#16,130

at_11:30 o'clock_0_M

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Apr 21-May 4, 2020

MAY 12 2020

JENNIFER LINDENZWEIG
COUNTY Clerk Hunt County, TX

DATE	MALE	<u>FEMALE</u>	<u>HOLDING</u>	Hopkins County	PTS	<u>Federal</u>	TOTAL
21-Apr	159	28	2	0	0	0	189
22-Apr	159	27	5	0	0	0	191
23-Apr	158	28	4	0	0	0	190
24-Apr	159	28	2	0	0	0	189
25-Apr	158	27	7	0	0	0	192
26-Apr	160	29	5	0	0	0	194
27-Apr	160	30	2	0	0	0	192
28-Apr	158	31	2	0	0	0	191
29-Apr	160	31	5	0	0	0	196
30-Apr	160	31	4	0	0	0	195
01-May	160	29	4	0	0	0	193
02-May	161	29	5	0	0	0	195
03-May	162	30	8	0	0	0	200
04-May	164	30	4	0	0	0	198

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT Apr 7-Apr 20, 2020

DATE	MALE	FEMALE	HOLDING	Hopkins County	PTS	Federal	TOTAL
07-Apr	162	24	0	0	0	0	186
08-Apr	162	23	0	0	0	0	185
09-Apr	157	23	3	0	0	0	183
10-Apr	157	24	1	0	0	0	182
11-Apr	157	24	5	0	0	0	186
12-Apr	159	25	3	0	0	0	187
13-Apr	159	25	5	0 .	0	0	189
14-Apr	161	27	5	0	0	0	193
15-Apr	161	28	2	0	0	0	191
16-Apr	158	27	1	0	0	0	186
17-Apr	157	26	6	0	0	0	189
18-Apr	158	28	3	0	0	0	189
19-Apr	159	28	2	0	0	0	189
20-Apr	160	28	3	0	0	0	191

certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of al 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. 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 undertood that this "at will" employment relationship may not be changed by any written document or by condut unless such change is specifically aknowledged in writing by an authorized executive of this organization. In the went 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. Faill time - 40 hours a week with benefits - Part time/hourly-As needed with retirement Temperary - Special projects with an end date - Seasonal - Summer/Hollday help only Sign reature of Applicant Corramissioner's Court Approval Date: Date of Employment Employed? Department: Job Title Hourly Rate/ Salary Grade. *Seasonal 'PT/hourly *Temporary *FulltIme **Expected Temporary Assignment Completion Date Employer Evaluation on file Effective Date

Signature Elected Official/Dept. Head

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· Applicant's Statement

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I hereby understand and acknowledge that, unless otherwise defined by applicable lavr, 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.

		urly-As needed with retirement - Temporary		
- Special projects with an end date *Seasonal - Summer/Holiday help only.				
Signature of Applicant		Date 9 17 19		
Commissioner's Court Approval Date:	M	AY 1 2 2020		
Name ANDERA HO	PE" GREE	Date 5-4-2020		
Employed? X Yes No	Date of Employm	1ent: 3-3-2020		
Job Title CLERK	Department:	J / / ~		
Grade <u>G-4</u>	-Hourly Rate/ Sala	30,500		
*Fulltime*PT/hourly				
Expected Temporary Assignment Completion Date				
Employee Evaluation on file	Effective Date	5-5-2020		
Notes FROM CNTY C	LERK TO	JA 1-2		
Signature Elected Official/Dept. Head	hls	li		

Applicant's Statement



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.

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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 d	late - *Seasonal - Summer/Holiday help only.
Signature of Applicant	Date
Commissioner's Court Approval Date:	MAY 1 2 2020
	Date 5-11-2020
Employed? Yes No	Date of Employment: 8-19-2019
Job Title PCt. Worker	Department: PC+ 3
Grade	Hourly Rate/ Salary
*Fulltime*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Con	pletion Date
Employee Evaluation on file	Effective Date 5-11-2020
Notes Terminated	
Signature Elected Official/Dept. Head _	Philip a. Martin