16,415

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Sept 08-Sept 21, 2020 at | SILED FOR RECORD

SEP 2 2 2020

JENNIFER LINDENZWEIG

By County Gerk Hunt County TX

DATE	MALE	<u>FEMALE</u>	HOLDING	Hopkins County	<u>PTS</u>	<u>Federal</u>	TOTAL
08-Sep	237	41	3	0	0	0	281
09-Sep	235	39	3	0	0	0	277
10-Sep	229	37	6	0	0	0	272
11-Sep	227	37	7	0	0	0	271
12-Sep	227	39	3	0	0	0	269
13-Sep	226	38	6	0	0	0	270
14-Sep	228	39	4	0	0	0	271
15-Sep	227	39	10	0	0	0	276
16-Sep	227	40	6	0	0	0	273
17-Sep	226	40	5	0	0	0	271
18-Sep	225	40	3	0	0	0	268
19-Sep	222	41	5	0	0	0	268
20-Sep	223	42	10	0	0	0	275
21-Sep	226	42	5	0	0	0	273

///

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.

	hours a week with benefits – *Part end date *Seasonal – Summer/E		tirement *Temporary – Special
Signature of App	licant Abole		Date 9/15/20
Commissioner ^s	's Court Approval Date:	EP 2 2 2020	
Name	AMANDA POOLE	Date:	September 16, 2020
Employed?	YesXNo	Employee Start Date:	OCTOBER 1, 2020
Job Title:	Assistant County Attorney	Department:	Hunt County Attorney
Grade:	<u>G</u> 12	Salary:	\$76,084
*Fulltime XX	*PT/hourly	*Temporary	*Seasonal
**Expected Ter Employee Evalue on file:	nporary Assignment Completion I uation Not Applicable		10-1-2020
Notes Per	whire		
Signature Elec	ted Official/Dept. Head	<u> </u>	

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.

*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 A	Applicant		Date	
	er's Court Approval Date:	·		
Name	MATTHIAS SHELTON		September 30, 2020	
Employed?	Yes No	Employee Start Date:	September 9, 2019	
Job Title:	Asst County Attorney	Department:	Hunt County Attorney	
Grade:	<u>G12</u>	_ Salary:	\$76,084.00	
	*PT/hourly	*Temporary	*Seasonal	
**Expected Temporary Assignment Completion Date				
Employee Evaluation on file:		_ Effective Date:	September 30, 2020	
Notes TER	MINATED			
Signature Elected Official/Dept. Head				

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.

*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 <u>Grace</u> Marks Date <u>G-G-ZO</u>				
Commissioner's Court Approval Date:				
Name Grace Marks Date 9/10/2020				
Employed? Yes No Date of Employment:				
Job Title Temp Department: Election S Admin				
Grade Hourly Rate/ Salary <u>/ 0 - C</u>				
*Fulltime*PT/hourly*TemporaryX*Seasonal				
**Expected Temporary Assignment Completion Date 10/30/2020				
Employee Evaluation on file Effective Date				
Notes Deuxtine-porefirement				
Signature Elected Official/Dept. Head				

oplicant's Statement



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

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

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

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

<u>iull 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>

gnature of Applicant	Date
ommissioner's Court Approval Date:	SEP 2 2 2020
me CO 1700 Quartlebaum	Date
nployed?YesNo	Date of Employment:
b Title COL- Equip. OPERATOR	Department: Pcr. 4
ade	Date
ulltime*PT/hourly	_*Temporary*Seasonal
Expected Temporary Assignment Completi	ion Date
nployee Evaluation on file	_ Effective Date
restartine to re	olline,
anature Elected Official/Dept. Head	Leven Mc Hemis

//////

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 benefits – *Part time/hourly-As needed with retirement -- *Temporary - Special projects with an end date -- *Seasonal - Summer/Holiday help only. Signature of Applicant SEP 2 2 2020 Commissioner's Court Approval Date: Date of Employment: Employed? Department: Job Title Grade Hourly Rate/ Salary _ *Fulltime *PT/hourly *Temporary ___ **Expected Temporary Assignment Completion Date ___ Effective Date **Employee Evaluation on file** Signature Elected Official/Dept. Head X W. // 19m OX forc



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.

or are emproyen					
	ts - *Part time/hourly-As needed with retirement *Temperasonal Summer/Holiday help only.	orary.			
- Special projects with air end date 3	easonal - Summer/Honday herb Only.				
Signature of Applicant	Date				
	SEP 2 2 2020				
Commissioner's Court Approval Date:					
Name Ashley Paige	Saindlin Date 9-15-20				
Employed? Yes No	Date of Employment:				
Job Title dispatch	Department: Sheriff's Office				
Grade	Hourly Rate/ Salary				
*Fulltime*PT/hourly	*Temporary*Seasonal				
**Expected Temporary Assignment Completion Date					
	Effective Date 9-22-20				
Notes <u>resigned</u>					
Signature Elected Official/Dept. Head	12/3522	!			
Olgitatule Elected Ottlolan Depa Head					