



L.C. "TONY" MARSHALL
Chief Deputy

JAMES R. WILSON
WILLIAMSON COUNTY SHERIFF

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ROBERT L. CHAPMAN
Asst Chief Deputy - Law Enforcement

RICHARD ELLIOT
Asst Chief Deputy - Corrections

Application for Employment Examination Cover Sheet

1. Federal law prohibits the employment of unauthorized aliens. If hired, all persons will be required to provide documents that prove identity and employment authorization within three (3) days of hire or in accordance with the regulations established by law. Failure to submit such proof within the required time shall result in immediate employment termination.
2. I certify that I have made no willful misrepresentations in my original application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations or omissions may cause my application to be rejected.
3. Any applicant that passes all the testing may be placed on an eligibility-hiring list. This list will be maintained at the discretion of the Sheriff. If any information is received, while on the eligibility list, that would alter the original decision, it will result in your name being removed from the eligibility list.
4. Each individual applicant is responsible for notifying Williamson County Sheriff's Office about any changes to the applicant's address, phone number, background history or status of employment. The Sheriff's Office will only make two (2) reasonable attempts to contact the applicant reference an employment offer. The applicant has twenty-one (21) days to report for duty or be removed from the eligibility list.
5. I have read the job description for the position of Deputy Sheriff and can perform all duties and tasks without any assistance or accommodations, except those listed. If any accommodations would need to be considered, I understand that I must explain this at the time this sheet is signed and turned in.

SIGNATURE (INCLUDING MAIDEN NAME)

ADDRESS

CITY STATE ZIP

AREA CODE/PHONE NUMBER D.O.B

SOCIAL SECURITY NUMBER

DRIVERS LICENSE #

Subscribed and sworn before me, by the said _____ this the _____ day of _____, 200____, to certify which witness my hand and seal of office.

NOTARY PUBLIC, STATE OF TEXAS