#15,918

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Dec 17-Dec 30, 2019 at Laile o'clock A M

JENNIFER LINDENZWEIG

DATE	MALE	<u>FEMALE</u>	<u>HOLDING</u>	Hopkins County	PTS	<u>Federal</u>	TOTAL
17-Dec	167	43	5	0	0	0	215
18-Dec	168	43	9	0	0	0	220
19-Dec	169	43	4	0	0	0	216
20-Dec	163	43	9	0	0	0	215
21-Dec	168	45	9	0	0	0	222
22-Dec	168	48	2	0	0	0	218
23-Dec	165	46	9	0	0	0	220
24-Dec	170	46	4	0	0	0 '	220
25-Dec	220	0	9	0	0	0	229
26-Dec	223	0	8	0	0	0	231
27-Dec	174	47	11	0	0	0	232
28-Dec	182	47	11	0	0	0	240
29-Dec	185	48	9	0	0	0	242
30-Dec	186	50	7	0	0	0	243

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Dec 3-Dec 18, 2019

DATE	MALE	<b>FEMALE</b>	<b>HOLDING</b>	<b>Hopkins County</b>	PTS	<u>Federal</u>	TOTAL
03-Dec	187	47	7	0	0	0	241
04-Dec	182	45	5	0	0	0	232
05-Dec	179	47	10	0	0	0	236
06-Dec	177	48	10	0	0	0	235
07-Dec	177	49	7	0	0	0	233
08-Dec	180	48	5	0	0	0	233
09-Dec	175	47	8	0	0	0	230
10-Dec	169	47	6	0	0	0	222
11-Dec	172	44	9	0	0	0	225
12-Dec	177	45	11	0	0	0	233
13-Dec	177	45	1	0	0	0	223
14-Dec	178	44	9	0	0	0	231
15-Dec	178	45	6	0	0	0	229
16-Dec	177	45	1	0	0	0	223

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 <u>Uallui</u>	Gradley	Date
Commissioner's Court Approval Date:		
Name <u>Valerie Bradley</u>		Date <u>December 13, 2019</u>
Employed? _X Yes No	Date of Employment: Octob	er 7, 2019
Job Title <u>Deputy Clerk</u> Dep	artment: County Clerk	
GradeG4	Hourly Rate/ Salary	000.10
*FulltimeX*PT/hourly	*Temporary	_*Seasonal
**Expected Temporary Assignment Comp		
Notes Move from Full Time Temporary to	Full Time at \$30,000	
Signature Elected Official/Dept. Head	unger Lordersgip	



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Signature of Applicant	Date
Commissioner's Court Approval Date:	
Andera Name Andrea Hope Green	Date <u>December 13, 2019</u>
Employed? _X Yes No Date of Employment: _Decer	nber 30, 2019
Job Title Deputy Clerk Department: County Clerk	<del></del>
Grade G4 Hourly Rate/ Salary\$29,0	00.00
*Fulltime X *PT/hourly *Temporary X	_*Seasonal
**Expected Temporary Assignment Completion Dateapproximatel  Employee Evaluation on file Effective Date	
Notes New Hire-Full time temporary while Mercades Brown is on deployr	nent
Signature Elected Official/Dept. Head	

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*Temporary – Special projects with an end	date *Seasonal - Summer/Holiday help only.
Signature of Applicant	Date
Commissioner's Court Approval Date:	DEC 3 0 2319
Name MICHAEL BOSTICK	
	Date of Employment:
Job Title Color (Cor	Department:
Grade	Hourly Rate/ Salary
*Fulltime*PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Co	mpletion Date
Employee Evaluation on file	Effective Date 12 9-19
Notes all time to	
	Parla Stat
Signature Elected Official/Dept. Head _	



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Signature of Applicant	Date	
	. [	EC 3 0 2019
Commissioner's Court Approval Date:		
	•••••	
Name andra Beno	avides	Date 12-9-19
Employed?YesNo	Date of Employment: _	
Employed? Yes No	Department:O	x ASSESSOF
Grade	Hourly Rate/ Salary	
'Fulltime*PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Com		
Employee Evaluation on file	Effective Date	-6-20
Notes Signature Elected Official/Dept. Head		ا ا

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*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 Claudia & Mortestas Date 12-20-19
Commissioner's Court Approval Date:
Name Claudia Montalvo Date 12/20/19  Employed?YesNo Date of Employment: 12/30/19
Job Title Deputy Clerk Department: Tax Office  Grade GH Hourly Rate/ Salary 31,000.00
*Fulltime*PT/hourly*Temporary*Seasonal
**Expected Temporary Assignment Completion Date  Employee Evaluation on file Effective Date
Notes New Hire
Signature Elected Official/Dept. Head