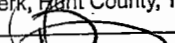


17,074

FILED FOR RECORD  
at 1:30 o'clock P M

Fax to: 903-408-4291 Att: Sandy  
From: Classification  
JAIL COUNT  
Sept 21-Oct 4

OCT 12 2021

BECKY LANDRUM  
County Clerk, Hunt County, Tex.  
By 

<u>DATE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>HOLDING</u>	<u>Hopkins/Collin Co</u>	<u>PTS</u>	<u>TOTAL</u>
21-Sep	243	60	7	2	0	312
22-Sep	242	56	10	2	0	310
23-Sep	243	61	7	2	0	313
24-Sep	242	61	6	2	0	311
25-Sep	243	62	9	2	0	316
26-Sep	246	60	15	2	0	323
27-Sep	247	61	10	2	0	324
28-Sep	248	64	8	2	0	320
29-Sep	244	64	7	2	0	317
30-Sep	245	64	6	2	0	317
1-Oct	243	64	7	2	0	316
2-Oct	247	62	11	2	0	322
3-Oct	247	64	7	2	0	320
4-Oct	246	63	9	2	0	320

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: OCT 12 2021

Name Bogan, Crystal Date 10.01.2021

Employed?  Yes  No Date of Employment: 01.25.2021

Job Title Clerk Department: District Clerk

Grade G4 Hourly Rate Salary 37,203.00

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$33,920.00 to \$37,203.00

Signature Elected Official/Dept. Head *Diana Harding*

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: OCT 12 2021

Name Brothers, Vicki Date 10.01.2021

Employed?  Yes  No Date of Employment: 10.03.2016

Job Title Deputy Department: District Clerk

Grade G4 ~~Hourly Rate~~ Salary 47,725.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10-4-21

Notes Raise from \$45,725.00 to \$47,725.00

Signature Elected Official/Dept. Head *Duran Pradling*

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: OCT 12 2021

Name Clayton, Rhonda Date 10.01.2021

Employed?  Yes  No Date of Employment: 02.17.2014

Job Title Deputy Department: District Clerk

Grade G4 Hourly Rate/ Salary 47,884.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$45,384.00 to \$47,884.00

Signature Elected Official/Dept. Head *Diana Harding*

✓

**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: OCT 12 2021

Name Creed, Laurie Date 10.01.2021

Employed?  Yes  No Date of Employment: 04.08.2019

Job Title Clerk Department: District Clerk

Grade G4 Hourly Rate Salary: 41,442.00

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$38,342.00 to \$41,442.00

Signature Elected Official/Dept. Head *Diana Pradling*

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: OCT 12 2021

Name Dawson, Wanda Date 10.01.2021

Employed?  Yes  No Date of Employment: 02.20.2012

Job Title Deputy Department: District Clerk

Grade G4 Hourly Rate/ Salary 50,475.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$49,875.00 to \$50,475.00

Signature Elected Official/Dept. Head *Wanda Dawson*

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: OCT 12 2021

Name Honeycutt, Lindsay Date 10.01.2021

Employed?  Yes  No Date of Employment: 10.01.2021

Job Title Deputy Clerk Department: District Clerk

Grade G4 ~~Hourly Rate~~ Salary 33,920.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$32,000.00 to \$33,920.00

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 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 \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name Howle, Teresa Date 10.01.2021

Employed?  Yes  No Date of Employment: 08.30.2021

Job Title Clerk Department: District Clerk

Grade G4 Hourly Rate Salary 36,020.00

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$33,920.00 to \$36,020.00

Signature Elected Official/Dept. Head *Diana Pradling*



✓

**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 \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name Killough, Carol Date 10.01.2021

Employed?  Yes  No Date of Employment: 02.18.2019

Job Title Clerk Department: District Clerk

Grade G4 Hourly Rate/ Salary 37,988.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$35,988.00 to \$37,988.00

Signature Elected Official/Dept. Head *Diana Pradling*

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: OCT 12 2021

Name Kimmel, Kelly Date 10.01.2021

Employed?  Yes  No Date of Employment: 11.26.2018

Job Title Deputy Department: District Clerk

Grade G4 ~~Hourly Rate~~ Salary 42483.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$41,083.00 to \$42,483.00

Signature Elected Official/Dept. Head *Diana Harding*

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 \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name Layman, Lisa Renee' Date 10.01.2021

Employed?  Yes  No Date of Employment: 01.02.2019

Job Title Chief Clerk Department: District Clerk

Grade G6 ~~Hourly Rate~~ Salary 50,696.00

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10.04.2021

Notes Raise from \$38,696.00 to \$50,696.00 - Promote to Chief Deputy

Signature Elected Official/Dept. Head Dwan Harding

✓✓✓

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 10/11/21

Commissioner's Court Approval Date: OCT 12 2021

Name Debrah R. Smith Date 10/11/21

Employed?  Yes  No Date of Employment: 10-18-2021

Job Title Custodian Department: Facilities Department

Grade G-4 Hourly Rate/ Salary \$31,000.00

\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10-18-2021

Notes New Hire

Signature Elected Official/Dept. Head 

1802

✓✓✓

**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: OCT 12 2021

Name Amber Watkins Date 10-4-2021

Employed?  Yes  No Date of Employment: 10-11-2021

Job Title Clerical / Ad Tech Department: Homeland Security/Health Dept

Grade \_\_\_\_\_ Hourly Rate/ Salary \$32,000

\*Fulltime  \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10-11-2021

Notes New Hire

Signature Elected Official/Dept. Head R Hill

1 2210

✓✓✓✓

**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 \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name: Talton Brown Date: 9/28/2021

Employed?  Yes  No Date of Employment: \_\_\_\_\_

Job Title: DO Department: Jail

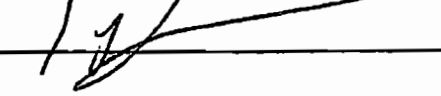
Grade: G4 Hourly Rate/Salary: \$49,000.00

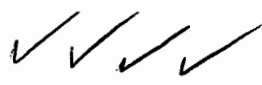
\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date: 10/04/2021

Notes: New hire

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: OCT 12 2021

Name: Julio Gil Date: 10/5/2021

Employed?  Yes  No Date of Employment: \_\_\_\_\_

Job Title: DO Department: Jail

Grade: G4 Hourly Rate/ Salary: \$40,000.00

\*Fulltime  \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10/18/2021

Notes: New hire

Signature Elected Official/Dept. Head: [Signature]

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 \_\_\_\_\_ Date \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name Daniel Cunningham Date 09-27-2021

Employed?  Yes  No Date of Employment: \_\_\_\_\_

Job Title Part Time/ Hourly Department: Pct. 4

Grade \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 09 27 2021

Notes Resigned - Effective 09-27-2021

Signature Elected Official/Dept. Head James M. Hansen



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: OCT 12 2021

Name Hunter Tindall Date 9-27-21

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 \_\_\_\_\_

Employee Evaluation on file n/a Effective Date 9-30-21

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 \_\_\_\_\_

Commissioner's Court Approval Date: OCT 12 2021

Name Kevin Brown Date October 1, 2021

Employed?  Yes  No Date of Employment: 06 03 2018

Job Title \_\_\_\_\_ Department: Sheriff Office

Grade \_\_\_\_\_ Hourly Rate/ Salary 46,459.00

\*Fulltime  \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date October 4, 2021

Notes promoted to Sergeant

Signature Elected Official/Dept. Head  3522 William Oxford

✓✓✓

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 \_\_\_\_\_

OCT 12 2021

Commissioner's Court Approval Date: \_\_\_\_\_

Name Cindy Hames Date 09/29/21

Employed?  Yes  No Date of Employment: \_\_\_\_\_

Job Title \_\_\_\_\_ Department: Treasurer

Grade \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_

\*Fulltime \_\_\_\_\_ \*PT/hourly \_\_\_\_\_ \*Temporary \_\_\_\_\_ \*Seasonal \_\_\_\_\_

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_

Employee Evaluation on file \_\_\_\_\_ Effective Date 10/15/21

Notes Retired

Signature Elected Official/Dept. Head Brittini Turner