

EDWIN A. KLEIN, JUDGE  
420th District Court

JEFFERSON B. DAVIS, JUDGE  
145th District Court



JACK SINZ, JUDGE  
County Court at Law

TY McCARTY – DIRECTOR  
MONICA MARTIN – DEPUTY DIRECTOR  
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 Service Coordinator  
**Department:** Nacogdoches County CSCD  
**Type:** Full-Time

**Application Deadline:** Until Filled  
**Salary:** \$38,000 Annually

#### **JOB DESCRIPTION:**

- Coordinate and supervise defendants out in the field on community supervision ordered to perform community service.
- Responsible for defendants performing safe work practices while performing duties.
- Responsible for all equipment used to perform community service and keeping inventory.
- Responsible for notifying the Director whenever supplies are needed.
- Responsible for maintaining adequate documentation of defendant's community service hours and reporting those hours to the supervising officer on a daily basis.
- Maintain the department vehicles which includes but not limited to: cleaning, washing, scheduling maintenance appointments, etc....
- Organize a weekly schedule of where defendants will be working.
- Coordinate with other county departments to see if work is needed in their area.
- Must be able to work weekends(schedule is Wednesday – Sunday 8-5).
- Other duties as assigned by the Director.

#### **Qualifications:**

- High School Diploma or equivalent.
- Good Organizational Skills.
- Small engine repair skills desired

- Have the ability to meet the public in person and by telephone with courtesy, respect, and tact.
- Must maintain a valid Texas Driver's License.
- Be able to operate truck/van with trailer safely.

**Instructions:**

Complete the Nacogdoches County CSCD Employment Application attached to this posting and submit to the address below by 07-21-23. 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)

---

---

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

---

---

---

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

High School	Location	Dates	Graduated?
-------------	----------	-------	------------

---

---

---

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;

---

---

---

---

---

**F. SPECIAL QUALIFICATIONS AND SKILLS**

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

---

---

---

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):

---

---

---

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.

---

---

---

---

---

**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
------------	--------	--------------	-------------

---

---

---

---

---

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

---

---

---

**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
------	----------	-------------------	------	----

---

---

---

---

**K. PERSONAL DECLARATIONS**

Do you drink alcohol?

---

---

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

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

---

---

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

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

---

---

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:

---

---

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:

---

---

---

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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: \_\_\_\_\_**