks simultaneously, and to respond to emergency situations in which there is the possibility of danger or physical abuse.



# BRAZOS COUNTY OFFICE OF THE SHERIFF CHRISTOPHER C. KIRK

JIM MANN, CHIEF DEPUTY  
WAYNE DICKY, JAIL ADMINISTRATOR

300 E. 26TH ST. SUITE 105  
BRYAN, TEXAS 77803-5359

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## BRAZOS COUNTY OFFICE OF THE SHERIFF APPLICANTS

IT IS OUR POLICY TO CONDUCT AN EXTENSIVE CRIMINAL HISTORY CHECK AND BACKGROUND INVESTIGATION ON ALL APPLICANTS.

IN ORDER TO PROCEED WITH YOUR APPLICATION, IT IS NECESSARY FOR YOU TO FURNISH A **RELEASE OF INFORMATION AGREEMENT**. THIS DOCUMENT MUST BE THE ORIGINAL (NO COPIES, FAX, ETC.), COMPLETED IN INK OR TYPED, AND NOTARIZED.

IF YOU DID NOT RECEIVE A RELEASE OF INFORMATION AGREEMENT FORM ONE IS AVAILABLE AT THE BRAZOS COUNTY PERSONNEL OFFICE. PLEASE RETURN THE COMPLETED AND NOTARIZED FORM WITH YOUR ORIGINAL EMPLOYMENT APPLICATION TO THE BRAZOS COUNTY PERSONNEL OFFICE IN A TIMELY MANNER.

NOTE: EMPLOYMENT APPLICATIONS SUBMITTED WITHOUT THE ORIGINAL **RELEASE OF INFORMATION AGREEMENT** WILL BE REJECTED. NO EXCEPTIONS.



**Release of Information Agreement**

TO WHOM IT MAY CONCERN:

I am an applicant for the position with the **Brazos County Office of the Sheriff**. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be discharged to the above department.

I hereby authorize any representative of the **Brazos County Office of the Sheriff** bearing this release to obtain any information in your files pertaining to my employment records, educational records, medical and financial history. I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **Brazos County Office of the Sheriff**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **Brazos County Office of the Sheriff** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to all information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, my criminal history records, including any arrest records, any information containing in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I present have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information request, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for the organization, 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Brazos County Office of the Sheriff** regardless of any agreement I may have made with you previously to the contrary. **The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.**

For and in consideration of the **Brazos County Office of the Sheriff's** acceptance and processing of my application for employment, I agree to hold you, your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision of whether or not to employ me with the **Brazos County Office of the Sheriff**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **Brazos County Office of the Sheriff** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of 12 months from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

***I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expense, including reasonable attorneys fees, arising out of or by reason of complying with this request.***

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and Subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for the State of Texas

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
My Commission Expires

Seal or Stamp

Signature



## BRAZOS COUNTY Voluntary EEO Self-Identification Form

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we invite you to complete this Voluntary EEO Self-Identification form. Providing this information is strictly voluntary. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

<b>Name</b>	<b>Date</b>
<b>Position</b>	
<b>Department</b>	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnicity:</b> (Check all that apply)  <input type="checkbox"/> <b>Asian/Pacific Islander</b> All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.  <input type="checkbox"/> <b>Black</b> All persons having origins in any of the black racial groups of Africa.  <input type="checkbox"/> <b>Hispanic</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race.  <input type="checkbox"/> <b>American Indian/Alaskan</b> All persons having origins in any of the original peoples of North America.  <input type="checkbox"/> <b>White</b> All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	