

#16,490

Fax to: 903-408-4291 Att: Sandy
From: Classification
JAIL COUNT
Oct 27-Nov 9, 2020

FILED FOR RECORD
at 1:11 o'clock P M

NOV 10 2020

JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX
By *Jennifer Lindenzweig*

| <u>DATE</u> | <u>MALE</u> | <u>FEMALE</u> | <u>HOLDING</u> | <u>Hopkins/Collin Co</u> | <u>PTS</u> | <u>TOTAL</u> |
|-------------|-------------|---------------|----------------|--------------------------|------------|--------------|
| 27-Oct | 219 | 42 | 4 | 1 | 0 | 266 |
| 28-Oct | 217 | 45 | 8 | 1 | 0 | 271 |
| 29-Oct | 219 | 45 | 6 | 1 | 0 | 271 |
| 30-Oct | 220 | 46 | 4 | 1 | 0 | 271 |
| 31-Oct | 223 | 45 | 10 | 1 | 0 | 279 |
| 01-Nov | 228 | 46 | 10 | 1 | 0 | 285 |
| 02-Nov | 228 | 47 | 11 | 1 | 0 | 287 |
| 03-Nov | 230 | 48 | 7 | 1 | 0 | 286 |
| 04-Nov | 214 | 53 | 8 | 1 | 0 | 276 |
| 05-Nov | 213 | 51 | 10 | 1 | 0 | 275 |
| 06-Nov | 217 | 48 | 15 | 1 | 0 | 281 |
| 07-Nov | 218 | 50 | 9 | 1 | 0 | 278 |
| 08-Nov | 221 | 51 | 11 | 1 | 0 | 284 |
| 09-Nov | 224 | 53 | 10 | 1 | 0 | 288 |

#16,490

Fax to: 903-408-4291 Att: Sandy
From: Classification
JAIL COUNT
Oct 27-Nov 9, 2020

FILED FOR RECORD
at 1:11 o'clock P M

NOV 10 2020

JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX
By *Jennifer Lindenzweig*

| <u>DATE</u> | <u>MALE</u> | <u>FEMALE</u> | <u>HOLDING</u> | <u>Hopkins/Collin Co</u> | <u>PTS</u> | <u>TOTAL</u> |
|-------------|-------------|---------------|----------------|--------------------------|------------|--------------|
| 27-Oct | 219 | 42 | 4 | 1 | 0 | 266 |
| 28-Oct | 217 | 45 | 8 | 1 | 0 | 271 |
| 29-Oct | 219 | 45 | 6 | 1 | 0 | 271 |
| 30-Oct | 220 | 46 | 4 | 1 | 0 | 271 |
| 31-Oct | 223 | 45 | 10 | 1 | 0 | 279 |
| 01-Nov | 228 | 46 | 10 | 1 | 0 | 285 |
| 02-Nov | 228 | 47 | 11 | 1 | 0 | 287 |
| 03-Nov | 230 | 48 | 7 | 1 | 0 | 286 |
| 04-Nov | 214 | 53 | 8 | 1 | 0 | 276 |
| 05-Nov | 213 | 51 | 10 | 1 | 0 | 275 |
| 06-Nov | 217 | 48 | 15 | 1 | 0 | 281 |
| 07-Nov | 218 | 50 | 9 | 1 | 0 | 278 |
| 08-Nov | 221 | 51 | 11 | 1 | 0 | 284 |
| 09-Nov | 224 | 53 | 10 | 1 | 0 | 288 |

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 _____ Date _____

Commissioner's Court Approval Date: NOV 10 2020

Name Tiffany Lothringer Date October 29, 2020

Employed? Yes No Date of Employment: 04/04/2006

Job Title Deputy Clerk Department: County Clerk

Grade G4 Hourly Rate/ Salary _____

*Fulltime *PT/hourly _____ *Temporary _____ *Seasonal _____

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date November 20, 2020

Notes resignation effective 11/20/2020

Signature Elected Official/Dept. Head *Jennifer Henderson*

VVV

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 Tyler Stevenson Date 10/25/2020

Commissioner's Court Approval Date: NOV 10 2020

Name Tyler Stevenson Date 10-27-20

Employed? Yes No Date of Employment: 11-2-20

Job Title IT Assistant Department: IT

Grade Hourly Hourly Rate/ Salary 19.00

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11-2-20

Notes New Hire

Signature Elected Official/Dept. Head B. B. [Signature]

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 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: NOV 10 2020

Name Nathan Herndon Date 11/5/2020

Employed? Yes No Date of Employment: _____

Job Title DO Department: Jail

Grade G4 Hourly Rate/ Salary _____

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11/5/2020

Notes Resigned

Signature Elected Official/Dept. Head Capt. Deymore

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 _____ Date _____

Commissioner's Court Approval Date: NOV 10 2020

Name Misty Bayer Date Nov 3, 2020

Employed? Yes No Date of Employment: FEB 8, 2016

Job Title Chief Deputy Clerk Department: JP 1-1

Grade ~~SP-1~~ Hourly Rate/ Salary ~~36,511~~ \$39011

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date Nov 2, 2020

Notes Promoted To Chief Clerk

Signature Elected Official/Dept. Head Wayne Money 11-3-20

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 _____ Date _____

NOV 10 2020

Commissioner's Court Approval Date: _____

Name Carey Pannell Date 11/3/2020

Employed? Yes No Date of Employment: _____

Job Title CDL Driver/Equipment Department: PCT. 4/

Grade _____ Hourly Rate/ Salary \$40,000.00

*Fulltime *PT/hourly _____ *Temporary _____ *Seasonal _____

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11-9-20

Notes New Hire

Signature Elected Official/Dept. Head James M. Harrison

Applicant's Statement

///

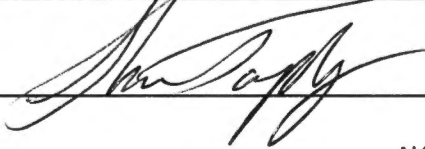
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

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  Date 11/2/2020

Commissioner's Court Approval Date: NOV 1 10 2020

Name Sean Treeloy Date 11/2/2020

Employed? Yes No Date of Employment: 1/22/2019

Job Title Equipment/ CAL Department: DCT. 4

Grade G-5 Hourly Rate/ Salary \$40,293.00

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11-6-20

Notes Effective 11/06/2020 Resign

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.

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 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: NOV 10 2020

Name CHARLES ADAMS Date 11-2-20

Employed? ___ Yes ___ No Date of Employment: _____

Job Title _____ Department: Purchasing

Grade _____ Hourly Rate/ Salary \$15.29

*Fulltime _____ *PT/hourly _____ *Temporary *Seasonal _____

**Expected Temporary Assignment Completion Date 12-31-20

Employee Evaluation on file _____ Effective Date 11-2-20

Notes New Hire

Signature Elected Official/Dept. Head [Signature]

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

Signature of Applicant Lana Adams Date 10/28/2020

Commissioner's Court Approval Date: NOV 10 2020

Name LANA ADAMS Date 10-28-20

Employed? Yes No Date of Employment: _____

Job Title _____ Department: Purchasing

Grade _____ Hourly Rate/Salary \$15.00

*Fulltime _____ *PT/hourly _____ *Temporary *Seasonal _____

**Expected Temporary Assignment Completion Date 12-31-20

Employee Evaluation on file _____ Effective Date 11-2-20

Notes New Hire

Signature Elected Official/Dept. Head Cheryl Lowery

✓✓✓

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 Hunter Tindall Date 06-26-20

Commissioner's Court Approval Date: NOV 10 2020

Name Hunter Tindall Date 10-29-20

Employed? Yes No Date of Employment: 11-1-20

Job Title dispatch Department: Sheriff's Office

Grade _____ Hourly Rate/ Salary 31,842.00

*Fulltime *PT/hourly _____ *Temporary _____ *Seasonal _____

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file no Effective Date 11-1-20

Notes New Hire

Signature Elected Official/Dept. Head [Signature]

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 _____ Date _____

Commissioner's Court Approval Date: NOV 10 2020

Name Bailey Owens Date November 3, 2020

Employed? Yes No Date of Employment: 08/10/2020

Job Title Deputy Clerk Department: County Clerk

Grade G4 Hourly Rate/ Salary 31,250⁰⁰

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date November 16, 2020

Notes raise to \$31,250.00; completion of 90 day period

Signature Elected Official/Dept. Head Jennifer Henderson