

17,110

FILED FOR RECORD
at 2:30 o'clock P M

Fax to: 903-408-4291 Att: Sandy
From: Classification
JAIL COUNT
Oct 19 -Nov 2

NOV 09 2021

BECKY LANDRUM
County Clerk, Hunt County, Tex.
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>
19-Oct	240	61	9	2	0	312
20-Oct	239	60	8	2	0	309
21-Oct	241	60	5	2	0	308
22-Oct	243	61	4	2	0	310
23-Oct	243	61	7	2	0	313
24-Oct	247	60	11	2	0	320
25-Oct	246	60	10	2	0	319
26-Oct	242	61	9	2	0	314
27-Oct	241	60	4	2	0	307
28-Oct	236	60	4	2	0	302
29-Oct	234	60	9	3	0	306
30-Oct	233	62	9	3	0	307
31-Oct	234	65	8	3	0	310
1-Nov	234	63	6	3	0	306

Applicant's Statement

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

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

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

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

***Full time – 40 hours a week with benefits – *Part time/hourly-As needed with retirement – *Temporary – Special projects with an end date – *Seasonal – Summer/Holiday help only.**

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date: NOV 09 2021

Name Kathi Troublefield Date 11-2-21

Employed? Yes No Date of Employment: 3-26-18

Job Title Deputy Clerk Department: County Clerk

Grade _____ Hourly Rate/Salary \$41,220.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file yes Effective Date 11-1-21

Notes Raise from \$39,220.00 to \$41,220.00

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 understand, also, that I am required to abide by all rules and regulations of the employer.

***Full time – 40 hours a week with benefits – *Part time/hourly-As needed with retirement – *Temporary – Special projects with an end date – *Seasonal – Summer/Holiday help only.**

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date: _____

NOV 09 2021

Name Chad Dawson Date 11-2-21

Employed? Yes No Date of Employment: 6-18-18

Job Title Asst Chief Deputy Department: County Clerk

Grade _____ Hourly Rate/Salary \$42,220.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file yes Effective Date 11-1-21

Notes Raise from \$39,220.00 to \$42,220.00

Signature Elected Official/Dept. Head 

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 Matthew Gibson Date 10-26-2021

Commissioner's Court Approval Date: NOV 09 2021

Name Matthew G. Gibson Date 10-22-21

Employed? Yes No Date of Employment: 11-08-2021

Job Title Maintenance Tech II Department: Facilities Department

Grade G5 Hourly Rate/ Salary \$45,000

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11-08-2021

Notes New Hire

Signature Elected Official/Dept. Head Ch. Fisher

5503

✓✓✓

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.**

NOV 09 2021

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date:

Name Cassidy Watson Date 11-9-2021

Employed? Yes No Date of Employment: _____

Job Title Clarice Department: Homeland

Grade _____ Hourly Rate/ Salary 6.1300

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

**Expected Temporary Assignment Completion Date 9-30-2021

Employee Evaluation on file _____ Effective Date 9-30-2021

Notes Resigned

Signature Elected Official/Dept. Head R Hill

✓✓✓✓✓

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 _____

NOV 09 2021

Commissioner's Court Approval Date: _____

Name Cody Jones Date 11/2/2021

Employed? Yes No Date of Employment: 11/15/2021

Job Title DO Department: Jail

Grade GA Hourly Rate/ Salary \$40,000.00

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11/15/2021

Notes New hire

Signature Elected Official/Dept. Head Terry Jones

✓✓✓✓✓

Applicant's Statement

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

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

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

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

*Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement - *Temporary - Special projects with an end date - *Seasonal - Summer/Holiday help only.

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date: NOV 09 2021

Name Machale Jesko Date 11/1/2021

Employed? Yes No Date of Employment: 11/15/2021

Job Title DO Department: Tail

Grade G4 Hourly Rate/ Salary \$10,000.00

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11/15/2021

Notes New hire

Signature Elected Official/Dept. Head [Signature]

✓✓✓✓✓

Applicant's Statement

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

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

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

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

*Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement - *Temporary - Special projects with an end date - *Seasonal - Summer/Holiday help only.

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date: NOV 09 2021

Name: Lana Briggs Date: 10/28/2021

Employed?: Yes No Date of Employment: 6/1/2010

Job Title: DO Department: Tail

Grade: G4 Hourly Rate/ Salary _____

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 11/11/2021

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 _____

NOV 09 2021

Commissioner's Court Approval Date:

Name Mayra McGee Date 10/27/2021

Employed? Yes No Date of Employment: _____

Job Title DD Department: _____

Grade GA Hourly Rate/ Salary _____

*Fulltime *PT/hourly *Temporary *Seasonal

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 10/27/2021

Notes She quit w/o notice

Signature Elected Official/Dept. Head Teyfan

✓✓✓✓

Applicant's Statement

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

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

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

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

***Full time - 40 hours a week with benefits - *Part time/hourly-As needed with retirement --**
***Temporary - Special projects with an end date -- *Seasonal - Summer/Holiday help only.**

Signature of Applicant _____ Date _____

NOV 09 2021

Commissioner's Court Approval Date: _____

.....
Name Patricia Peters Date 11-1-21

Employed? Yes No Date of Employment: 11-15-21

Job Title receptionist Department: Sheriff's Office

Grade _____ Hourly Rate/ Salary 37,562.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file n/a Effective Date 11-15-21

Notes New hire

Signature Elected Official/Dept. Head Tony Jones

2044

Applicant's Statement

✓✓✓✓✓

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

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

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

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

*Full time – 40 hours a week with benefits – *Part time/hourly-As needed with retirement -- *Temporary – Special projects with an end date -- *Seasonal – Summer/Holiday help only.

Signature of Applicant _____ Date _____

Commissioner's Court Approval Date: NOV 09 2021



Name Terra Bierschwale Date 10-26-21

Employed? Yes No Date of Employment: 11-8-21

Job Title dispatch Department: Sheriff's Office

Grade G-4 Hourly Rate/ Salary 39,000.00

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

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file no Effective Date 11-8-21

Notes New Hire

Signature Elected Official/Dept. Head 