

CAMPBELL COX II, JUDGE  
145th District Court

EDWIN A. KLEIN, JUDGE  
420th District Court



JACK SINZ, JUDGE  
County Court at Law

TY McCARTY – DIRECTOR  
MONICA MARTIN – SUPERVISOR  
THOMAS ANTHONY - SUPERVISOR

## **NACOGDOCHES COUNTY CSCD**

**District Probation**  
206 WEST PILAR ST.  
NACOGDOCHES, TEXAS 75961  
(936) 560-7715  
Fax (936) 560-5790

### **Job Opportunity**

**Position:** Community Supervision Clerk  
**Department:** Nacogdoches County CSCD  
**Type:** Regular, Full-Time

**Application Deadline:** 01-04-19  
**Salary:** Based on experience

#### **BASIC RESPONSIBILITIES:**

The Clerk is selected by the Director or his/her designee. The Clerk will prepare the judgments and applications for revocation of probation for Department probation cases, will enter new probation cases in the Department computer system, and will prepare routine correspondence pertaining to activities of the Department. The Clerk will also substitute for the Receptionist when requested to do so and will assist the Office Manager as needed. The Clerk will perform other duties as assigned by the Director.

#### **EXAMPLES OF DUTIES:**

- Accurately types correspondence and other documents as directed,
- Receives and accurately receipts supervision fees, UA fees, and special programs registration fees from offenders,
- Posts payments toward offenders accounts,
- Creates hard copy case files for all new cases including courtesy supervision cases.
- Creates computerized data file for all new probationers.
- Conducts research of other databases available to locate missing information, such as TRN/TRS numbers and SID numbers,
- Prepares daily receipts for deposit in accordance with policy and procedures and generally accepted accounting practices,
- Verifies the daily cash receipts with the computerized printout of daily transactions for agreement on amounts,
- Opens, date stamps and distributes mail daily,

- Posts all money orders received in the mail to a computerized log daily,
- Reviews incoming cases from other jurisdictions for accuracy and completeness,
- Ensures that the front office and lobby are secured at the end of each day, and that the daily receipts have been secured in the safe prior to leaving for the day,
- Posts notices on the front door, in English and in Spanish, announcing scheduled office closures no less than one week in advance of the closure,
- Attends training as recommended or required by direct supervisor and/or the Director,
- Performs other duties as assigned.

## **REQUIREMENTS:**

### **Education and Experience:**

- High School graduate or equivalent
- Prior experience as a cashier or collections clerk and receptionist preferred

### **SPECIAL KNOWLEDGE, SKILLS AND ABILITIES:**

- Good working knowledge of and ability to use sound accounting practices, safeguards and controls,
- Experienced in use of word processing and other computer software,
- Good working knowledge of the operation, use, and care of standard office machines,
- Ability to comprehend and comply with semi-complex verbal and written instructions,
- Ability to work effectively in a fast paced environment with heavy traffic.

### **ESSENTIAL PHYSICAL/MENTAL REQUIREMENTS:**

- The physical/mental demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.
- Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- Must comply with code of ethics promulgated by TDCJ-CJAD,
- Regular attendance and punctuality on the job;
- Must have mobility within an office and community environment;
- Must be able to operate and/or ride in a vehicle for varying periods of time under varying environmental conditions.
- Must be able to withstand the wet and/or humid conditions, extreme cold, and extreme heat;
- Must be able to visually identify offenders;
- Must be able to effectively handle multiple tasks in a high stress environment;
- Must be able to effectively communicate with offenders and the public;
- Must be able to read, speak, hear, and write the English language;
- Must be able to sit or stand alternately for extensive periods of time;

- Must be able to bend, reach, pull, and push to properly and safely file materials on a continuing basis;
- Must be able to move, lift, and carry up to 25 pounds for short periods of time;
- Must be able to tolerate a moderate noise level in a confined work environment with no windows or natural lighting; and
- Must be able to use a computer, copier, fax machine, and telephone on a continual basis.

#### **ADDITIONAL REQUIREMENTS:**

- Must possess a valid Texas Driver's License (if employee is coming to this position from another state this requirement must be met no later than thirty (30) days following date of hire).
- Must have access to an automobile that can be used while on duty in the event department vehicle is unavailable.
- Must have a telephone number at which he/she can be reached.
- Must treat coworkers, clients, and all people that you may come into contact with either in person, on the phone, or by written/electronic communication with dignity and respect.
- Must be trustworthy and honest.

#### **Instructions:**

Complete the Nacogdoches County CSCD Employment Application attached to this posting and submit to the address below by 01-04-19. Resume and professional references may be attached to the application, but are not accepted in place of the completed application.

Submit application to: Nacogdoches County CSCD  
Attn: Ty McCarty  
206 W. Pilar  
Nacogdoches, TX 75961  
Email: [tmccarty@co.nacogdoches.tx.us](mailto:tmccarty@co.nacogdoches.tx.us)

**NACOGDOCHES COMMUNITY SUPERVISION AND  
CORRECTIONS (ADULT PROBATION) DEPARTMENT**

*COPIES OF THE DOCUMENTS LISTED BELOW MUST ACCOMPANY THE APPLICATION AND  
PERSONAL HISTORY STATEMENT PRIOR TO AN INITIAL SCREENING. ORIGINALS MAY BE  
REQUIRED PRIOR TO ANY ACTUAL EMPLOYMENT OFFER.*

- Proof of legal citizenship status;
- High school diploma or GED certificate (unless you graduated from college);
- College transcript (an original will be required prior to an employment offer as an Officer);
- Drivers license;
- Social Security card;
- Proof of vehicle financial responsibility;
- Texas concealed handgun license (if you have one; used only to show the applicant has been screened by DPS);

**AS AN APPLICANT FOR A POSITION WITH THIS DEPARTMENT, YOU NEED TO KNOW:**

- All employment applicants and all active employees are subject to drug testing on a random and/or a suspicion basis;
- All positions are subject to psychological examination (required for Officers);
- All applicants are subject to criminal history and driving history verification;
- All employees are subject to the usual risks associated with adult criminal contact; Officers are also required to perform contacts outside of the office;
- All positions are subject to budgetary restrictions and/or terminations;
- All positions are subject to reassignment at the discretion of the Director;
- All positions are “at will”, and there is no “last hired, first fired” employment policy;
- Employees are not to seek or accept outside income without approval from the Director;
- Information concerning any reasonable accommodation needed due to physical limitations should be included with this application packet; It is the intent of this Department to provide such accomodation when possible, subject to budget, mission, policy, and/or safety concerns;

**Applicant’s signature and date:** \_\_\_\_\_

**EMPLOYMENT APPLICATION & PERSONAL HISTORY STATEMENT**

**PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment. **Any incomplete or falsified information will disqualify you from further consideration of employment and/or subject you to termination if employed.**

1. This document is to be printed legibly in ink by you and no one else; Do not type. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses and telephone numbers; Do not guess or leave the information blank.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets; Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation; Deliberate omissions or falsifications will result in disqualification.
7. Initial and date the bottom right hand corner of each page if there is no signature line.

**Applicant's signature and date:** \_\_\_\_\_

## EMPLOYMENT APPLICATION AND PERSONAL HISTORY STATEMENT

- A. APPLICANT IDENTIFICATION** - Information provided in this section is used for identification purposes only.

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number and Street or PO Box

\_\_\_\_\_ City State Zip

Telephone Numbers

Home \_\_\_\_\_

Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

Nickname(s), Maiden Name, or other names by which you have been known

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City County State

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Driver's License Number \_\_\_\_\_

State of Issue \_\_\_\_\_

**B. RESIDENCE** - List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page(s) if necessary.

From	To	Address (include city, state, zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. WORK HISTORY** - Beginning with your present or most recent job, list all employment since the age of 18 or the last 20 years, whichever is less, including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

From_____	To_____	Employer _____
Address_____		
Phone Number_____	Job Title_____	
Duties_____		
Supervisor_____		
Name of Co-Worker_____		
Reason for Leaving ( <b>Be specific</b> )_____		
_____		

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (**Be specific**) \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (**Be specific**) \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Supervisor \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Reason for Leaving (**Be specific**) \_\_\_\_\_

\_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving **(Be specific)** \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving **(Be specific)** \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Name of Co-Worker \_\_\_\_\_  
Reason for Leaving **(Be specific)** \_\_\_\_\_  
\_\_\_\_\_

**D. MILITARY RECORD**

Have you served in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

Branch: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Highest Rank Held \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Were you ever disciplined while in the military service (include court-martial, captain's mast, company punishment, etc.)?

\_\_\_ Yes \_\_\_ No

If yes, provide details, including disposition(s)

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If you received a discharge other than honorable, give complete details.

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**E. EDUCATIONAL HISTORY (list most recent first)**

High School	Location	Dates	Graduated?
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College or University attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates attended \_\_\_\_\_ Units completed \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

College or University attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates attended \_\_\_\_\_ Units completed \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

College or University attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates attended \_\_\_\_\_ Units completed \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

College or University attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates attended \_\_\_\_\_ Units completed \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

College or University attended \_\_\_\_\_

City and State \_\_\_\_\_

Dates attended \_\_\_\_\_ Units completed \_\_\_\_\_

Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

DETAIL ANY OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL,  
BUSINESS, ETC.) WITH DATES, AREAS OF STUDY, AND CERTIFICATES;

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**F. SPECIAL QUALIFICATIONS AND SKILLS**

List any special licenses you hold showing licensing authority, original date of issue, and date of expiration:

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List any specialized machinery or equipment which you can operate, including word processing and/or spreadsheet use (Note: a keyboarding skills exam may be required):

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If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair):

Language	Speaking	Reading	Understanding	Writing

List any other special skills or qualifications you feel qualifies you for a position with this Department.

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**G. ARRESTS & DETENTION (INCLUDE JUVENILE RECORD)**

Have you ever been arrested, detained by police or summoned into court?  
\_\_\_Yes \_\_\_No

If yes, complete the following.

Agency	City/State	Date	Charge(s)	Disposition of case(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**H. TRAFFIC RECORD**

Has your driver's license ever been suspended or revoked? \_\_\_Yes \_\_\_No

If yes, give date, location and reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With what company do you carry auto insurance? \_\_\_\_\_  
\_\_\_\_\_

List to the best of your memory all traffic citations you have received, including parking tickets:

MONTH/YEAR	CHARGE	CITY & STATE	DISPOSITION
_____	_____	_____	_____

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Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations:

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**I. REFERENCES** - List three persons who know you well enough to provide current information about you and who have known you for 3 years or more. Do not include relatives or former employers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Years known \_\_\_\_\_ Relationship \_\_\_\_\_

**J. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**

Name	Location	Organization Type	From	To
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**K. PERSONAL DECLARATIONS**

Do you drink alcohol?

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Have you ever used marijuana or any other drug not prescribed by your physician?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were the circumstances? \_\_\_\_\_

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Have you ever sold or furnished drugs or narcotics to anyone? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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Do you have any reason(s) that would keep you from being available for work on holidays, nights or weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain:

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Are there any incidents in your life or details not covered herein which might influence this department's evaluation of your suitability for employment as a probation officer?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain:

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I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

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Signature of Applicant

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Date



**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, hereby request and authorize you to furnish the Nacogdoches County Community Supervision and Corrections (Adult Probation) Department with any and all information they may request concerning my work record, educational history, military record, criminal record, character, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a probation officer.

I understand that any information obtained which is developed either directly or indirectly, in whole or in part, upon this release authorization may be considered in determining my stability for employment. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I hereby release the Nacogdoches County Community Supervision and Corrections Department and the County of Nacogdoches from any liability which may or could result from gathering the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of this Department.

I further agree to waive any rights whatsoever to the background investigation report and the psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: \_\_\_\_\_ License Number & State: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & State

**SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,**  
\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR**

\_\_\_\_\_  
**COUNTY, TEXAS**

**MY COMMISSION EXPIRES: \_\_\_\_\_**