

JEFFERSON B. DAVIS, JUDGE
145th District Court

MALCOM BALES, JUDGE
420th 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: Assistant Community Supervision Officer
Department: Nacogdoches County CSCD
Type: Regular, Full-Time

Application Deadline: 06/27/25
Salary: Based on experience

General Description:

Under the direction of the Nacogdoches County CSCD the Assistant Community Supervision Officer provides casework services for those offenders placed on Indirect supervision by the Courts of Nacogdoches County. This position performs moderately complex social service work in providing supervision, and counseling for felony and or misdemeanor offenders. This position will also serve as a Court Officer for the County Court at Law.

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:

- High School Diploma or GED, Bachelor Degree preferred due to the possibility of future advancement.
- One year of experience in full-time community supervision, casework or counseling preferred,
- 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 and submit to the address below by 06/27/25. 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 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 accommodation 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 (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)**_____

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?
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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;

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
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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)
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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:

- 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?

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: _____