

19367

MAR 25 2025

Fax to: 903-408-4291 Att: Sandy

From: Classification


JAIL COUNT

3-Mar-25

-

16-Mar-25

| <u>DATE</u> | <u>MALE</u> | <u>FEMALE</u> | <u>HOLDING</u> | <u>Hopkins</u> | <u>TOTAL</u> |
|-------------|-------------|---------------|----------------|----------------|--------------|
| 3-Mar | 239 | 50 | 6 | 0 | 295 |
| 4-Mar | 240 | 49 | 10 | 0 | 299 |
| 5-Mar | 242 | 49 | 3 | 0 | 294 |
| 6-Mar | 240 | 47 | 7 | 0 | 294 |
| 7-Mar | 236 | 47 | 6 | 0 | 289 |
| 8-Mar | 237 | 47 | 14 | 0 | 298 |
| 9-Mar | 243 | 50 | 8 | 0 | 301 |
| 10-Mar | 243 | 50 | 2 | 0 | 295 |
| 11-Mar | 237 | 47 | 13 | 0 | 297 |
| 12-Mar | 238 | 47 | 10 | 0 | 295 |
| 13-Mar | 236 | 44 | 11 | 0 | 291 |
| 14-Mar | 217 | 42 | 7 | 0 | 266 |
| 15-Mar | 221 | 42 | 7 | 0 | 270 |
| 16-Mar | 224 | 41 | 11 | 0 | 276 |

FILED FOR RECORD
at 2:11 o'clock P.M.
MAR 25 2025
BECKY LANDRUM
County Clerk, Hunt County, Tex.
by 

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 45 days. 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: MAR 25 2025

Name Cheryl Moore Date 3-19-25

Employed? ☒ Yes ☐ No Date of Employment: 9-5-2022

Job Title Administrative Assistant Department: Juvenile Prob Dept

Grade _____ Hourly Rate/ Salary \$47,689.00

*Fulltime ☒ *PT/hourly ☐ *Temporary ☐ *Seasonal ☐

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 5-5-2025

Notes Promotion to Office Manager

Signature Elected Official/Dept. Head Laura Sorden

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 45 days. 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:

MAR 25 2025

Name Shakira Hayes Date 3-19-25

Employed? ☐ Yes ☐ No Date of Employment: 8-15-16

Job Title Office Manager Department: Juvenile Prob. Dept

Grade _____ Hourly Rate (Salary) \$47,689.00

*Fulltime ☒ *PT/hourly ☐ *Temporary ☐ *Seasonal ☐

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 4-25-2025

Notes Resigning due to move

Signature Elected Official/Dept. Head Laura Sandlin

✓✓✓✓

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: MAR 25 2025

Name Lance Elliot Date 3/19/25

Employed? ☐ Yes ☐ No Date of Employment: _____

Job Title Equip. operator Department: Pct 1


Grade _____ Hourly Rate/ Salary _____

*Fulltime ☒ *PT/hourly ☐ *Temporary ☐ *Seasonal ☐

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date 3/21/2025

Notes Resigning

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: MAR 25 2025

.....
Name Shannon Lindsey Date 01-22-2025

Employed? ☐ Yes ☐ No Date of Employment: 07-05-2004

Job Title Sergeant Department: Sheriff's Office

Grade _____ Hourly Rate/ Salary 79,734.00

*Fulltime ☒ *PT/hourly ☐ *Temporary ☐ *Seasonal ☐

**Expected Temporary Assignment Completion Date _____

Employee Evaluation on file _____ Effective Date April 30, 2025

Notes Resigned - retirement

Signature Elected Official/Dept. Head  3522
Oxford