JEFFERSON B. DAVIS, JUDGE 145th 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 OfficerApplication Deadline: 07-29-22Department: Nacogdoches County CSCDSalary: 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>07/29/2022</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;

Applicant's signature and date:	

#### 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
AddressN	Number and Street or PO B	OX	
City		State	Zip
Telephone Num	hers		
•			
Cell			
Date of Birth			
	Mandle Davi	Year	
	Month Day	i <del>C</del> ai	
Nickname(s), M	aiden Name, or other name	es by which you have	
Nickname(s), M	aiden Name, or other name	es by which you have	
Nickname(s), M Social Security	aiden Name, or other name	es by which you have	
Nickname(s), M  Social Security I  Place of Birth	aiden Name, or other name	es by which you have	
Nickname(s), M Social Security I Place of Birth Are you a U.S. 0	aiden Name, or other name  Number  City	es by which you have	State

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

From 10 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)

## D. MILITARY RECORD

Branch:	Dates of Service:	From	To
Highest Rank H	leld Type	of Discharge	
	disciplined while in the military servi	ice (include court-ı	martial, d
Yes	No		
If yes, provide d	etails, including disposition(s)		
	a discharge other than honorable, g	•	
EDUCATIONAL	. HISTORY (list most recent first)		
EDUCATIONAL High School	,		d?
	,		d?
High School	,	Graduate	
High School  College or Unive	Location Dates	Graduate	
High School  College or Unive	Location Dates  ersity attended	Graduate	
High School  College or University and State _  Dates attended	Location Dates  ersity attended Units cor	Graduate	
High School  College or University and State _ Dates attended _ Major/Minor	Location Dates  ersity attended	Graduate	
High School  College or University and State _ Dates attended _ Major/Minor	Location Dates  ersity attended Units cor	Graduate	
High School  College or University and State _ Dates attended _ Major/Minor  Degree received	Location Dates  ersity attended Units cor	Graduate	

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 any speci-	ALIFICATIONS AND al licenses you hold		ensing authority, ori	ginal date of
and date of ex		<b>U</b>	3 7, -	
List any spaci	ializad machinary a	r oquinment	which you can oper	ato includin
			boarding skills exam	
	nt in a foreign langua ent, good, fair):	age, indicate	in each area your de	gree of
Language	Speaking	Reading	UnderstandingW	riting

If yes, com				
	plete the folk	owing.		
Agency	City/State	Date	Charge(s)	Disposition of case(s
yes, give	uate, locatio	ranu rea	SUIIS	
With what	company do	you carry	auto insurance?	

Describe in a brief na giving approximate of	•	in which you have been involve
	u and who have known you	ou well enough to provide curre for 3 years or more. Do not inc
Name:	A 1.1	
	Address	:
Residence Phone	Busine	ss Phone
Residence Phone Years known	Busine Relationship_	ss Phone
Residence Phone Years known Name:	Busine Relationship Address	ss Phone
Residence Phone Years known  Name: Residence Phone	BusineRelationshipAddressBusine	ss Phoness Phone
Residence Phone Years known  Name: Residence Phone Years known	BusineRelationshipAddressBusineRelationship_	ss Phone
Residence Phone Years known  Name: Residence Phone Years known  Name:	BusineRelationshipAddressBusineRelationshipAddress	ss Phone  ss Phone  ss Phone
Residence Phone Years known  Name: Residence Phone Years known  Name: Residence Phone	BusineRelationshipAddressBusineRelationshipAddressBusine	ss Phone  ss Phone  ss Phone
Residence Phone Years known  Name: Residence Phone Years known  Residence Phone Years known	BusineRelationshipAddressBusineRelationshipAddressBusine	ss Phoness Phone

PERSU	NAL DECLARATIONS
Do you	drink alcohol?
Have yo	ou ever used marijuana or any other drug not prescribed by your physiciar
If yes, w	hat were the circumstances?
Have yo	ou ever sold or furnished drugs or narcotics to anyone? Yes
If yes, e	xplain:
Do you	xplain:

foregoing statements and answer	rillful misrepresentations, omissions, or falsifications in the s to questions. I am fully aware that any such willful falsifications may be grounds for immediate rejection or
Signature of Applicant	Date

# **AUTHORIZATION TO RELEASE INFORMATION**

with any and all information they may reque 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, or, and general reputation. This authorization is information of a confidential or privileged nature as a requested. The information will be used for the bloyment as a probation officer.	
whole or in part, upon this release authorization employment. I also certify that any persone shall not be held accountable for givi	I which is developed either directly or indirectly, in ation may be considered in determining my stability con(s) who may furnish such information concerning ng this information; and I do hereby release said may be incurred as a result of furnishing such	
and the County of Nacogdoches from any li	Community Supervision and Corrections Department iability which may or could result from gathering the bsequent use of such information in determining my s 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 saiding of my signature.	
Date of Birth: License Nu	ımber & 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:	