Ne, 255

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT July 14-July 27, 2020 at SILED FOR RECORD
O'Clock M

JUL 28 2020

JENNIFER LINDENZWEIG

By Clerk Junt County/X

| <u>DATE</u> | <u>MALE</u> | <u>FEMALE</u> | <u>HOLDING</u> | Hopkins County | <u>PTS</u> | <u>Federal</u> | <u>TOTAL</u> |
|-------------|-------------|---------------|----------------|----------------|------------|----------------|--------------|
| 14-Jul | 203 | 40 | 5 | 0 | 0 | 0 | 248 |
| 15-Jul | 203 | 37 | 3 | 0 | 0 | 0 | 243 |
| 16-Jul | 204 | . 36 | 9 | 0 | 0 | 0 | 249 |
| 17-Jul | 203 | 38 | 5 | 0 | 0 | 0 | 246 |
| 18-Jul | 204 | 37 | 3 | 0 | 0 | 0 | 244 |
| 19-Jul | 206 | 37 | 7 | 0 | 0 | 0 | 250 |
| 20-Jul | 206 | 37 | 5 | 0 | 0 | . 0 | 248 |
| 21-Jul | 206 | 37 | 6 | . 0 | 0 | 0 | 249 |
| 22-Jul | 207 | 38 | 6 | 0 | 0 | 0 | 251 |
| 23-Jul | 207 | 39 | 5 | 0 | 0 | 0 | 251 |
| 24-Jul | 209 | 38 | 8 | 0 | 0 | 0 | 255 |
| 25-Jul | 209 | 41 | 10 | 0 | 0 | 0 | 260 |
| 26-Jul | 214 | 42 | 3 | 0 · | 0 | . 0 | 259 |
| 27-Jul | 215 | 42 | 4 | 0 | 0 | 0 | 261 |



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 | Da | ate |
|--|--------------------|----------------|
| Commissioner's Court Approval Date: | JUL 2 8 2020 | |
| Name Ves No | | |
| Employed?YesNo | Department: | District Court |
| Grade | Hourly Rate/Salary | 140.00 |
| *Fulltime*PT/hourly | | |
| **Expected Temporary Assignment Comple | | |
| Employee Evaluation on file | Effective Date | 2020- |
| Notes Tans Com | CONTRACTOR | 3544 |
| 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 – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

| Signature of Applicant | Date |
|---|--|
| Commissioner's Court Approval Date: | JUL 2 8 2020 |
| Name Yes No Job Title Yes No Grade | Date 6-24-2020 Date of Employment: 11-1-11 Department: 35-4-10-11 Hourly Rate/ Salary |
| *Fulltime*PT/hourly | _*Temporary*Seasonal |
| **Expected Temporary Assignment Complete Employee Evaluation on file Notes | Effective Date 8-5-2020 |
| Signature Elected Official/Dept. Head | alher |

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 |
|---|------------------------|
| | JUL 2 8 2020 |
| Commissioner's Court Approval Date: _ | |
| | |
| Name <u>Valerie Bradley</u> | Date |
| Employed? ` Yes No | Date of Employment: |
| Job Title <u>Deputy Clerk</u> De | epartment:County Clerk |
| Grade | Hourly Rate/Salary |
| *Fulltime*PT/hourly | *Temporary |
| **Expected Temporary Assignment Com | pletion Date |
| Employee Evaluation on file | Effective Date |
| Notes stransfer from fund 81 to Fund 10 | |
| Signature Elected Official/Dept. Head | Junger Hoderstef |

///

Applicant's Statement

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 understand, also, that I am required to abide by all rules and regulations of the employer.

*Full time _ 40 hours a week with bonefits _ *Part time/hourly-As needed with retirement __

| | ate *Seasonal - Summer/Holiday help only. |
|---------------------------------------|---|
| | Date |
| Commissioner's Court Approval Date: | JUL 2 8 2020 |
| Name Pen Strow | Date 7-14-2020 |
| Employed? Yes No | Date of Employment: |
| Job Title | Department: |
| Grade | Hourly Rate/ Salary |
| *Fulltime*PT/hourly | *Temporary*Seasonal |
| **Expected Temporary Assignment Com | |
| Employee Evaluation on file | Effective Date 7-15-2020 |
| Notes | |
| Signature Elected Official/Dept. Head | 5.3 |

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 | |
|--|-----------------------------|
| | JUL 2 8 2020 |
| Commissioner's Court Approval Date: | |
| | |
| Name Die Odeneal | Date 7.27.20 |
| Employed?Yes No | Date of Employment: 10-1-19 |
| Job Title 11 ASSIS Tax | _Department: |
| Grade | Hourly Rate/Salary |
| *Fulltime*PT/hourly | *Temporary*Seasonal |
| **Expected Temporary Assignment Comple | tion Date |
| Employee Evaluation on file | Effective Date |
| Notes CONTRACTOR | 5,000 45 43,976.00 |
| Signature Elected Official/Dept. Head | Brankon DI |
| 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 – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

| Signature of Applicant Ethann Spra | dling | Date 07/16/2020 |
|---------------------------------------|---------------------|---|
| Commissioner's Court Approval Date: | JUL 2 8 2020 | |
| Name AAA | prading | Date 7 - 27.2020 |
| Employed?No | Date of Employment: | 8.3-2000 |
| Job Title I | Department: | (A) |
| Grade | Hourly Rate Salary | 5,000.004 |
| *Fulltime*PT/hourly | *Temporary | *Seasonal |
| **Expected Temporary Assignment Co | mpletion Date | |
| Employee Evaluation on file | Effective Date | 33330 |
| Notes Notes | A | |
| Signature Elected Official/Dept. Head | Bolon & | Suf |

2

Applicant's Statement

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 bene | | | | orary |
|---|--------------------------------|-----------------|---------------------------------------|-------|
| Special projects with an end date - * | <u> *Seasonal – Summ</u> | er/Holiday help | only. | |
| Signature of Applicant <u>Clubber</u> | Censo. | | ate 1-6-2020 | |
| | JUL 2 | 8 2020 | | |
| Commissioner's Court Approval Date; | | | · · · · · · · · · · · · · · · · · · · | |
| | 1 2 2 2 3 1 1 2 2 2 2) | | / | |
| Name | 14 | Da | ate 7 27/20 | |
| Employed? YesNo | Date of Employn | nent: | | |
| Job Title | Department: | Jan | · · · · · · · · · · · · · · · · · · · | |
| Grade G-4 | Hourly Rate/Sal | ary 35, | 585.001 | |
| *Fulltime*PT/hourly | Temporary | *5 | Seasonal | |
| **Expected Temporary Assignment Comp | oletion Date | | | |
| Employee Evaluation on file | Effective Date | _ 8 3 | 10 | • |
| Notes MW Hive | | | | - |
| Signature Elected Official/Dept. Head | Capt De | ymore | Cost Saymore | 2825 |

| JAILTRAN | ISPORT | , |
|----------|--------|---|
| :• • | | [|

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.

nerely understand and acknowledge that, where 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 Employee 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.

*Fail time - 40 hours a week with benefits - Part time/hourly-As needed with retirement - Temperary - Special projects with an end date - "Beasonal - Summer/Holiday help only.

| SIG LIBOR OF WASHINGTON | 6.0 | 0.000 | |
|--|---------------------|-----------|-------|
| Constituisabler's Court Approval Date: | JUL 2 8 | 3 2020 2 | |
| Name Kenneth Haro | " Harns | Date | 20/20 |
| Employed Yes No | Date of Employment | N.37 (1) | |
| Job Title | Department: | 3a- | |
| Grade | Hourly Rate/ Salary | | |
| *FulltIm0*PT/hourly | *Temporary | *Seasonal | |
| •• Expected Temporary Assignment Comp | Setion Data | | |
| Employee Evaluation on file | | 73020 | |
| Notes Plaghed | | | |
| Signature Elected Official/Dept. Head | Cast De | more | |

19034536864

certify that answers given herein are true and complete to the best of my knowledge. I authorize Investigation of al statements contained in the application for employment as may be necessary in aming 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.

nersty 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 undertood that this at will employment relationship may not be changed by any written document or by condut unless such change is specifically aknowledged in writing by an authorized executive of this organization.

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

·Faill time - 40 hours a wreek with benefits - Part time/hourly-At needed with retirement. Temperary - Special projects with an end date - "Seasonal - Summer/Holiday help only

| Commissioner's Court Approval Date: | JUL 2 8 2020 | |
|---|---|-----------------|
| Name _ Giha _ Do | 2 | Date7 23 20 |
| Employed Yes VNo | Date of Employment: | |
| Job Title | Hourly Rate/ Salary | |
| *Fulltime*PT/hourly | Temporary | -Seasonal |
| | • | |
| **Expected Temporary Assignment Con | npletion Date | |
| **Expected Temporary Assignment Con Employer Evaluation on file | npletion Date | 51 720. |
| **Expected Temporary Assignment Com Employer Evaluation on file Notes | Effective Date | 7 20 |

corrected



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 JUL 2 8 2020 Commissioner's Court Approval Date: **Employed?** Date of Employment: Department: Hourly Rate/ Salary Grade *PT/hourly *Śeasonal *Fulitime *Temporary **Expected Temporary Assignment Completion Date Effective Date Employee Evaluation on file V Signature Elected Official/Dept. Head