12620 FM 1887 Hempstead, Texas 77445

JUDGE MARIAN ELAINE JACKSON Justice Court, Precinct 3 Waller County, Texas

979-826-7637 Fax 979-826-7639 wcjp3@wallercoounty.us



	TEXAS
Applicant Name	Date of Birth

JOB APPLICATION

Waller County Justice Court, Pct. 3 is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodations in the application process, he or she should contact a staff member.

applicant need reasonable acc	ommodations in	the application proc	cess, he or she should contact a staff member.	
Please complete all sections b	elow:			
Applicant Name			Date	
SSN	Bilingual: Yes_	(Language) No	
Address/Mailing Address:				
City, State and Zip Code:				
Telephone Number:				_
Email Address:				_
Emergency Contact(s)				
Name		Number	Relation	_
Name		_Number	Relation	_
Employment Position:				
Can you be relied on to keep in	nformation confi	dential?		
Can you be relied on to be pun	nctual?			
Can you be relied on to be pro	fessional?			
Have you ever applied or work	ed for Waller Co	unty? If yes, Dates		
Location				
•	•	ū	aller County? If yes, state name, location and	
Are you 18 years if age or olde	r? Are y	ou a US Citizen or ap	approved to work in the United States?	
If needed what document can	you provide as p	roof of citizenship or	or legal status?	_
Will you consent to a mandato	ory controlled sub	ostance test?		
Do you have any condition whi	ich would require	e job accommodatio	ons? If yes, please describe accommodations requ	ıired,

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Applicant Name Date						
Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of the					ase state nature of the crime(s),	
when and wh	ere convicte	d and deposition of the	e crime(s).			
			-	_		criminal history. The date of the
			•			otion of the event, and the
surrounding o	circumstance	s and the relevance of	the offens	e and positon app	plied for may	y, however be considered.)
Job Skills/Qu	<u>alifications</u>					
Please list bel	ow the skills	and qualifications you	possess fo	or the position for	which you a	are applying.
(Note: Waller	County Just	ice Court, Pct. 3 compli	es with the	e ADA and consid	ers reasonal	ble accommodation measures
that may be r	ecessary for	eligible applicants/em	ployees to	perform essentia	al functions.	It is possible that a hire be
tested on skil	l/agility and	may be subject to a me	edical exan	nination conducte	ed by a medi	ical professional.)
<u> </u>	d Training ((Complete all that apply	<u>4)</u>			
High School						
Name		Location(City/ Sta	ate)	Year Graduate	ed	Degree Earned
College/Unive	ersity					
Name		Location(City/ Sta	ate)	Year Graduate	ed .	Degree Earned
Vocational Sc	hool/ Specia	lized Training				
Name		Location(City/ Sta	ate)	Year Graduate	ed	Degree Earned
Ara	mbor of the	Armad Carvinas		Dank whan disch	araad	
		Armed Services?				
		n, alcilla da var accesa				
what military	Skills militar	ry skills do you possess	that would	d be an asset for t	this position	ŗ
						
Availability						
Mondow	to	Wodnesde	+-	Eridav	to	
		Wednesday: Thursday:			^{ເປ}	

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Applicant Name		Date		
Previous Employment				
Employer Name:				
Job Title:				
upervisor Name:				
City, State, Zip Code:				
Employer Phone Number:				
Date Employed:	l:Reason for leaving:			
Employer Name:				
Date Employed:				
Reason for leaving:				
Employer Name:				
Job Title:				
Supervisor Name:				
City, State, Zip Code:				
Employer Phone Number:				
Date Employed:				
Reason for leaving:				
References:				
Please provide 2 personal and professional references(s) below:				
Personal Reference		Contact Phone Number		
Professional Reference				

Please attach a copy of your resume