Fax to: 903-408-4291 Att: Sandy

FIB 11 2025

From: Classification JAIL COUNT

21-Jan-25

3-Feb-25

| DATE | MALE | FEMALE | HOLDING | Hopkins | TOTAL |
|--------|------|--------|---------|---------|-------|
| 21-Jan | 250 | 47 | 2 | 0 | 299 |
| 22-Jan | 248 | 46 | 12 | 0 | 306 |
| 23-Jan | 252 | 45 | 7 | 0 | 304 |
| 24-Jan | 251 | 45 | 6 | 0 | 302 |
| 25-Jan | 245 | 45 | 12 | 0 | 302 |
| 26-Jan | 245 | 46 | 8 | 0 | 299 |
| 27-Jan | 248 | 45 | 6 | 0 | 299 |
| 28-Jan | 244 | 45 | 3 | 0 | 292 |
| 29-Jan | 241 | 45 | 8 | 0 | 294 |
| 30-Jan | 238 | 46 | 7 | 0 | 291 |
| 31-Jan | 239 | 46 | 7 | 0 | 292 |
| 1-Feb | 240 | 46 | 5 | 0 | 291 |
| 2-Feb | 240 | 46 | 7 | 0 | 293 |
| 3-Feb | 241 | 45 | 5 | 0 | 291 |

at o'clock M

FE3 11 2025

BECKY LANDRUM
County Clerk, Hunt County, Tex.

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: | FIB 11 2025 | |
| Name Duish Cess | <u>ra</u> | Date <u>33.35</u> |
| | | |
| Job Title Yes No | Department: | cinct |
| Grade | | |
| *Fulltime*PT/hourly | *Temporary | *Seasonal |
| **Expected Temporary Assignment Complete | | |
| Employee Evaluation on file | Effective Date | 1-3125 |
| Notes Resigned- | | |
| | 14 | |
| Signature Elected Official/Dept. Head | 7 | |

// V V

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: | FEB 11 2025 | | | | |
| Name Gerald Cla | ~ | Date <u>2.4-25</u> | | | |
| Employed? Yes No | Date of Employment: | | | | |
| Employed? Yes No Job Title | _Department: | a Bridge | | | |
| Grade | | Č | | | |
| *Fulltime*PT/hourly | *Temporary | *Seasonal | | | |
| **Expected Temporary Assignment Completion Date | | | | | |
| Employee Evaluation on file Effective Date | | | | | |
| Notes Perfections | | | | | |
| | | | | | |
| 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 | | | |
|---|---------------------|--|--|--|
| Commissioner's Court Approval Date: | FEB 11 2025 | | | |
| Employed? YesNo Job Title Deputy Grade | | | | |
| *Fulltime*PT/hourly | *Temporary*Seasonal | | | |
| **Expected Temporary Assignment Completion Date | | | | |
| Notes Resignation | | | | |
| | 12 3522 Oxford | | | |