17,842

Fax to: 903-408-4291 Att: Sandy From: Classification JAIL COUNT 11/8/2022-11/21/2022 at o'clock M

NOV 22 2022

BECKY LANDRUM
County Clerk, Hunt County, Tex.

DATE	MALE	FEMALE	HOLDING	Hopkins/Kaufman Co	TOTAL
8-Nov	211	55	7	1	274
9-Nov	213	54	6	1	274
10-Nov	214	54	9	1	278
11-Nov	216	53	11	1	281
12-Nov	222	55	4	1	282
13-Nov	224	55	7	1	287
14-Nov	226	56	6	1	289
15-Nov	222	54	5	1	282
16-Nov	226	54	2	1	283
17-Nov	222	53	6	1	282
18- N ov	217	52	5	1	275
19- N ov	217	53	14	1	285
20-Nov	226	55	8	1	290
21-Nov	230	55	4	1	289



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	Dovac	Date 11-15-22
Commissioner's Court Approval Date: _	NOV 2 2 2022	
Name Keisean Govan		Date 1-15-2022
Employed? Yes No		: 11-21-2012
Job Title Maint Tech I	Department: <u>Fa</u> (cilities Department.
Grade	Hourly Rate Salary	\$ 35,000
*Fulltime*PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Con	npletion Date	
Employee Evaluation on file	Effective Date	11-21-2022
Notes New Hire		
Signature Elected Official/Dept. Head _	0/1	Kih



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 Date 10/26/2022
Commissioner's Court Approval Date:
Name
**Expected Temporary Assignment Completion Date
Employee Evaluation on file Effective Date
Notes With Signature Elected Official/Dept. Head
V



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 County Devo	Date	10/26/2022
Commissioner's Court Approval Date:		·
Name Cassidy Austin	Date	-1-22
Employed? Yes No Date of Employment:	2-1.	-22
Job Title Liman Resources Administ Bepartment:	iman Re	Source S
Grade Hourly Rate/ Salary	48,008	0.00
*Fulltime*PT/hourly*Temporary	*Seasonal	
**Expected Temporary Assignment Completion Date		
Employee Evaluation on file Effective Date	12-1-20	022
Notes Dev Live		
Signature Elected Official/Dept. Head		
	1	



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 Appli	cant			Date
Commissioner's	Court Approval Date:	NOV 22 202	2	
Name	MICHAEL L. PITTS		Date:	<u>November 14, 2022</u>
Employed? Job Title:	Yes X No Assistant County Attorney		Employee Start Date: Department:	11/28/2022 Hunt County Attorney
Grade:	<u>G</u> 12		Salary:	\$80,046.00
*Fulltime XX	*PT/hourly	*Tempo	rary	*Seasonal
**Expected Tem Employee Evaluation file:	aporary Assignment Completic ation Not Applicable	on Date		11-28-22
Notes <u>Ve</u>	office	70	70 9	
Signature Elect	ed Official/Dept. Head	/ Jung	2 (/	nogar

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 understand, also, 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 d	ate - *Seasonal - Summer/Holiday help only.
Signature of Applicant	Date
Commissioner's Court Approval Date:	NOV 2 2 2022
Name Joshua Lunsford	Date 11/18/2027
Employed? Yes No	Date of Employment:
Job Title Lieutenant	Department: Tail
Grade Gle	Hourly Rate/ Salary 53, 500
*Fulltime*PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Com	pletion Date
Employee Evaluation on file	Effective Date 17/1/2027
Notes Promoting from Sg-	1 to Lt.
Signature Elected Official/Dept. Head	Test

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 understand, also, that I am required to abide by all rules and regulations of the employer.

	*Part time/hourly-As needed with retirement
*Temporary - Special projects with an end d	ate *Seasonal – Summer/Holiday help only.
Signature of Applicant	Date
Commissioner's Court Approval Date:	NOV 12 2022
Name Jucdon Nobles	Date 11/18/202 8
Employed? Yes No	Date of Employment:
Job Title	Department: Jail
Grade	Hourly Rate/Salary 54,000.00
*Fulltime*PT/hourly	_*Temporary*Seasonal
**Expected Temporary Assignment Com	
Employee Evaluation on file	Effective Date 12/5/2007
Notes Newhire	
Signature Elected Official/Dept. Head	Tay for



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 understand, also, 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	Date
Commissioner's Court Approval Date:	NOV 2.2 2022
Name Tammy Seymore	Date/Nov 17,202
Employed? Yes No	Date of Employment:
Job Title	Department: Ster, Et's Office
Grade	Hourly Rate/ Salary
*Fulltime*PT/hourly	*Temporary*Seasonal
**Expected Temporary Assignment Co	mpletion Date
Employee Evaluation on file	Effective Date Dec 1, 2022
Notes resign / ret	rement
Signature Elected Official/Dept. Head	William T. Oxford.



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		Date
Commissioner's Court Approval Date:	NOV 2 2 2022	
NameAngela Dagen Employed?YesNo Job Titledispatch Grade	Department:	ff's Office
*Fulltime*PT/hourly	_*Temporary	*Seasonal
**Expected Temporary Assignment Complete	ion Date	
Employee Evaluation on file \(\text{N} \sqrt{\alpha} \)	_ Effective Date	0-22
Notes <u>resigned</u> Signature Elected Official/Dept. Head	9 32 W	Willam Oxford



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		Date
Commissioner's Court Approval Date:	NOV 22 2022	
Name	Date of Employment:	
*Fulltime*PT/hourly	*Temporary	*Seasonal
**Expected Temporary Assignment Completi	on Date	
**Expected Temporary Assignment Completi	,	8-2511-9-2022
Notes resigned		
Signature Elected Official/Dept. Head	352	2 willant. Oxford



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 ______ Date

Commissioner's Court Approval Date:	NOV 22 2022	
Name Paul Tooley Employed? Yes No Job Title Patro deputy Grade	Date of Employments	iff's Office
Olado		
*Fuiltime*PT/hourly	*Temporary	*Seasonal
*Fuiltime*PT/hourly **Expected Temporary Assignment Complet Employee Evaluation on file	ion Date	
**Expected Temporary Assignment Complet	ion Date	

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 understand, also, 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 _____ NOV 22 2022 Commissioner's Court Approval Date:

Date / Nov 172022 Yes No Date of Employment: Employed? Job Title Tail Administrator Department: Hourly Rate Salary Grade *Fulltime *PT/hourly _____*Seasonal _____* **Expected Temporary Assignment Completion Date

Employee Evaluation on file _____ Effective Date Dec 2022

Signature Elected Official/Dept. Head _