

19,164

NOV 12 2024

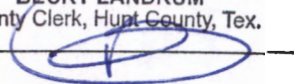
Fax to: 903-408-4291 Att: Sandy  
From: Classification  
JAIL COUNT

29-Oct-24 - 11-Nov-24

<u>DATE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>HOLDING</u>	<u>Hopkins</u>	<u>TOTAL</u>
29-Oct	232	51	5	0	288
30-Oct	230	52	8	0	290
31-Oct	228	50	10	0	288
1-Nov	224	48	8	0	280
2-Nov	229	50	1	0	280
3-Nov	227	50	3	1	281
4-Nov	228	49	6	1	284
5-Nov	226	46	10	0	282
6-Nov	227	48	12	0	287
7-Nov	230	49	12	0	291
8-Nov	233	50	14	0	297
9-Nov	236	51	5	0	292
10-Nov	237	51	4	0	292
11-Nov	234	52	6	0	292

FILED FOR RECORD  
at 1:00 o'clock f M

NOV 12 2024

BECKY LANDRUM  
County Clerk, Hunt County, Tex.  
By 

NOV 12 2024

Fax to: 903-408-4291 Att: Sandy

From: Classification

JAIL COUNT

15-Oct-24 - 28-Oct-24

<u>DATE</u>	<u>MALE</u>	<u>FEMALE</u>	<u>HOLDING</u>	<u>Hopkins</u>	<u>TOTAL</u>
15-Oct	239	46	1	0	286
16-Oct	237	44	2	0	283
17-Oct	231	43	1	0	275
18-Oct	225	43	11	0	279
19-Oct	234	43	11	0	288
20-Oct	239	44	5	0	288
21-Oct	235	44	5	0	284
22-Oct	232	47	6	0	285
23-Oct	232	45	8	0	285
24-Oct	230	47	3	0	280
25-Oct	223	47	12	0	282
26-Oct	228	47	10	0	285
27-Oct	231	49	9	0	289
28-Oct	232	51	6	0	289

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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 Erin Morrissey Date 11/4/2024  
Commissioner's Court Approval Date: NOV 12 2024

Name Erin E. Morrissey #4590 Date 11-4-2024  
Employed?  Yes  No Date of Employment: 11-4-2024  
Job Title Clerk Department: Health Dept  
Grade Part Time Hourly Rate/ Salary \$17.81  
\*Fulltime  \*PT/hourly  \*Temporary  \*Seasonal

\*\*Expected Temporary Assignment Completion Date \_\_\_\_\_  
Employee Evaluation on file \_\_\_\_\_ Effective Date 11-4-24

Notes New Hire  
Signature Elected Official/Dept. Head [Signature]



Applicant's Statement

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Commissioner's Court Approval Date: NOV 12 2024

Name Keva Neathery Date 11/5/2024

Employed?  Yes  No Date of Employment: 5/9/2022

Job Title PCT Worker Department: PCT 3

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

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

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

Employee Evaluation on file \_\_\_\_\_ Effective Date 11-5-2024

Notes terminated

Signature Elected Official/Dept. Head Phillip A. Martin

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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.

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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 MS NEFT Date 10-22-24

Commissioner's Court Approval Date: NOV 12 2024

Name Mark A. Northcutt #3997 Date 10-24-2024

Employed?  Yes  No Date of Employment: 11/4/2024

Job Title Pet Worker. Mechanic Pet 3 Department: Pct 3 Commission Pet Low

Grade \_\_\_\_\_ Hourly Rate/ Salary \$60,000

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

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

Employee Evaluation on file \_\_\_\_\_ Effective Date 11/4/2024

Notes rehire

Signature Elected Official/Dept. Head Phillip A. Monte Commission Pct 3