



GUADALUPE COUNTY JUVENILE SERVICES



Address: 2613 North Guadalupe Street Seguin, Texas, 78155
Telephone Number: (830)303-1274

Guadalupe County Juvenile Services Personal History Statement

Name: _____

I am applying for: (for purposes of this document, all positions listed will be referred to as "Applicant")

- | | |
|---|--|
| <input type="checkbox"/> Juvenile Probation Officer | <input type="checkbox"/> Contract Service Provider |
| <input type="checkbox"/> Juvenile Supervision Officer | <input type="checkbox"/> Volunteer / Mentor |
| <input type="checkbox"/> Administrative Staff | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Other: _____ | |

Type of position desired? Full Time Part Time Contract Other

Have you reviewed the job description of the position for which you are applying? Yes No
If yes, are you able to perform the functions of the job as described? Yes No

Guadalupe County Juvenile Services is a 24/7 facility and, as an essential employee, you may be required to work outside of normal Monday through Friday, 8-5 business hours, to include holidays and extreme weather conditions. Please list days and times you are available to work.

Are you a relative of any Guadalupe County elected official or employee? Yes No

If yes, describe relationship: _____

Referral Source (check all that apply): Advertisement Employee Relative Government
 Private Employment Agency Government Employment Agency Other _____

Personal History Statement Instructions

All Applicant positions are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment or contracting with the agency.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding. The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility to become a team member.

1. Your application must be typed or printed legibly in **BLUE INK** by the applicant. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application in writing as needed, such as address changes or telephone changes.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR A POST.** Your application will be evaluated on completeness and neatness.
9. **All documents requested must be submitted with the application**
 - Completed Personal History Statement.**
 - Copy of Social Security card.**
 - Copy of valid Texas drivers' license.**
 - Copy of your DD-214 if discharged from military service. MUST possess an honorable discharge.**
 - Copy of diploma for highest level of education received. (if applying for GCJS employment)**
 - Sealed original certified copy of your college transcript - No photocopy. (if applicable to GCJS employment position)**
 - Copy of current proof of automobile liability insurance. (if applying for GCJS employment)**
 - Notarized copy of Affidavit of Eligibility to Receive State Funds. (contract service providers - attached form TJJ-D-FIS-180)**
 - Copy of current professional licensure/certifications. (contract service providers)**
 - Copy of current "good standing" with the State Comptroller (contract service providers)**
 - Copy of current professional liability insurance with GCJS listed as an additional insured. (contract service providers)**
 - Copy of current business W-9. (contract service providers)**

Applications will not be considered if all required documents are not included

Instructions to the Applicant

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements.

- I am a citizen of the United States of America.
- I am at least 21 years of age.
- I have earned a high school diploma, a GED, or an honorable discharge from the armed services of the United States after at least two years of active service.
- I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.
- During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.
- I have never had a military court martial that resulted in dishonorable or other discharge based on misconduct which bars future military service.

DISQUALIFICATIONS

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

NOTE TO APPLICANT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resource Department.

To contract service providers: all members within your organization that will have contact with juveniles in the care, custody and control of Guadalupe County Juvenile Services must submit a completed copy of this document. In addition, this department must be notified when those members are no longer affiliated with your organization.

IT IS MANDATORY FOR THIS APPLICATION TO BE COMPLETELY FILLED OUT. FAILURE TO COMPLETE APPLICATION WILL RESULT IN NON-CONSIDERATION.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need additional space for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.

Be as complete, honest and specific as possible in your responses.

Disclosure of Medically Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.

SECTION 1: PERSONAL (All applicants)

In addition to criminal history and driving record checks, the TJJJ clearance process for all external applicants being seriously considered for hire includes requesting the Department of Family and Protective Services (DFPS) to conduct a check of the central registry (i.e., the child abuse registry established and maintained by DFPS) for child abuse and neglect cases that have a *reason-to-believe* finding. The child abuse registry check is also part of the clearance process for: (1) employees of a TJJJ contractor or subcontractor of a contractor who may have access to youth in TJJJ-operated or contracted facilities; and (2) internal applicants being seriously considered for promotion if the human resources director or designee directs such a check. The child abuse registry check complies with the federal Prison Rape Elimination Act (PREA) standards.

DFPS provides TJJJ with confirmation of a negative finding if there is no match in the registry. If TJJJ does not receive confirmation of a negative finding: (1) TJJJ considers there to be an open child abuse investigation and potential violation of a PREA standard; (2) the applicant is disqualified from the position unless TJJJ is provided with sufficient information to allow TJJJ to determine that the applicant should not be disqualified from employment (e.g., investigation is closed and the applicant is not listed as a designated perpetrator in the child abuse registry); and (3) TJJJ may select another applicant for the position if such sufficient information is not provided in a timely manner. Contact TJJJ at the following email address to provide additional information for TJJJ's consideration: HRCAR@tjjd.texas.gov

1. Last Name		First	Middle	Suffix	
Other Names, including nicknames, you have used or been known by.					
Current Home Address			City	State	Zip
Current Mailing address if different from above.					
Previous Address			City	State	Zip
Phone #. Home	Cell	Work	Ext.	Fax	Other
Email Address: Home		Business		Other	
Birth Place (City, County, State, and Country)			Date of Birth	Social Security #	
Country of Citizenship?		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race:		<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic
		<input type="checkbox"/> Native Hawaiian / Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other	
Driver License #		Full Name as it appears on driver license:			
State of Issue:	Exp.:	Height	Weight	Hair Color	Eye Color
<p>I certify that the above information is correct. I understand that by signing this form I am giving DFPS permission to complete a background check using the information that I provided above. I also understand that if I have any concerns regarding the results of the child abuse registry check, I should contact DFPS. With few exceptions, you are entitled upon request: (1) to be informed about the information the agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the agency's procedures, that incorrect information that the agency has collected about you be corrected.</p> <p>I authorize all law enforcement agencies to check NCIC, FBI, Statewide Arrest/conviction records, Driving records and Sex Offender Registration Records and to release said records to Guadalupe County Juvenile Services and Detention. I hereby indemnify, release and hold harmless Guadalupe County and its agents, employees and others from any liability or damage which may result from the obtained information.</p>					
Signature:				Date (mm/dd/yyyy):	

SECTION 1: PERSONAL (All applicants) *continued*

2. Explain any possible flags that may appear during the background check.

SECTION 2: REFERENCES (All applicants)

3. List 3-5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A. Name		Address		City	State	Zip
Company/Work Address				City	State	Zip
Home Phone	Work Phone	Cell		Email		
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

B. Name		Address		City	State	Zip
Company/Work Address				City	State	Zip
Home Phone	Work Phone	Cell		Email		
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

C. Name		Address		City	State	Zip
Company/Work Address				City	State	Zip
Home Phone	Work Phone	Cell		Email		
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

SECTION 2: REFERENCES (All applicants) *continued*

D. Name		Address		City	State	Zip
Company/Work Address				City	State	Zip
Home Phone	Work Phone	Cell	Email			
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

E. Name		Address		City	State	Zip
Company/Work Address				City	State	Zip
Home Phone	Work Phone	Cell	Email			
How do you know this person? (friend, teacher, family, co-worker)					How long have you known this person?	

Contract service providers may proceed directly to Section 4: EMPLOYMENT AND EXPERIENCE.

SECTION 3: EDUCATION

NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims.						
4. Check applicable: <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Discharge documents from armed services with 2 years active duty						
5. List High Schools Attended or where you obtained your GED.						
A. Name				City		State
From		To		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Name				City		State
From		To		Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION 3: EDUCATION *continued*

6. List all colleges or universities attended:			
A. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

B. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

C. Name		City	State
From	To	Type of Degree Earned	Total Units Earned

7. List any trade, vocational, or business schools/institutes attended.			
A. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
B. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State
C. Name	From	To	Did you complete the course? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of school or training		City	State

8. Have you ever been placed on academic discipline, suspended or expelled from any high school, college/university, business or trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), and explanation of circumstances.

SECTION 4: EMPLOYMENT AND EXPERIENCE (All applicants)

DISCLOSURE OF PRIOR EMPLOYMENT AND DISCIPLINE: TJJJ standards require all applicants for employment, contracting or volunteering with a juvenile probation department or juvenile justice facility or program to complete this information. Answering yes to any question does not mean you will not be considered for a position, 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 TJJJ 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.

9. 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. Include information on how they may be contacted.

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

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

11. Have you ever had a contract with a child-serving entity or entity that serves 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.

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

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

13. If you answered yes to any of the above, have you ever:

- Had your occupational license suspended or revoked, even temporarily? Yes No
- Had your employment, contract or volunteer status suspended or terminated? Yes No
- Had a finding of abuse, neglect or exploitation made against you? Yes No
- 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

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

Contract service providers may proceed directly to Section 6: MILITARY EXPERIENCE.

SECTION 5: EMPLOYMENT AND EXPERIENCE *continued*

15. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments or demotions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Were you ever involved in a physical/verbal altercation with a superior, co-worker or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever resigned without giving two weeks' notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever received an unsatisfactory performance review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Have you ever sold, released or given away legally confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. If you answered Yes to any of Questions 15-24, explain (include when, where and circumstances; indicate corresponding question number):

26. Has your work performance ever been affected by your use of alcohol or drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
When?	Name of Employer	
27. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
When?	Name of Employer	

SECTION 5: EMPLOYMENT AND EXPERIENCE *continued*

28. JOB EXPERIENCE

- List ALL jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed for your answers, attach additional sheets as needed. Be sure to indicate what question number and page this refers to.)
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment. Include ALL military services.
- List ALL periods of unemployment in excess of 30 days.

A. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
Do we have permission to contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, explain.	

B. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

C. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

D. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

E. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

F. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

G. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

H. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

I. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

J. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

K. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

L. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

M. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
			<input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

N. PERIOD OF UNEMPLOYMENT (check applicable)			From	To
<input type="checkbox"/> Student	<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

O. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
			<input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

P. PERIOD OF UNEMPLOYMENT (check applicable)			From	To
<input type="checkbox"/> Student	<input type="checkbox"/> Between Jobs	<input type="checkbox"/> Leave of absence	<input type="checkbox"/> Travel	<input type="checkbox"/> Other

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

Q. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
			<input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

R. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

S. Name of employer or military unit			From	To
Address or Base		City	State	Zip
Supervisor	Contact Number	Ext.	Supervisor's Email	
Job Title		Reason for leaving		
Duties/Assignments			<input type="checkbox"/> F-T	<input type="checkbox"/> P-T
			<input type="checkbox"/> Temp	<input type="checkbox"/> Volunteer
			<input type="checkbox"/> Self-employed	
Name(s) of co-worker(s)		Co-worker(s) Email Address(es)		

T. PERIOD OF UNEMPLOYMENT (check applicable)	From	To
<input type="checkbox"/> Student <input type="checkbox"/> Between Jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other		

29. SPECIAL QUALIFICATOINS & SKILLS				
If you know a foreign language, indicate the language and your fluency in each (excellent, good, fair)				
Language	Understanding	Speaking	Reading	Writing

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

30. COMPUTER KNOWLEDGE					
Do you have a working knowledge of computer operating systems? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, indicate which of the following operating systems: <input type="checkbox"/> Windows <input type="checkbox"/> Mac					
Indicate the level of experience you have for the following:					
Outlook	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Word	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Excel	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Power Point	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Odyssey	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website Design	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website Maintenance	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None

SECTION 6: MILITARY EXPERIENCE (All applicants - Complete for all branches of military service. Add pages if necessary.)

31. Are you required to register for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, explain.						
32. Branch of Service				Service Date: From		To
33. Type of Discharge <input type="checkbox"/> N/A <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> Other than Honorable						
Re-entry code (1-4) if applicable; refer to your DD-214:						
34. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard					If checked, date obligation ends:	
35. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours, company punishment)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded (either military or any other federal, state or municipal clearance)?					<input type="checkbox"/> Yes <input type="checkbox"/> No	

37. If you answered Yes to Questions 35 and/ or 36, explain (include when, where and circumstances; indicate corresponding question number):					

Contract service providers may proceed directly to AUTHORIZATION TO RELEASE INFORMATION.

SECTION 7: MOTOR VEHICLE OPERATION

38. List your current liability insurance on your vehicle(s)						
A. Type of Coverage: <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make	Year	Vehicle License Plate	
Insurance Company		Policy Number			Expires	
Insurance Address		City	State	Zip	Contact Number	
B. Type of Coverage: <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make	Year	Vehicle License Plate	
Insurance Company		Policy Number			Expires	
Insurance Address		City	State	Zip	Contact Number	
C. Type of Coverage: <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make	Year	Vehicle License Plate	
Insurance Company		Policy Number			Expires	
Insurance Address		City	State	Zip	Contact Number	
D. Type of Coverage: <input type="checkbox"/> Insured <input type="checkbox"/> Bonded <input type="checkbox"/> Cash Deposit			Vehicle Make	Year	Vehicle License Plate	
Insurance Company		Policy Number			Expires	
Insurance Address		City	State	Zip	Contact Number	

ADDITIONAL SPACE

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being reference



GUADALUPE COUNTY JUVENILE SERVICES



Address: 2613 North Guadalupe Street Seguin, Texas, 78155
Telephone Number: (830)303-1274

Authorization to Release Information

I, _____, hereby authorize and request you to furnish the
(Printed Name – First Middle Last)
Guadalupe County Juvenile Services with any and all information its staff may request concerning my work record, education, military record, criminal record and general reputation.

This authorization may be photocopied and the copies honored as originals. Further, within the categories of information listed above, the authorization is specifically intended to include any and all information or documents of a confidential or privileged nature, as well as photocopies of documents, if requested. This information will be used in determining my suitability for employment, volunteering, internship or provision of contract services with Guadalupe County Juvenile Services.

I hereby release, indemnify and hold harmless Guadalupe County and its agents, employees and others, as well as you and your organization, its agents, employees and others from any liability that may result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment, volunteering, internship or provision of contract services.

Signature of Applicant

Date

SECTION 8: CERTIFICATION

39. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

Date

Applicant: Do not write on this page. For Office use only.

Interview Results		
Interviewer	Date	Comments

Test Results				
Tests Administered	Date	Score	Rating	Comments and Interpretation

Reference Check	
Results of Reference Check	
Employer 1	
Employer 2	
Employer 3	
Personal Reference 1	
Personal Reference 2	
Personal Reference 3	

Department Head _____ Date _____