

FOREIGN LANGUAGES (list)

LANGUAGE	SPEAK			READ			WRITE		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

MILITARY SERVICE (active duty) Branch _____ DATES: From _____ To _____
Are you in the Active Reserve? Yes No

(NOTE: A CERTIFIED PHOTOSTATIC COPY OF A REPORT OF SEPARATION FROM THE ARMED FORCES MAY BE REQUIRED.)

EMPLOYMENT RECORD: Please indicate at least the last 10 years of employment. Start with present or most recent position and work back. Include military service, use additional sheets if necessary.

Employer: _____ Type of Business _____

Address: _____ Full Time _____ Part Time _____ Temporary _____

Phone Number: _____ Immediate Supervisor _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Starting Base Salary _____ Ending Base Salary _____ Starting Position Title _____

Present or Last Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Explain reason for leaving _____

Employer: _____ Type of Business _____

Address: _____ Full Time _____ Part Time _____ Temporary _____

Phone Number: _____ Immediate Supervisor _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Starting Base Salary _____ Ending Base Salary _____ Starting Position Title _____

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Phone Number: _____ Immediate Supervisor _____

Starting Date: Month _____ Year _____ Leaving Date: Month _____ Year _____

Starting Base Salary _____ Ending Base Salary _____ Starting Position Title _____

Present or Last Title _____ Immediate Supervisor _____

Briefly describe your duties and responsibilities _____

Explain reason for leaving _____

Do you have any relatives working for the District Courts, County Courts or the Galveston County Community Supervision and Corrections Department?
Yes OR No If yes list names, relationships and place employed

I hereby certify that the foregoing statements as well as those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my own free will. I agree that any misstatement(s) as to material facts will constitute grounds for unfavorable consideration or dismissal from employment. I understand that if employed I will serve an initial probationary period. The Galveston County Community Supervision and Corrections Department is an E-Verify employer.

YOU MAY CONTACT:

Present Employer Yes No
Former Employers Yes No

Applicant's Signature

Date

* * * * **FOR DEPARTMENT USE** * * * *

DATE RECEIVED _____

ATTACHMENTS: RESUME _____
TRANSCRIPT _____
EEO _____

INTERVIEW _____

ACTION _____

CCH _____

LI _____