EDWIN A. KLEIN, JUDGE 420th District Court



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 Announcement

Position: Community Supervision Officer **Application Deadline:** 05/01/2020 **Department:** Nacogdoches County CSCD **Salary:** Based on experience

Type: Regular, Full-Time

General Description:

Under the direction of the Nacogdoches County CSCD the Community Supervision Officer supervises probationers and provides casework services for those offenders placed on Direct and or Indirect supervision by the Courts of Nacogdoches County or transferred in to Nacogdoches County by other jurisdictions. This position performs moderately complex social service work in providing supervision, counseling, and absconder recovery for felony and or misdemeanor offenders.

Knowledge, Skills & Abilities:

- General working knowledge of case management techniques
- An understanding of human behavioral patterns and the ability to apply good judgment in dealing with the problems of individual offenders
- Ability to assess the needs of individual offenders, and to utilize available continuum of sanctions in meeting those needs in a firm. but rehabilitative manner
- Ability to maintain effective working relationships with officials of other county. state. municipal
 and civic organizations and other agencies
- Ability to comply with code of ethics set forth by the TDCJ-CJAD
- Ability to work independently and as part of a team
- Ability to use independent judgment and analytical thinking skills
- Excellent verbal and written communication skills
- Skill in using computers and performing data entry

Qualifications:

- Bachelor's Degree from an accredited university in criminal justice, corrections. human services, social work, public administration, rehabilitative studies or related field, or,
- One year of experience in full-time community supervision, casework or counseling
- Bilingual in English/Spanish preferred

Additional Requirements:

(Reasonable accommodations may be made to enable individuals with disabilities to perform essential job functions)

- Regular. punctual attendance on the job
- Valid Texas Driver License or ability to obtain within thirty days from date of hire
- Exposure to varying environmental conditions including outdoor exposure during periods of extreme cold or extreme hot and humid conditions

- Ability to operate or ride in vehicles for extended periods of time
- Sufficient mobility to operate in an office environment and perform field work as needed
- Ability to sit or stand for extended periods of time
- Ability to bend, reach, pull, and push to properly and safely file materials on a continuing basis
- Ability to move, Lift, and carry up to 25 pounds for short periods of time
- Ability to visually identify offenders
- Ability to effectively handle multiple tasks in a high stress environment
- Ability to effectively communicate with offenders and the public
- Ability to read, speak, hear, and write the English language

Instructions:

Complete the Nacogdoches County CSCD Employment Application attached to this posting and submit to the address below by <u>05/01/2020</u>. 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

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 reassignement 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 accommodation when possible, subject to budget, mission, policy, and/or safety concerns;

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.

EMPLOYMENT APPLICATION AND PERSONAL HISTORY STATEMENT

A.

Last	First	Middle
Luot	Tillot	Middle
Address	nd Street or PO Box	
number a	nd Street of PO Box	
City	State	Zip
Telephone Numbers		
-		
Cell		
Date of Birth	inth Day Year	
Date of BirthMo	onth Day Year	
Mo	me, or other names by which you	have been known
Mo	onth Day Year	— have been known
Mo Nickname(s), Maiden Na	me, or other names by which you	
Mo Nickname(s), Maiden Na	onth Day Year	
Mo Nickname(s), Maiden Na Social Security Number_ Place of Birth	me, or other names by which you	
Mo Nickname(s), Maiden Na Social Security Number_ Place of Birth	me, or other names by which you	
Mo Nickname(s), Maiden Na Social Security Number_ Place of Birth	me, or other names by which you	

3.		with present		s where you have List date by mont			
	From	То		Address (includ	le city, state,	zip)	
empo	yment since	e the age of	18 or the	nning with your p last 20 years, wh ude all periods of	ichever is le	ess, including	part-time,
	From	To	Employer				
	Address_						
	Phone Nu	mber		Job Title			
	Duties						
	Superviso	r					
	Name of C	Co-Worker					
	Reason fo	r Leaving (Be	e specific)_				

From To Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)
From To Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)
From To Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)

From To Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)
FromTo Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)
From To Employer
Address
Phone NumberJob Title
Duties
Supervisor
Name of Co-Worker
Reason for Leaving (Be specific)

D. MILITARY RECORD

Branch:	Dates of Service: From_	To
Highest Rank H	leld Type of Disch	narge
	disciplined while in the military service (inclupunishment, etc.)?	ude court-martial, o
Yes	No	
If yes, provide de	etails, including disposition(s)	
•	a discharge other than honorable, give com	•
FRUCATIONAL	LUCTORY (list most recent first)	
	. HISTORY (list most recent first)	
		Graduated?
High School		
High School College or Unive	Location Dates	
High School College or Unive	Location Dates ersity attended	
High School College or Unive City and State _ Dates attended _	Location Dates ersity attended	
High School College or University and State Dates attended _ Major/Minor	Location Dates ersity attended Units completed_	
High School College or University and State Dates attended _ Major/Minor	Location Dates ersity attended Units completed_	
High School College or University and State Dates attended _ Major/Minor Degree received	Location Dates ersity attended Units completed_	

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	
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;

List anv speci	al licenses vou hol	d showina lia	censing authority, origi	nal date of
and date of ex		· · · · · · · · · · · · · · · ·	5 ,, 21.	
			which you can operat boarding skills exam n	
			in each area your degr	ee of
	nt in a foreign langu ent, good, fair):	lage, indicate	, 3	
		Reading	UnderstandingWrit	ting
			ın eacn area your degr	ee or
fluency (excell	ent, good, fair):	-		ting
If you are fluer	nt in a foreign langu	lage, indicate		
uency (excell	ent, good, fair):	-		ting
luency (excell	ent, good, fair):	-		ting
uency (excell	ent, good, fair):	-		iing
fluency (excell	ent, good, fair):	-		ting

Have youYes		ested, de	tained by police or s	summoned into court?
If yes, cor	nplete the follo	owing.		
Agency	City/State	Date	Charge(s)	Disposition of case(s
If yes, give	e date, locatio	n and rea	isons:	
		 	auto insurance?	
With what	company do	you carry	auto modranec:	

Describe in a brief na giving approximate of	_	cidents in which you have beer	n involve
	u and who have know	now you well enough to provic n you for 3 years or more. Do	
	Λ -		
Name:	A0	ddress:	
		ddress: Business Phone	
Residence Phone	В		
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Residence Phone Years known Name:	B Relation Ad	Business Phone	
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PERSO	NAL DECLARATIONS
Do you o	drink alcohol?
	u ever used marijuana or any other drug not prescribed by your physiciar es No
If yes, w	hat were the circumstances?
	u ever sold or furnished drugs or narcotics to anyone? Yes
If yes, ex	

I hereby certify that there are no willfu	I misrepresentations, omissions, or falsifications in the
0 0	questions. I am fully aware that any such willful ifications may be grounds for immediate rejection or
termination of employment.	, c
Signature of Applicant	 Date
olynature of Applicant	Date

AUTHORIZATION TO RELEASE INFORMATION

with any and all information they may require military record, criminal record, characte specifically intended to include any and all	hereby request and authorize you to furnish the sion and Corrections (Adult Probation) Department est concerning my work record, educational history, er, and general reputation. This authorization is information of a confidential or privileged nature as f requested. The information will be used for the bloyment 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.		
and the County of Nacogdoches from any I	Community Supervision and Corrections Department iability which may or could result from gathering the absequent use of such information in determining my is Department.	
I further agree to waive any rights whatsoe psychological report developed through this	ever to the background investigation report and the waiver.	
A photocopy of this release form will be photocopy does not contain an original writing	valid as an original thereof, even though the said ng of my signature.	
Date of Birth: License Nu	umber & 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:	