



# Wanda Mason

## LYNN COUNTY SHERIFF

810 Lockwood St  
Tahoka, Texas 79373  
Office (806) 561-4505  
Fax (806) 561-4658

Email: wanda.mason@co.lynn.tx.us

Application for Employment  
Lynn County Sheriff's Office  
810 Lockwood Street  
Tahoka, Texas 79373

Position: \_\_\_\_\_  
Date Applying: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Available: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Fax: (806) 561-4658

### Personal Information

Name: \_\_\_\_\_  
Maiden: \_\_\_\_\_  
(If Applicable)

Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthplace: \_\_\_\_\_  
Ht: \_\_\_\_ Wt: \_\_\_\_ Eye: \_\_\_\_ Hair: \_\_\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Texas Drivers License Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Pager or Cellular: \_\_\_\_\_

U. S. Citizen? \_\_\_\_\_ If Not Give Visa Number & Expiration: \_\_\_\_\_

### Education

High School (Name, City, State): \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

Business or Technical School: \_\_\_\_\_  
(List Law Enforcement Academy Here)

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Undergraduate College: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Personal History:

Married? Y/n \_\_\_\_\_ Spouse's Name (full including maiden if applicable) \_\_\_\_\_

Dependents? (If so, list names and ages) \_\_\_\_\_

Spouse's place of employment (if applicable) \_\_\_\_\_

List any disabling injuries or illness within last five (5) years \_\_\_\_\_

List any current or permanent physical or mental condition requiring special consideration in the workplace \_\_\_\_\_

List any arrests including dates, place, charges, and dispositions (except minor traffic violations) \_\_\_\_\_

List hobbies and/ or spare time interests \_\_\_\_\_

Occupational experience: certified as Officer? Y/n, Reserve? Y/n, Jailer? Y/n, Dispatcher? Y/n

List the following: Typing speed \_\_\_\_\_ wpm: Computer experience y/n: Fax y/n:

2way radio y/n \_\_\_\_\_ Peace Officer: certification level: current certification in what intermediate weapons or work related special skills: \_\_\_\_\_

Personal References:

Name: \_\_\_\_\_ (Occupation) \_\_\_\_\_ Address: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_



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3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Employment History: {Permission to contact current employer? Yes/No}

Last ten (10) years of employment describing job position/description beginning with most recent.

List current employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason to consider leaving: \_\_\_\_\_

List past employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason to consider leaving: \_\_\_\_\_

List past employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason to consider leaving: \_\_\_\_\_

List past employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_  
Reason to consider leaving: \_\_\_\_\_

List past employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_

Reason to consider leaving: \_\_\_\_\_

List past employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment dates: \_\_\_\_\_ Position: \_\_\_\_\_

Reason to consider leaving: \_\_\_\_\_

I certify that the statements made in this application are true and correct and that any misrepresentation there of will disqualify me from further consideration for employment or cause me to be subject to immediate termination if such misrepresentation is discovered after being employed by the Lynn County Sheriff's Dept.

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

\_\_\_\_\_  
Date Signed



**LYNN COUNTY SHERIFF'S OFFICE**

(Name of Law Enforcement Agency)

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the LYNN COUNTY SHERIFF'S OFFICE and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_,

in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_