

# **GILLESPIE COUNTY SHERIFF'S OFFICE**

1601 East Main Street  
Fredericksburg, TX 78624  
830-997-7585

## **EMPLOYMENT APPLICATION**

### **Deputy Sheriff Position**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

## **READ THESE INSTRUCTIONS CAREFULLY**

These instructions are provided to assist you in properly completing your **Deputy Sheriff** employment application.

During your pre-employment process with the Gillespie County Sheriff's Office, it is important to dress appropriately (as you would for any job interview).

**It is essential that the information be accurate and complete!**

Your employment application will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your employment application must be typed or **hand-printed legibly in black or blue ink**, by you personally. Do not type nor have anyone else fill it out for you. Correct all mistakes completely and return all pages.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure all information is accurate, complete, and in proper sequence before you begin.
4. You are responsible for obtaining correct information and complete addresses, including zip codes. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Include the area code with telephone numbers.
5. If there is insufficient space on the employment application, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.
6. An accurate and complete employment application will help expedite your background investigation. On the other hand, any omissions or falsifications, inaccuracies and/or incompleteness may result in disqualification of your application.
7. Remember your application must be signed, dated and notarized or it will not be processed.
8. Your employment application is part of the hiring process. The ability to follow instructions, and to prepare neat, accurate, thorough and legible documents, is an integral part of this type of job and will be evaluated.

## Required Documents

Your notarized **Deputy Sheriff** employment application and the following required documents must be delivered and/or mailed directly to:

Lt. Brian Pehl  
Gillespie County Sheriff's Office  
1601 East Main Street  
Fredericksburg, TX. 78624

Your background investigation may be delayed and/or your application may be rejected if these required documents are not submitted promptly. Place a check mark to indicate document is attached to the employment application.

- 1. Copy of birth certificate
- 2. Copy of social security card
- 3. Copy of driver's license
- 4. Copy of high school diploma or GED
- 5. Copy of college transcript and college diploma (if applicable)
- 6. Copy of military separation paper (DD-214) showing the type of discharge
- 7. Copy of current credit report
- 8. Copy of naturalization papers (if applicable)

Explain if any above named documents are not attached:

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List all law enforcement agencies where you currently have a pending application for employment. \_\_\_\_\_

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## Personal Data

Name: \_\_\_\_\_  
Last First Middle

List all other names you have used: Maiden, Married, Adopted, Legal Change, Etc.:

\_\_\_\_\_

Home Address: \_\_\_\_\_  
No. Street Name Apt. Number

City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Area Code/ Number Area Code/ Number

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen \_\_\_yes\_\_\_no

Place of Birth: \_\_\_\_\_  
City County State Country

Driver's License: \_\_\_\_\_  
Number State of Issue Expiration Date

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identifying Marks: Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Telephone number you can be reached Monday – Friday between 8 am and 5 pm.

\_\_\_\_\_ Area Code/ Number

**Personal Data (continued)**

Does your age meet the minimum legal requirement for the position you are applying for?

yes  no

Have you ever filed an application with us before?  yes  no

if so, give date: \_\_\_\_\_ Position applied for \_\_\_\_\_

Have you ever been employed with us before?  yes  no

If so, give date \_\_\_\_\_ Position \_\_\_\_\_

Are you legally eligible for employment in the United States?  yes  no

Are you currently employed?  yes  no Employer name: \_\_\_\_\_

May we contact your current employer?  yes  no Telephone number: \_\_\_\_\_  
Area Code/ Number

If no, why not? \_\_\_\_\_

On what date would you be available to commence work? \_\_\_\_\_

Are you available to work:  Full Time  Part-Time  Shift Work  Temporary

Are you currently on "Lay-off" status and subject to recall?  yes  no

Can you travel, if the job requires it?  yes  no

Can you work evenings and/or night shift, if the job requires it?  yes  no

Can you work weekends and/or holidays, if the job requires it?  yes  no

## Personal References

List five (5) persons who know you well enough to provide current information about you. Do not list relatives.

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_ Years known: \_\_\_\_\_  
City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_ Years known: \_\_\_\_\_  
City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_ Years known: \_\_\_\_\_  
City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_ Years known: \_\_\_\_\_  
City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_  
Address: \_\_\_\_\_ Years known: \_\_\_\_\_  
City/State: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Place of employment: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

## Employment History

Beginning with your present or most recent job, list all of the jobs you have had since your 17<sup>th</sup> birthday. Include all part time jobs, temporary or seasonal positions. Attach additional pages, if necessary.

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehiring? \_\_\_\_\_ If no, why? \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

Current Monthly Weekly/Salary: \_\_\_\_\_

May we contact your present employer without jeopardizing your job? \_\_\_\_\_

Does your present employer know you are applying for this job? \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehiring? \_\_\_\_\_ If not, why? \_\_\_\_\_

Reason for leaving or wanting to leave: \_\_\_\_\_

### Employment History (continued)

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire? \_\_\_\_\_ If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Employment History (continued)

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description:  full time  part time  temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire?  If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description:  full time  part time  temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire?  If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Employment History (continued)

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire? \_\_\_ If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Check job description: \_\_\_ full time \_\_\_ part time \_\_\_ temporary

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_

Ending Date: \_\_\_\_\_ Position: \_\_\_\_\_

Duties/ Responsibilities: \_\_\_\_\_

Supervisors Name /Title: \_\_\_\_\_

Are you eligible for rehire? \_\_\_ If not, why? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Educational History

### TCOLE Licensing

Peace Officer License ( ) yes ( ) no PID # \_\_\_\_\_ Date of license \_\_\_\_\_

Jailer License (permanent) ( ) yes ( ) no PID # \_\_\_\_\_ Date of license \_\_\_\_\_

Telecommunications License ( ) yes ( ) no PID # \_\_\_\_\_ Date of license \_\_\_\_\_

**List the most recent/last attended first. List the High School, TCOLE Academy, College/University you have attended or currently enrolled.**

### High School

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If "no" explain: \_\_\_\_\_

Do you have a GED equivalency certificate? \_\_\_\_\_

### TCOLE Academy

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Major field of study: \_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Date: \_\_\_\_\_ Type of License: \_\_\_\_\_

### College/University

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Major field of study: \_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Date: \_\_\_\_\_ Type of Degree: \_\_\_\_\_

### Other Training

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Major field of study: \_\_\_\_\_ Attended from: \_\_\_\_\_ to: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Date: \_\_\_\_\_ Type of Degree: \_\_\_\_\_



### Legal History (continued)

List each and every citation you have received (excluding parking tickets) within the past ten years (list juvenile and adult incidents):

Offense Charged	City/State	Date of Offense	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid driver's license? \_\_\_\_\_

Have you ever driven a vehicle, since 1982, without proper insurance? \_\_\_\_\_

Have you ever had your driver's license suspended? \_\_\_\_\_ If yes, provide the following:

Type of Suspension: \_\_\_\_\_

Date of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

Have you ever had your driver's license placed on probation? \_\_\_\_\_ If yes, Why? \_\_\_\_\_

Have you ever had a hearing for probation/suspension, etc...? \_\_\_\_\_

Have you ever been placed as an assigned risk for vehicle insurance? \_\_\_\_\_

Has your insurance ever been revoked due to the number of citations you have received? \_\_\_\_\_

Have you ever knowingly driven a motor vehicle while your driver's license was suspended or after it had been revoked? \_\_\_\_\_

Do you have a valid driver's license in more than one state? \_\_\_\_\_ If yes, list: \_\_\_\_\_

Have you ever been denied a driver's license for any reason? \_\_\_\_\_

Have you ever struck an unattended vehicle and then left without leaving identification? \_\_\_\_\_

Have you ever been involved in an accident when you were driving after you had been drinking any type and any amount of alcoholic beverage? \_\_\_\_\_

How many motor vehicle accidents have you ever been involved in as a driver (include those not investigated by a police agency)? \_\_\_\_\_ List all below

Date	Location (City/State)	If investigated, by which police Agency	who was at fault	Injuries yes or no
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Legal History (continued)

Have you ever committed or been convicted of leaving the scene of an accident, DWI, DUID or failure to stop and render aid? \_\_\_\_\_ If yes, provide charge, police agency, date, location, and circumstances: \_\_\_\_\_

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Have you or a relative ever had the police called, to respond to your residence or another location where you were involved in any type of police related matter? \_\_\_\_\_ If yes, give the agency name, date, location, reason for police response and explanation of circumstances:

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Have you ever been involved in any type of law suit? \_\_\_\_\_

Do you currently have any pending law suits? \_\_\_\_\_

Have you ever been sued? \_\_\_\_\_

Have you ever sued anyone? \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_

Has anyone ever threatened to take you to court for non-payment of a bill? \_\_\_\_\_

If the answer to any of the above questions is yes, explain each incident: \_\_\_\_\_

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## Military Service

Have you registered with selective service? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been rejected by any branch of the armed forces? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever served in any branch of the armed forces? \_\_\_\_\_ If yes, complete

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Briefly describe your duties: \_\_\_\_\_

While in the armed forces did you receive any Article 15s or Captain's Mast? \_\_\_\_\_ If yes, give date, law enforcement authority or type of court or court-martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Last duty station and commanding officer: \_\_\_\_\_

Are you currently a member of a US Reserve, National or State Guard organization? \_\_\_\_\_

If yes complete the following:

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Commanding Officer: \_\_\_\_\_

What is your present status? (Check one) Active \_\_\_\_\_ Inactive \_\_\_\_\_ Standby \_\_\_\_\_

## Marital and Family History

Check your current marital status:

Single  Engaged  Married  Separated  Divorced  Widowed

If you are engaged, Wedding Date: \_\_\_\_\_

Fiancée's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

If you are married, Date of Marriage: \_\_\_\_\_ County/State \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

If you are separated, Date of Separation: \_\_\_\_\_

If you are divorced, provide the following information:

Are you current on any and all child support payments, ordered by a court? \_\_\_\_\_

Ex-spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

County and State of Divorce: \_\_\_\_\_

Ex-spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

County and State of Divorce: \_\_\_\_\_

Ex-spouse's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

County and State of Divorce: \_\_\_\_\_

## Residences

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List the dates by month and year. Attach additional pages if necessary.

From: \_\_\_\_\_ To: \_\_\_\_\_ Length of Residency (yrs./mos.): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord, or Apartments and manager: \_\_\_\_\_  
Landlord's or Apartment Manager's Phone Number: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Length of Residency (yrs./mos.): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord, or Apartments and manager: \_\_\_\_\_  
Landlord's or Apartment Manager's Phone Number: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Length of Residency (yrs./mos.): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord, or Apartments and manager: \_\_\_\_\_  
Landlord's or Apartment Manager's Phone Number: (\_\_\_\_) \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Length of Residency (yrs./mos.): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Landlord, or Apartments and manager: \_\_\_\_\_  
Landlord's or Apartment Manager's Phone Number: (\_\_\_\_) \_\_\_\_\_

Have you ever been asked to move from any address? \_\_\_\_\_ If so, why, and when  
and by whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Neighbors

List the neighbors that live on both sides of your current residence, and across the street. List other additional neighbors, if available. If you live in an apartment, list at least two neighbors, from bordering (including shared entry) units. If you have lived at your current residence for less than three (3) months, list at least two (2) neighbors of your previous address, in addition to your present neighbors.

Please advise your neighbors that we may be contacting them. Ask for their cooperation and explain that they have your permission to speak to us about you.

Name(s) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone (if different): (\_\_\_\_) \_\_\_\_\_

Name(s) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone (if different): (\_\_\_\_) \_\_\_\_\_

Name(s) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone (if different): (\_\_\_\_) \_\_\_\_\_

Name(s) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone (if different): (\_\_\_\_) \_\_\_\_\_

Name(s) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone (if different): (\_\_\_\_) \_\_\_\_\_

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## Personal Declarations

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types, into person's system.

Example: Experimented, tried, etc...

Have you ever illegally used: (answer yes or no to each

Type	yes or no	# of times in life	Approximate last date	forms used
Marijuana	_____	_____	_____	_____
Speed Amphetamine or Methamphetamine	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
LSD or Hallucinogen	_____	_____	_____	_____
XTC	_____	_____	_____	_____
PCP	_____	_____	_____	_____
Peyote	_____	_____	_____	_____
Mushrooms	_____	_____	_____	_____
Quaaludes	_____	_____	_____	_____
Tranquilizers	_____	_____	_____	_____
Downers Barbiturates	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Any designer Drug	_____	_____	_____	_____
Steroids	_____	_____	_____	_____

Have you ever sold any of the drugs specified above? \_\_\_\_\_ Which? \_\_\_\_\_  
 \_\_\_\_\_ When? \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever bought any of the drugs specified above?: \_\_\_\_\_ Which? \_\_\_\_\_  
 \_\_\_\_\_ When? \_\_\_\_\_ # Times? \_\_\_\_\_

**Personal Declarations (continued)**

Have you ever had an illegal drug injection? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever inhaled paint, glue, any petroleum product for the purpose of getting high? \_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever abused any prescribed medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever taken any drug not prescribed to you (other than over the counter drugs)? \_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of illegal drugs? \_\_\_\_ if yes, what drugs? \_\_\_\_\_

Describe fully your involvement: \_\_\_\_\_

Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc...? If yes, explain: \_\_\_\_\_

Have you ever altered a prescription drug given to you by a doctor? \_\_\_\_ If yes, explain: \_\_\_\_\_

**Alcohol Use:**

Do you use alcoholic products? \_\_\_\_\_ If yes, describe the use (frequency, amount, type, circumstances, etc...): \_\_\_\_\_

Have you ever used cough medicine to get a high? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## Essential Job Functions for Deputy Sheriff

Instructions: the following are the essential job functions that are common to all Deputy Sheriff's in Gillespie County. The successful applicant must be able to perform all of the essential job functions of a deputy sheriff, unassisted, and at a pace and level of performance consistent with the actual job performance requirement. This requires a high level of physical ability to include vision, hearing, speaking, flexibility, and strength.

Do you believe that you have the ability and are capable of performing in a reasonable manner the following functions with or without a reasonable accommodation? (Answer Yes, No, or Accommodation necessary)

Note: A request for an accommodation will not, by itself, disqualify an applicant for employment as a deputy sheriff.

Essential Job Function:

1. Effect an arrest, forcibly if necessary using handcuffs or other restraints; subdue resisting suspects using maneuvers and weapons and resort to the use of hands and feet and other approved weapons in self-defense. \_\_\_\_\_
2. Prepare investigative and other reports, including sketches, using appropriate grammar, symbols, and mathematical computations. \_\_\_\_\_
3. Exercise independent judgment in determining when there is reasonable suspicion to detain, when probable cause exists to search and arrest and when force may be used and to what degree. \_\_\_\_\_
4. Capable of using deadly force, when justified, to protect your life or that of another. \_\_\_\_\_
5. Operate a law enforcement vehicle during the day and night; in emergency situations involving speeds in excess of posted limits, in congested traffic and on unsafe road conditions caused by factors such as fog, smoke, rain, ice or snow. \_\_\_\_\_

6. Communicate effectively and coherently over law enforcement radio channels while initiating and responding to radio communications. \_\_\_\_\_
7. Gather information in criminal investigations by interviewing and obtaining the statements of victims, witnesses, suspects and confidential informants. \_\_\_\_\_
8. Pursue fleeing suspects and perform rescue operations which may involve quickly entering and exiting law enforcement vehicles; lifting, carrying and dragging heavy objects; climbing over and pulling oneself over obstacles; jumping down from elevated surfaces; climbing through openings, jumping over obstacles, ditches, and streams; crawling in confined spaces' balancing on uneven or narrow surfaces and using body force to gain entrance through barriers. \_\_\_\_\_
9. Load, unload, aim and fire from a variety of body positions handguns, shotguns, rifles and other agency firearms under conditions of stress that justify the use of deadly force and at levels of proficiency prescribed in certifications standards. Perform searches of persons, vehicles, buildings and large outdoor areas which may involve feeling and detecting objects, walking for long periods of time, detaining people and stopping suspicious vehicles and persons. \_\_\_\_\_
10. Conduct visual and audio surveillance for extended periods of time \_\_\_\_\_
11. Engage in law enforcement patrol; functions that include such things as working rotating shifts, walking on foot patrol, and physically checking the doors and windows of buildings to ensure that they are secure. \_\_\_\_\_
12. Effectively communicate with people, including juveniles, by giving information and directions, mediating disputes and advising of rights and processes. \_\_\_\_\_
13. Demonstrate communication skills in court and other formal settings. \_\_\_\_\_
14. Detect and collect evidence and substances that provide the basis of criminal offense and infractions and that indicate the presence of dangerous conditions. \_\_\_\_\_

15. Endure verbal and mental abuse when confronted with hostile views and opinions of suspects and other people encountered in an antagonistic environment. \_\_\_\_\_
16. Perform rescue functions at accidents, emergencies, and disasters to include directing traffic for long periods of time, administering emergency medical aid, lifting, dragging, and carrying people away from dangerous situations and securing and evacuating people from particular areas. \_\_\_\_\_
17. Process and transport prisoners and committed mental patients using handcuffs and other appropriate restraints \_\_\_\_\_
18. Put on and operate gas masks in situations where chemical munitions are being deployed. \_\_\_\_\_
19. Extinguish small fires by using a fire extinguisher and other appropriate means. \_\_\_\_\_
20. Read and comprehend legal and non-legal documents, including the preparation and processing of required reports and documentation forms. \_\_\_\_\_
21. Process arrested suspects to include taking their photographs and obtaining a legible set of inked fingerprint impressions. \_\_\_\_\_

## **APPLICANT'S CERTIFICATION AND AGREEMENT**

PLEASE READ CAREFULLY

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal.

I acknowledge and agree that I must serve a probationary period of one year beginning on my date of employment as a deputy sheriff. During this probationary period, I understand that I am required to satisfactorily complete the Field Training Officer Program and receive a satisfactory job performance evaluation at the end of the one year probationary period. If either of these requirements is not met, I understand and agree my employment will be terminated.

I, the undersigned, hereby authorize and request any present or former employer, educational institution, business organization, law enforcement agency, financial institution or other persons having personal knowledge concerning my work record, school record, military record, criminal record, disciplinary record, reputation, or financial or credit status, to furnish the Gillespie County Sheriff's Office and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Gillespie County Sheriff's Office and/or its representatives. This release is valid for 12 months from the signature date. A photocopy of this authorization is as effective as the original.

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

State of Texas County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Printed name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

(SEAL)