#15,958

FILED FOR RECORD

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT

JAN 28 2020

	JAIL COUNT Jan 14, 2019-Jan 27, 2020				By County Clerk, Hunt County, FX		
DATE	MALE	FEMALE	HOLDING	Hopkins County	PTS	Federal	TOTAL
14-Jan	193	46	4	0	0	0	243
15-Jan	189	46	8	0	0	0	243
16-Jan	189	47	7	0	0	0	243
17-Jan	187	47	9	0	0	0	243
18-Jan	194	46	13	0	0	0	253
19-Jan	197	49	8	0	0	0	254
20-Jan	195	47	6	0	0	0	248
21-Jan	193	47	5	0	0	0	245
22-Jan	242	0	9	0	0	0	251
23-Jan	195	45	3	0	0	0	243
24-Jan	193	46	10	0	0	0	249
25-Jan	195	48	14	0	0	0	257
26-Jan	198	47	10	0	0	0	255
27-Jan	198	49	12	0	0	0	259

#15,958

FILED FOR RECORD

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Jan 14, 2019-Jan 27, 2020

JAN 28 2020

		JAIL COUNT Jan 14, 2019-Jan 27, 2020			By County Clerk, Hunt County, PX		
DATE	MALE	FEMALE	HOLDING	Hopkins County	PTS	Federal	TOTAL
14-Jan	193	46	4	0	0	0	243
15-Jan	189	46	8	0	0	0	243
16-Jan	189	47	7	0	0	0	243
17-Jan	187	47	9	0	0	0	243
18-Jan	194	46	13	0	0	0	253
19-Jan	197	49	8	0	0	0	254
20-Jan	195	47	6	0	0	0	248
21-Jan	193	47	5	0	0	0	245
22-Jan	242	0	9	0	0	0	251
23-Jan	195	45	3	0	0	0	243
24-Jan	193	46	10	0	0	0	249
25-Jan	195	48	14	0	0	0	257
26-Jan	198	47	10	0	0	0	255
27-Jan	198	49	12	0	0	0	259

///

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 - Speci	al
projects with an end date *;	Seasonal – Summer/Holiday help only.	

Signature of Applicant		Date 1.16.2020		
Commissioner's Court Approval Date:	JAN 2 8 2020			
Name ALICIA OLVERA	Date:	January 16, 2020		
Employed? Yes X No	Employee Start Date:	February 3, 2020		
Job Title: Legal Assistant	Department:	Hunt County Attorney		
Grade: <u>G</u> 4	Salary:	\$37,741.00		
*Fulltime XX *PT/hourly	*Temporary	*Seasonal		
**Expected Temporary Assignment Completion Da	ite			
Employee Evaluation on file: Not Applicable	Effective Date:	2.3.2020		
Notes Transfer from Voter's Admin				
Signature Elected Official/Dept. Head		\mathcal{T}		

///

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.

<u>*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.</u>

Signature of Applicant		Date
Commissioner's Court Approval Date:	JAN 2 8 2020	
Name MARIA ORNELAS		January 15, 2020
Employed? Yes No	Employee Start Date:	May 5, 2013
Job Title: Legal Assistant	Department:	Hunt County Attorney
Grade: <u>G</u> 4	Salary:	<u>s 37,741</u>
*Fulltime *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Completion Date		
Employee Evaluation on file:	Effective Date:	January 15, 2020
Notes TERMINATED		
Signature Elected Official/Dept. Head	ES	

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.

11

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 – Special projects with an end date – *Seasonal – Summer/Holiday help only.

	nde	Date 09 - 64 - 2019
Commissioner's Court Approval Date:	1AN 2 8 2020	
Name Mark Andrew Employed? Yes No	S Date of Employment:	Date 111420
Job Title DO Grade G-4	Department:	35.585. 2
	*Temporary	
**Expected Temporary Assignment Complete	on Date	
Employee Evaluation on file	_ Effective Date	2020
Notes New Hire		
Signature Elected Official/Dept. Head	Capt. Deyr	nore

111

FROM

2

2

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 - Special projects with an end date -- *Seasonal -- Summer/Holiday help only.

Signature of Applicant		Date 11-21-19
Commissioner's Court Approval Date:	IAN 2 8 2020	
Name Ralph Grass,		Date 11420
Employed? Ves No	Date of Employment:	
Job Title	_Department:	
Grade <u>G-4</u>	Houriy Rate/ Salary	35,585.00
*Fulltime*PT/hourty	*Temporary	*Seasonal
**Expected Temporary Assignment Complet	Ion Date	
Employee Evaluation on file	_ Effective Date	020
Notes New Hure		
Signature Elected Official/Dept. Head	Capt. Day	more

11

1

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 - Special projects with an end date -- *Seasonal – Summer/Holiday help only.

Signature of Applicant Date Date Date	19
Commissioner's Court Approval Date: IAN 2 8 2020	;
Name Michael Rupon Date 1/14/20	
Employed? Ves No Date of Employment:	2
Job TitleDepartment:ail	
Grade <u>G-4</u> Hourly Rate/ Salary <u>\$ 35,585.02</u>	
*Fulltime*PT/hourly*Temporary*Seasonal	
**Expected Temporary Assignment Completion Date	
Employee Evaluation on file Effective Date	
Notes New Hire	
Signature Elected Official/Dept. Head Capt Alymore	

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 – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

Signature of Applicant	Date
Commissioner's Court Approval Date:	IAN 2 8 2020
Name <u>Jerry Lynn Grig</u> Employed? <u>Yes</u> No	Date Date Date
Employed?YesNo Job Title_Maintenance 1ech.	Department: Maintenance
Grade	Hourly Rate/ Salary
*Fulltime*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Complet	
Employee Evaluation on file	Effective Date 1-24-2020
Notes <u>lerminated</u>	
Signature Elected Official/Dept. Head	f me