世15,939

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Dec 31, 2019-Jan 13, 2020



JAN 14 2020

JENNIFER LINDENZWEIG

Ry County Clerk, Hunt County TX

MALE	FEMALE	HOLDING	Hopkins County	PTS	<u>Federal</u>	TOTAL
184	51	5	0	0	0	240
186	51	18	0	0	0	255
193	50	10	0	0	0	253
192	49	7	0	0	0	248
194	51	6	0	0	0	251
196	53	9	0	0	0	258
196	51	4	0	0	0	251
195	49	5	0	0	0	249
191	47	11	0	0	0	249
190	46	7	0	0	0	243
192	47	8	0	0	0	247
189	47	8	0	0	0	244
197	46	5	0	0	0	248
196	48	7	0	0	0	251
	184 186 193 192 194 196 195 191 190 192 189 197	184 51 186 51 193 50 192 49 194 51 196 53 195 49 191 47 190 46 192 47 189 47 197 46	184 51 5 186 51 18 193 50 10 192 49 7 194 51 6 196 53 9 196 51 4 195 49 5 191 47 11 190 46 7 192 47 8 189 47 8 197 46 5	184 51 5 0 186 51 18 0 193 50 10 0 192 49 7 0 194 51 6 0 196 53 9 0 196 51 4 0 195 49 5 0 191 47 11 0 190 46 7 0 192 47 8 0 189 47 8 0 197 46 5 0	184 51 5 0 0 186 51 18 0 0 193 50 10 0 0 192 49 7 0 0 194 51 6 0 0 196 53 9 0 0 196 51 4 0 0 195 49 5 0 0 191 47 11 0 0 190 46 7 0 0 192 47 8 0 0 189 47 8 0 0 197 46 5 0 0	184 51 5 0 0 0 186 51 18 0 0 0 193 50 10 0 0 0 192 49 7 0 0 0 194 51 6 0 0 0 196 53 9 0 0 0 196 51 4 0 0 0 195 49 5 0 0 0 191 47 11 0 0 0 190 46 7 0 0 0 189 47 8 0 0 0 189 47 8 0 0 0 197 46 5 0 0 0

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From: Classification JAIL COUNT Dec 17-Dec 30, 2019

DATE	MALE	FEMALE	HOLDING	Hopkins County	PTS	Federal	TOTAL
17-Dec	167	43	5	0	0	0	215
18-Dec	168	43	9	0	0	0	220
19-Dec	169	43	4	0	0	0	216
20-Dec	163	43	9	0	0	0	215
21-Dec	168	45	9	0	0	0	222
22-Dec	168	48	2	0	0	0	218
23-Dec	165	46	9	0	0	0	220
24-Dec	170	46	4	0	0	0	220
25-Dec	220	0	9	0	0	0	229
26-Dec	223	0	8	0	0	0	231
27-Dec	174	47	11	0	0	0	232
28-Dec	182	47	11	0	0	0	240
29-Dec	185	48	9	0	0	0	242
30-Dec	186	50	7	0	0	0	243

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Applicant's Statement

Signature Elected Official/Dept. Head ____

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

*Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement -- *Temporary

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*Full time – 40 hours a week with benefits – *Part time/hourly-As needed with retirement -*Temporary – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

Signature of Applicant	Date			
Commissioner's Court Approval Date:	JAN 1 4 2020			
Name De li Ug Employed? Yes No Job Title Call Director Grade	Date 12-31-19 Date of Employment: 11-13-89 Department: Health Dept			
	_*Temporary*Seasonal			
**Expected Temporary Assignment Completion Date Employee Evaluation on file Effective Date				
Notes Refired				
Signature Elected Official/Dept. Head				

Applicant's Statement

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*Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement -- *Temporary

- Special projects with an end date -- *Seasonal - Summer/Holiday help only. Date 1-2-2020 Commissioner's Court Approval Date: ____ Employed? No Date of Employment: Job Title Hourly Rate/ Salary Grade *PT/hourly ____ *Fulltime *Temporary *Seasonal **Expected Temporary Assignment Completion Date __ Effective Date Employee Evaluation on file _ Signature Elected Official/Dept. Head _

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*Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement --

*Temporary - Special projects with an end d	late – *Seasonal – Summer/Holiday help only.
Signature of Applicant	Date
Commissioner's Court Approval Date:	JAN 1 4 2920
Name Qaron Craiq	-
Employed? Yes No	Date of Employment:
Job Title PCT WINKLY	Department: PCT 2
Grade 6-5	Hourly Rate/ Salary \$33, 286.
*Fulltime*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Con	npletion Date
Employee Evaluation on file	Effective Date 1-27-2020
Notes Raise from \$31	1200.00 to \$33,280.00
Signature Elected Official/Dept. Head	'Kandy Strae

Applicant's Statement



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Signature of Applicant	Date			
Commissioner's Court Approval Date:	JAN 1 4 7	20		
Name TAMMY Monro	<u>e</u>	Date 12/20/19		
Employed? Yes No	Date of Employment:			
Job Title Deputy Clerk	Department:	OFFICE		
Grade 65	Hourly Rate/ Salary	:\$33,761,00		
*Fulltime*PT/hourly	*Temporary	_*Seasonal		
**Expected Temporary Assignment Completion Date				
Employee Evaluation on file	Effective Date	3-19		
Notes Promoted from 64 +0 65 - RISE of \$1,272.00				
Signature Elected Official/Dept. Head	a Company	5~		

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Full time - 40 hours a week with benefits -	Fart time/nourly-As needed with retirement		
*Temporary - Special projects with an end d	late *Seasonal - Summer/Holiday help only.		
Signature of Applicant	Date		
Commissioner's Court Approval Date:	JAN 1 4 2220		
Name Vanessa Figueroc	Date 1/8/2020		
Employed? No	Date of Employment:		
Job Title Deputy Clerk	Department: Voter Administration		
Grade	Hourly Rate/ Salary 1/2		
*Fulltime*PT/hourly	_*Temporary*Seasonal		
**Expected Temporary Assignment Completion Date			
Employee Evaluation on file	Effective Date 2/3/2020		
Notes Permanent - Part			
Signature Elected Official/Dept. Head	Jose A		

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*Temporary - Special projects with an end d	ate — *Seasonal – Summer/Holiday help only.		
Signature of Applicant	Date		
Commissioner's Court Approval Date:	JAN 1 4 2020		
Name Lose Fish			
Employed? Yes No	Date of Employment:		
Job Title	Department: Voter's administration		
Grade	Hourly Rate/ Salary		
*Fulltime*PT/hourly	_*Temporary*Seasonal		
**Expected Temporary Assignment Completion Date			
Employee Evaluation on file	Effective Date 1/3//2020		
Notes Plsigned			
Signature Elected Official/Dept. Head	you the		