Jan 28 2025

Fax to: 903-408-4291 Att: Sandy

From: Classification JAIL COUNT

7-Jan-25

20-Jan-25

DATE	MALE	FEMALE	HOLDING	Hopkins	TOTAL
7-Jan	255	45	3	0	303
8-Jan	255	43	5	0	303
9-Jan	254	45	7	0	306
10-Jan	254	47	5	0	306
11-Jan	249	48	5	0	302
12-Jan	248	48	9	0	305
13-Jan	249	48	2	0	299
14-Jan	251	47	4	0	302
15-Jan	252	47	8	0	307
16-Jan	251	47	5	0	303
17-Jan	243	46	10	0	299
18-Jan	248	47	8	0	303
19-Jan	252	48	5	0	305
20-Jan	252	47	4	0	303

FILED FOR PECORD at \_\_\_\_\_ o'clock \_\_\_\_ M

JAN 28 2025

BECKY LANDRUM
County Clerk, Hunt, Co. ...., Tex.

VIV/

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 A	Applicant		Date
	er's Court Approval Date:		
	ELLAINNA DOUGLAS		<b>DECEMBER 31, 2024</b>
Employed?	Yes No	Employee Start Date:	OCOTBER 30, 2023
Job Title:	Asst County Attorney	Department:	Hunt County Attorney
Grade:	<u>G12</u>	Salary:	\$
	*PT/hourly		*Seasonal
**Expected Temporary Assignment Completion Date			
Employee Evaluation on file: Effective Date: DECEMBER 31, 2024			
Notes RESIGNED  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 7 7 7	mu_	Date 1-17-25
Commissioner's Court Approval Date:	JAN 2 8 2025	
NameTina M. Thompson	#4647	Date <u>1/17/2025</u>
Employed? _x Yes No	Date of Employment	1/27/2025
Job Title <u>Custodian II</u>	Department:	Facilities Department
Grade	Hourly Rate/ Salary _	\$40,000
*Fulltimex *PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Compl	etion Date	
Employee Evaluation on file	Effective Date	1/27/2025
NotesNew Hire		
Signature Elected Official/Dept. Head.	L Kin	

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	11/	Date 0//13/2025
Commissioner's Court Approval Date:	JAN 2 8 2025	
Name Narrel Chance Wright  Employed? X Yes No  Job Title Jailer	Date of Employment:  Department:	
*FulltimeX *PT/hourly		*Seasonal
**Expected Temporary Assignment Comp Employee Evaluation on file Notes		02/03/2025
Signature Elected Official/Dept. Head	Tenfores	

3.

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 01/23/2025
Commissioner's Court Approval Date:	JAN 2 8 202	5
Name <u>isacc Davis</u>		1/25/70024
Employed? X Yes No	Date of Employment:	2/3/2025
Job Title Jailer	Department:	d .
Grade	Hourly Rate/ Salary	\$50.820.00 yearly
*FulltimeX*PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Comp	letion Date	
Employee Evaluation on file	Effective Date 02	2/03/2025
Notes New hire		
Signature Elected Official/Dept. Head	Tey for	



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:	JAN 2 8 2025
Name Austin Kern #46	Date <u>01/15/2025</u>
Employed? X Yes No	Date of Employment: 02/03/2025
Job Title	Department: Jall Sheriff Office
	Hourly Rate/ Salary <u>50, 820</u> -
*Fulltime X *PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Com	pletion Date
Employee Evaluation on file	Effective Date 02/03/2025
Notes <u>New hire</u>	
Signature Elected Official/Dept. Head	3522 oxford