

#16,808

Fax to: 903-408-4291 Att: Sandy
From: Classification
JAIL COUNT
May 18 2021 - May 31 2021

FILED FOR RECORD
at 12:30 o'clock P M
JUN 14 2021
JENNIFER LINDENZWEIG
County Clerk, Hunt County, TX
By [Signature]

<u>DATE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>HOLDING</u>	<u>Hopkins/Collin Co</u>	<u>PTS</u>	<u>TOTAL</u>
18-May	202	47	6	1	0	256
19-May	202	46	12	1	0	261
20-May	199	45	3	1	0	248
21-May	198	45	7	1	0	250
22-May	198	44	12	1	0	255
23-May	199	45	4	1	0	249
24-May	198	46	1	1	0	246
25-May	195	44	10	1	0	250
26-May	197	43	10	1	0	251
27-May	197	41	6	1	0	245
28-May	197	41	10	1	0	249
29-May	201	40	8	1	0	250
30-May	201	40	5	1	0	247
31-May	201	40	10	1	0	252
1-Jun	203	41	9	1	0	253
2-Jun	204	40	8	1	0	253



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: JUN 08 2021
.....

Name Hayley Bielenberg Date 5/31/21

Employed? Yes No Date of Employment: _____

Job Title Assistant Auditor Department: Auditors Office

Grade _____ Hourly Rate/Salary 37,904.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5/31/21

Notes Raise From 34,530.00 to 37,904.00

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 _____ Date _____

Commissioner's Court Approval Date: JUN 08 2021
.....

Name Kelsey Crowther Date 5/31/21

Employed? Yes No Date of Employment: _____

Job Title Assistant Auditor Department: Auditor's Office

Grade _____ Hourly Rate/ Salary 48,815.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5.31.21

Notes Raise From 48,315.00 to 48,815.00

Signature Elected Official/Dept. Head Bonnie Ballard

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 _____

JUN 08 2021

Commissioner's Court Approval Date: _____

Name Aubree Hitchman Date 5/31/21

Employed? Yes No Date of Employment: _____

Job Title Assistant Auditor Department: Auditor's Office

Grade _____ Hourly Rate/ Salary 42,904.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5-31-21

Notes Raise from 41,404.00 to 42,904.00

Signature Elected Official/Dept. Head Bruce Ballard

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: JUN 08 2021
.....

Name Diane McNair Date 5/8/21

Employed? Yes No Date of Employment: _____

Job Title Assistant Auditor Department: Auditor's office

Grade _____ Hourly Rate/ Salary 48,734.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5.31.21

Notes Raise From 48,234.00 to 48,734.00

Signature Elected Official/Dept. Head Bruce Ballard

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: JUN 08 2021
.....

Name Stacy Sehl Date 5/31/21

Employed? Yes No Date of Employment: _____

Job Title First Assistant Auditor Department: Auditors Office

Grade _____ Hourly Rate Salary 62,984.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5-31-21

Notes Raise from 62,484.00 to 62,984.00

Signature Elected Official/Dept. Head Bruce Ballard

✓✓

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 _____

JUN 08 2021

Commissioner's Court Approval Date: _____

Name Devin Strong Date 5/26/21

Employed? ___ Yes ___ No Date of Employment: _____

Job Title Assistant Auditor Department: Auditor Office

Grade _____ Hourly Rate/ Salary _____

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date June 3rd 2021

Notes Resigned

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 _____ Date _____
JUN 08 2021

Commissioner's Court Approval Date: _____

Name Brenda Wells Date 5/31/21

Employed? Yes No Date of Employment: _____

Job Title Assistant Auditor Department: Auditor's office

Grade _____ Hourly Rate/ Salary 45,354.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5.31.21

Notes Raise From 44,854.00 to 45,354.00

Signature Elected Official/Dept. Head Bruce Ballard



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: JUN 08 2021

Name Dhenai Tunstall Date 5/28/2021

Employed? Yes No Date of Employment: 3/29/2021

Job Title Legal Assistant Department: County Attorney

Grade G4 Hourly Rate/ Salary 39,251.⁰⁰

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

**Expected Temporary Assignment Completion Date ~~5/28/2021~~

Employee Evaluation on file N/A Effective Date 5/28/2021

Notes Terminated effective 5/28/2021

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 _____

JUN 08 2021

Commissioner's Court Approval Date: _____

Name Melisse Young Date 6-02-2021

Employed? Yes No Date of Employment: 6-14-2021

Job Title Legal Assistant Department: County Attorney

Grade _____ Hourly Rate/ Salary 39,251.00

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 6-14-21

Notes Transfer from County Clerk to County Attorney

Signature Elected Official/Dept. Head [Signature]

1313

✓✓✓

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: JUN 08 2021

.....
Name Jana Rich Date 5.24.21

Employed? Yes No Date of Employment: _____

Job Title _____ Department: Tax Assessor

Grade _____ Hourly Rate/ Salary _____

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 6.4.21

Notes Resigned

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 _____ Date _____

JUN 08 2021

Commissioner's Court Approval Date:

Name Chase Oliver Date 05 27 2021

Employed? Yes No Date of Employment: 07 19 2015

Job Title Deputy Department: Sheriff's Office

Grade _____ Hourly Rate/ Salary _____

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date June 6, 2021

Notes Resigned
Stepdown from Fulltime Deputy Position
Will be a Reserve for the Sheriff's Office.

Signature Elected Official/Dept. Head Teg