#16,834

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT June 1 2021 - June 14 2021

.

at FILED FOR RECORD JUL 22 2021 JENNIFER LINDENZWEIG COUNTY CHERK, HUDT COUNTY, TX M By

DATE	MALE	FEMALE	HOLDING	Hopkins/Collin Co	PTS	TOTAL	get
1-Jun	203	41	9	1	0	254	0,
2-Jun	204	40	8	1	0	253	
3-Jun	198	40	3	1	0	242	
4-Jun	201	39	2	1	0	243	
5-Jun	201	39	2	1	0	243	
6-Jun	202	39	8	1	0	250	
7-Jun	205	40	1	1	0	247	
8-Jun	203	39	7	1	0	250	
9-Jun	203	39	4	1	0	247	
10-Jun	202	39	5	1	0	247	
11-Jun	202	41	5	1	0	249	
12-Jun	203	42	3	1	0	249	
13-Jun	201	43	7	1	0	252	
14-Jun	201	42	9	1	0	253	



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.

Signature of Applicant		Date
Commissioner's Court Approval Date:	JUN 2 2 2021	
Name Vina Ackenbac	K	Date 6 - 7 - 2
Employed?YesNo	Date of Employment:	
Employed? Yes No Job Title	_Department: Comm	issioners Office
Grade	Hourly Rate/ Salary	
*Fulltime*PT/hourly	_*Temporary	*Seasonal
**Expected Temporary Assignment Completi	1	
Employee Evaluation on file	Effective Date	11.21
Notes Retired		
Signature Elected Official/Dept. Head	Muk H	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.

VJV

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.

Signature of Applicant		Date
Commissioner's Court Approval Date:		
Name Valerie Bradley		Date June 18, 2021
Employed? _X Yes No	Date of Employment:	October 7, 2019
Job Title Deputy Clerk	_Department:	County Clerk
Grade G4	Hourly Rate/ Salary	
*Fulltime X*PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Completi Employee Evaluation on file		
Notes Resignation effective 7/16/2021		
Signature Elected Official/Dept. Head	Junger Sr	nderzyip

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.

Signature of Applicant	Date	
Commissioner's Court Approval Date:		
Name <u>Chad Dawson</u>	Date <u>June 18, 2021</u>	
Employed? _X Yes No	Date of Employment: <u>6/18/2018</u>	
Job Title Deputy Clerk	Department: <u>County Clerk</u>	
Grade G4	Hourly Rate/ Salary\$37,000.00	
*Fulltime X *PT/hourly	*Temporary*Seasonal	
**Expected Temporary Assignment Completi Employee Evaluation on file <u>yes</u>	June 28 X	
لدا علا Notes <u>Raise from \$35,716.00 \$37,000.00 effective 7/18/2021</u>		
Signature Elected Official/Dept. Head	Jaufer Gerderzeip	

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.

Signature of Applicant		Date
Commissioner's Court Approval Date:		2 2021
Name Libby Dunham		Date <u>June 18, 2021</u>
Employed? _X Yes No	Date of Employment:	1/12/2006
Job Title Deputy Clerk	Department:	County Clerk
Grade G5	Hourly Rate/ Salary	\$48,000.00
*Fulltime X *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Completion	on Date	June 28 of
Employee Evaluation on file <u>yes</u>	Effective Date	J uly 1 8, 2021
Notes <u>Raise from \$46,470.00 \$48,000.00 effe</u>	6 (28 ctive #18/2021	
Signature Elected Official/Dept. Head	Junger Se	ndersyip

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name <u>Gloria Hinojos</u>	Date June 18, 2021
Employed? _X Yes No	Date of Employment: <u>8/5/2013</u>
Job Title Deputy Clerk	Department: <u>County Clerk</u>
Grade G4	Hourly Rate/ Salary \$43,500.00
*Fulltime X *PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Completi Employee Evaluation on file <u>ves</u>	ion Date
Employee Evaluation on fileyes	Effective DateJuly 18, 2021
Notes <u>Raise from \$42,907.00 \$43,500.00 effe</u>	Le/28 ective 7/18/2021
Signature Elected Official/Dept. Head	Jaufer Gundenzij

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	
Name Becky Landrum	
Employed? _X Yes No	Date of Employment: <u>6/10/2013</u>
Job TitleDeputy Clerk	Department: County Clerk
Grade G4 +	Hourly Rate/ Salary <u>\$43,500.00</u>
*Fulltime X*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Completi Employee Evaluation on file <u>yes</u>	June 38 mil
Notes <u>Raise from \$42,907.00 \$43,500.00 effe</u>	(e/28 ective_ 7/18/2021
Signature Elected Official/Dept. Head	Jauger Hundersyip



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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	
Name <u>Misty Lutz</u>	Date <u>June 18, 2021</u>
Employed? _XYesNo	Date of Employment: <u>05/09/2016</u>
Job Title Deputy Clerk	Department:County Clerk
Grade G4	Hourly Rate/ Salary \$38,000.00
*Fulltime <u>X</u> *PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Complet	June 28 gh
Employee Evaluation on file <u>yes</u>	_ Effective DateJuly 18, 2021
Notes <u>Raise from \$36,298.00 \$38,000.00 effe</u>	u/28 ective 7/18/2021
Signature Elected Official/Dept. Head	Jauger Gurdenzeip

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name Kelley Massengale	Date <u>June 18, 2021</u>
Employed? _X Yes No	Date of Employment: <u>10/07/2019</u>
Job Title Deputy Clerk	Department: County Clerk
Grade G4	Hourly Rate/ Salary \$35,000.00
*Fulltime X *PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Complet	tion Date
Employee Evaluation on fileyes	Effective DateJuly 18, 202
Notes <u>Raise from \$33,840.00 \$35,000.00 eff</u>	iective-7/18/2021
Signature Elected Official/Dept. Head	Jauger Gundersyip

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name Bailey Owens	Date <u>June 18, 2021</u>
Employed? _X Yes No	Date of Employment: <u>8/10/2020</u>
Job TitleDeputy Clerk	Department: <u>County Clerk</u>
Grade G4	Hourly Rate/ Salary\$34,000.00
*Fulltime X *PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Completi Employee Evaluation on file <u>yes</u>	June 28 gR
Notes <u>Raise from \$32,250.00 \$34,000.00 effe</u>	6/28
Signature Elected Official/Dept. Head	Jauger Gurdenzij

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name Leslie Portilio	Date <u>June 4, 2021</u>
Employed? _X Yes No	Date of Employment: June 28, 2021
Job TitleDeputy Clerk	Department: County Clerk
Grade G4	Hourly Rate/ Salary
*Fuiltime X *PT/hourly	*Temporary X *Seasona!
**Expected Temporary Assignment Comple	tion Date December 31, 2021
Employee Evaluation on file	Effective Date June 28, 2021
Notes New Hire-full time temporary while I	Mercades Brown is on deployment
Signature Elected Official/Dept. Head	Jaufer Genderszip

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	
Name <u>Kathi Troublefield</u>	Date June 18, 2021
Employed? _X Yes No	Date of Employment: <u>3/26/2018</u>
Job Title Deputy Clerk	Department: <u>County Clerk</u>
Grade G4	Hourly Rate/ Salary\$37,000.00
*Fulltime X *PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Compl Employee Evaluation on file <u>yes</u>	Effective Date
Notes Raise from \$35,716.00 \$37,000.00 e	12 Ja
Signature Elected Official/Dept. Head	Jaufer Gerdenzip

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.

Signature of Applicant	Date		
Commissioner's Court Approval Date:	JUN 2 2 2021		
Name April Vroman	Date June 18, 2021		
Employed? _X Yes No	Date of Employment: <u>12/28/2020</u>		
Job TitleDeputy Clerk	Department: <u>County Clerk</u>		
Grade G4	Hourly Rate/ Salary		
*Fulltime X*PT/hourly	*Temporary*Seasonal		
**Expected Temporary Assignment Completion Date			
Employee Evaluation on fileyes	Effective Date		
المراحن Notes <u>Raise from \$31,250.00 \$33,250.00 effective</u> 7/18/20/21			
Signature Elected Official/Dept. Head	Jaufer Gunderzij		

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.

Signature of Applicant		Date	
Commissioner's Court Approval Date:	JUN 2 2 2021		
Name <u>Christie Wooten</u>		Date <u>June 18, 2021</u>	
Employed? _X Yes No	Date of Employment:	9/16/2011	
Job Title Deputy Clerk	_Department:	County Clerk	
Grade G5	Hourly Rate/ Salary	\$53,000.00	
*Fulltime X*PT/hourly	*Temporary	*Seasonal	
**Expected Temporary Assignment Completion Date			
Notes Raise from \$51,582.00 \$53,000.00 effective 7/18/2021			
Signature Elected Official/Dept. Head	Junger &	nderzip	

///

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.

Date
Date 6-9-2/
nent: <u>6-14-21</u>
lealth Dept. Medical Serv.
lary_\$16.00
*Seasonal
6-14-21
K Hel

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.

Signature of Applicant		Date
Commissioner's Court Approval Date:	JUN 22 2021	
Name? Doshued Doce	son	Date 1/14/202
Employed?	Date of Employme	ent:
Job Title DO	Department:	Joil
Grade GA	Hourly Rate/Sala	rý
*Fulltime/*PT/hourly	_*Temporary	*Seasonal
**Expected Temporary Assignment Con		
Employee Evaluation on file	Effective Date /_	[20]2021
Notes ! Resigned		
Signature Elected Official/Dept. Head/	OXP	522 brcl

////

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name Brennan Drozesk	Date 6/7/2021
Employed? Yes No	Date of Employment:
Job Title	Department:
Grade <u>G4</u>	Hourly Rate/ Salary
*Fulltime*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Com	
Employee Evaluation on file	Effective Date 6/26/2021
Notes Resigned	
Signature Elected Official/Dept. Head	Tay pres

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.

	Date
JUN 22 2021	
<u>tt</u>	Date (4/14/21
Department:	Jail
Hourly Rate/ Sala	ary
_*Temporary	*Seasonal
pletion Date	
_ Effective Date	6/19/2021
1 ox	Ford
	H Date of Employm Department: Mourly Rate/ Sala *Temporary pletion Date

1

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.

Signature of Applicant	Date
Commissioner's Court Approval Date:	JUN 2 2 2021
Name Dan Rose King	Date 9 June 20
Employed? <u>N</u> Yes No	Date of Employment: 12 Dec 2019
Job Title <u>Clerk</u>	Department:/P_/-/
Grade	Hourly Rate/ Salary 31.0000
*Fulltime*PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Com	pletion Date
Employee Evaluation on file	Effective Date / July 2021
Notes From Post- Jime Job Fall-	linie
Signature Elected Official/Dept. Head	hkyne money

 $\sqrt{\sqrt{}}$

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.

Signature of Applicant	Date	
Commissioner's Court Approval Date:	JUN 2 2 2021	
Name Steven Talley	Date 10:110:21	
Employed? Yes No	Date of Employment:	
Job Title Pct. Ubr Ker	Department: PC+ 1	
Grade	Hourly Rate/ Salary	
*Fulltime*PT/hourly	*Temporary*Seasonal	
**Expected Temporary Assignment Completion Date		
Employee Evaluation on file	Effective Date 4. 25.21	
Notes <u>Resigned</u> Signature Elected Official/Dept. Head _	Malazalt	
Signature Liecteu Official Dept. ficau _	1	

V/,/V

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.

Signature of Applicant		Date
Commissioner's Court Approval Date:	JUN 2 2 2021	
Name <u>Cameron Demp</u> Employed? <u>Yes</u> <u>No</u> Job Title <u>Neputy</u> Grade <u>G</u> G	Date of Employment: Department:A_T_D Hourly Rate/ Salary4	Sheriff's Office 945.00
**Expected Temporary Assignment Comple	tion Date	
Employee Evaluation on file	Effective Date 06	07 2021
Notes Resigned		······································
Signature lElected Official/Dept. Head	Tenfor	