JAN 14 7075

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

JAIL COUNT

24-Dec-24

6-Jan-25

DATE	MALE	FEMALE	HOLDING	Hopkins	TOTAL
24-Dec	249	41	6	0	296
25-Dec	251	42	3	0	296
26-Dec	254	42	3	0	299
27-Dec	253	44	2	0	299
28-Dec	253	45	2	0	300
29-Dec	252	46	. 4	0	302
30-Dec	252	46	3	0	301
31-Dec	255	45	8	0	308
1-Jan	252	47	11	0	310
2-Jan	259	47	4	0	310
3-Jan	254	45	5	0	304
4-Jan	257	45	12	0	314
5-Jan	261	47	8	0	316
6-Jan	261	48	2	0	311

FILED FOR RECORD at 12:00 o'clock P M

JAN 14 2025

County Clerk Hand County, Tex.

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.

Signature of Applicant  Signature of Applicant	*Seasonal - Summer	
Commissioner's Court Approval Date:	Jan 14 2025	
Name AUW J. 516800	#1864	Date 1-2-25
Employed? Yes No		nt: <u>1-7-25</u>
Job Title DEAUTY CONTRACE		ISTABLE ACT
Grade		60,529 yms
*Fulltime *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Comp	letion Date	
Employee Evaluation on file	Effective Date	172025
	4	
Signature Elected Official/Dept. Head	GT WAS	∋on_

///

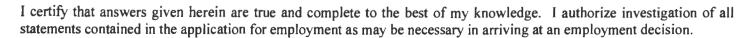
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

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.

projects with an end date *Seasonal - Summer/Holida	ay help only.	
Signature of Applicant		Date
Commissioner's Court Approval Date:	4 2025	
***************************************		• • • • • • • • • • • • • • • • • • • •
Name <u>KYLE WYLESKY</u>	Date:	<b>DECEMBER 16, 2024</b>
Employed? Yes X No	Start Date:	JANUARY #, 2025
Job Title: Assistant County Attorney  Truestigator	Department:	<b>Hunt County Attorney</b>
Grade: $\underline{G}6$	Salary:	\$65,749.00
*Fulltime XX *PT/hourly *7	Temporary	*Seasonal
**Expected Temporary Assignment Completion Date		
Employee Evaluation Not Applicable Effort file:		1-1-25
		•
Notes Kyle Wylesky is a transferring from the Hun		
\$65,749.00 is a reflection of the base salary. Mr. Wy		
his salary from Senate Bill 22 funds. This brings the	total salary to 390,00	0.00
Signature Elected Official/Dept. Head	1046	



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.

<u>*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.</u>
projects with an end date - Seasonal - Summer/Honday neip only.
Signature of Applicant Buildfurt Date 13-23-24
Commissioner's Court Approval Date:   Link 14, 1905
***************************************
Name BRIAN DURST Date 01/01/2025
Employed? X Yes No Date of Employment: 01/04/2021
Job Title: Asst. County Attorney Department: HUNT COUNTY ATTORNEY
Grade: G12 Current Salary \$88,052 NEW Salary \$103,400.00
*Fulltime XX *PT/hourly *Temporary *Seasonal *Seasonal
**Expected Temporary Assignment Completion Date
Employee Evaluation on file Effective Date \ \ 5 \ 7075
Notes BRIAN DURST will be receiving an increase in base salary from 88,052.00 to
\$103,400.00 he will also be receiving \$16,600 from Senate Bill 22 funds bringing his total
Signature Elected Official/Dept. Head

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	
0	and a Count American Date.	JAIE 14 2015	
	er's Court Approval Date:		
Name	JONATHAN MORRIS		Date
Employed?	X Yes No	Date of Employment:	4/29/2024
Job Title	TECH II 2 <sup>nd</sup> Shift Depar	tment: <u>FACILITIES D</u>	EPARTMENT
Grade	G5	Hourly Rate/ Salary _	\$ 50,250
*Fulltime	X *PT/hourly	_*Temporary	*Seasonal
**Expected Te	emporary Assignment Complet	tion Date	
Employee Eva	aluation on file	Effective Date	1/13/25
Notes	Promotion		
Signature Ele	cted Official/Dept. Head	L Wil	

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>Kesean Govan</u>		Date
Employed? _x_ Yes No	Date of Employment	11/21/22
Job TitleMaint. Tech I	Department:	Facilities Department
Grade	Hourly Rate/ Salary _	\$ 44,875
*Fulltimex *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Comple	etion Date	
Employee Evaluation on file	Effective Date	1/13/24
Notes Demotion		
Signature Elected Official/Dept. Head	L Th	

////

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.

*Full time – 40 hours a week with benefit		
*Temporary – Special projects with an er	27 ( 9095	Date <u>61-64-25</u>
Commissioner's Court Approval Date:		
Name CODY L. FIELDS **	4644	Date <u>1/06/2025</u>
Employed? _x Yes No	Date of Employment:	1/13/2025
Job Title CUSTODIAN II		Facilities Department
Grade	Hourly Rate/ Salary _	\$40,000.00
Fulltimex *PT/hourly	_*Temporary	*Seasonal
*Expected Temporary Assignment Completi		
Notes NEW HIRE		
Signature Elected Official/Dept. Head	6	

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: 2005
Name Zacharu Massissi Date /-6.2015  Employed? Yes No Date of Employment: 7.27.2022
Employed? Yes No Date of Employment: 7.27.2022
Job Title Land: Department: Home Cand Security
Grade Flourly Rate/ Salary
*Fulltime*PT/hourly*Seasonal*
**Expected Temporary Assignment Completion Date
Employee Evaluation on file Effective Date 1-17.1016
Notes Request that hourly pay goes from \$15 to \$17 anhour
Signature Elected Official/Dept. Head

 $\sqrt{/}$ 

### 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.

Signature of Applicant		_ Date
Commissioner's Court Approval Date:	· 5 70%	
	***************************************	
Name Jaedon Nobles	Date	12/23/2024
Employed? X Yes No	Date of Employment:	12/05/22
Job Title <u>Jailer</u>	Department:	Jail
Grade	Hourly Rate/ Salary	15.00
*Fulltime X *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Complete		
Employee Evaluation on file	Effective Date	1-6-25
Notes Full time going to	Partime as	14 mare services sary Fund at \$15.00 perhous
Signature Elected Official/Dept. Head		
	anvary 6th	

1/1/1/

## 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.

*Full time - 40 hours a week with ben	efits - *Part time/hourly-As needed with retirement
*Temporary - Special projects with a	n end date *Seasonal – Summer/Holiday help only.
Signature of Applicant	JAN 14 2025
Commissioner's Court Approval Date:	·
Name Angelica Torres	
Job Title <u>Jailer</u>	Department:
Grade	Hourly Rate/ Salary <u>\$50,620</u>
*Fulltime X *PT/hourty	*Temporary*Seasonal
	Effective Date01/20/2025
Notes New Hire	
Signature Elected Official/Dept. Head	3522

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 Dat	te:	
NameVi Wells	Date12/11/2024	
Employed? X Yes	No Date of Employment:	
Job TitleJailer	Department:	
Grade	Hourly Rate/ Salary	
*Fulltime X *PT/hourly	*Temporary*Seasonal	
**Expected Temporary Assignment (	Completion Date	
Employee Evaluation on file	Effective Date 12-31-2024	
Notes Retired		
Signature Elected Official/Dept. Head	o 3512 OXFORD	

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:	JAin 14 1025
Employed? YesNo  Job Title Detention Office	Date   12-19-2024     Date of Employment:   1-17-2023
	*Temporary*Seasonal
**Expected Temporary Assignment Comp	
Employee Evaluation on file	Effective Date December 16,2024
Notes Selected for the So position. Stipen	d of \$4000.00 from SCAAP grantfun
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 Raquel Vansasa Price Date 11-22-2024 Commissioner's Court Approval Date: \_ Price #4645 Yes Date of Employment: Employed? Job Title Detention Officer Department: Hourly Rate/ Salary \_50, 82 \*PT/hourly \*Temporary \*Seasonal \*\*Expected Temporary Assignment Completion Date Effective Date /-/3 - 25 Employee Evaluation on file Signature Elected Official/Dept. Head \_

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 <u>/-7-2025</u>
	57.17 1. 2025	
Name	Hourly Rate/ Salary	+ 27.65 / 457,512.00
**Expected Temporary Assignment Complete Employee Evaluation on file	Effective Date/-	20-2025

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.

<u> "Full time – 40 hours a week with benefit *Temporary – Special projects with an ei</u>			
Signature of Applicant  Commissioner's Court Approval Date:	Z	Date 1-7-2025	
Name <u>Kenneth Foster</u> Employed? <u>X</u> Yes No	Date of Francisco		
Job Title Equipment Operator			
Grade G4	Hourly Rate/ Salary	125.63 / \$53,310.00	
*Fulltime*PT/hourly		•	
**Expected Temporary Assignment Completion Date			
Employee Evaluation on file	Effective Date/	1-20-2025	
Notes Kenneth exceeds expectations and has taken on more responsibility  Signature Elected Official/Dept. Head			
Signature Elected Official/Dept. Head	so m		



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.

Date			
- 2025			
Date 12.20.24			
Date of Employment:			
Department:			
Hourly Rate/ Salary			
*Temporary*Seasonal			
**Expected Temporary Assignment Completion Date			
Effective Date 12.31-24			
ason Sut			