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|  | **Office of the District Attorney** |
| **Harris County**, **Texas** |
| Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. |
| Position: | **FRAUD EXAMINER** |

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| Instructions:  **(1)** Mail signed application, resume and official transcript to HIRING COORDINATOR, 1201 FRANKLIN, SUITE 600, HOUSTON, TX 77002; or **(2)** Email application, resume and official transcript to ADAResumes@dao.hctx.net.  |
| **APPLICANT** |  | Date: |       |
|  |  |       |       |
| Last Name | First Name | Middle Name | Other Last Names |
| CURRENT ADDRESS: |       |
| City, State, and Zip: |       |
| PERMANENT ADDRESS: |       |
| City, State, and Zip: |       |
| Phone: |        |  | Email: |       |
| Date of Birth: |       | Place of Birth: |       |  Are you a U.S. Citizen?  [ ] Yes [ ] No |
| Social Security Number: |       |  | Driver License Number: |       |

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| **EDUCATION** | Institution Name and Location |  Attend Dates |  Specialty | Grade Point  | Rank |
| HighSchool: |       |       |       |       |       |
| UnderGrad: |       |       |       |       |       |
| UnderGrad: |       |       |       |       |       |
| PostGrad: |       |       |       |       |       |
| LawSchool:\* |       |       |       |       |       |

\* Official Transcript Required

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| **QUALIFICATIONS** |
| Professional certifications, licenses or designations:       |
| Date of License or Designation:       |
| Have you ever interned at a District Attorney’s Office? [ ] Yes [ ] No If yes, when and with whom?        |
| Have you ever applied before with the Harris County District Attorney’s Office? [ ] Yes [ ] No If yes, when and with whom were you interviewed?       |
| List people you know who work for the Harris County District Attorney’s Office:       |
| List relative(s) employed by the Harris County District Attorney’s Office:       |
| List law enforcement training or experience you have had:       |
| Have you ever provided testimony? [ ] Yes [ ] No If yes, when and in which forum (i.e. federal, state)?        |

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| List **languages** besides English that you **[ ]** speak **[ ]** write fluently:  |       |
| Do you know of any reasons why you could not work **at least** a 40-hour week?  | **[ ]** Yes **[ ]** No If yes, please |
| explain:       |

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| **LAW VIOLATIONS** |
| IMPORTANT TO NOTE: **If employed here, your fingerprints will be submitted to the FBI. FBI records are frequently omitted from the operative effect of an otherwise valid expunction order**. |
| **Have you ever been arrested**, **charged**, **or** **convicted for any offense anywhere** other than minor traffic violations? **[ ]** Yes **[ ]** No If yes, please explain each and every occurrence:       |
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| Are you or any of your relatives, friends, or acquaintances **currently charged with a criminal offense or under investigation** for a criminal offense? If yes, please explain:       |
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| **EMPLOYMENT HISTORY** – LIST ALL EMPLOYMENT (do not refer to resume) |
| **Current** Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:Present |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| If necessary, is it okay to contact current employer? **[ ]** Yes **[ ]** No  |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| If needed, go to [ADDITIONAL OPTIONAL ATTACHMENT](#MoreWorkHistory) for More Work History |

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| **ACKNOWLEDGEMENT AND SIGNATURE** |
| I understand that nothing contained in this application or in the granting of an interview with the Hiring Committee, creates a contract between the Harris County District Attorney’s Office; Harris County, Texas; The Commissioner’s Court of Harris County, Texas; and myself for either employment or for the providing of any benefits. No promises regarding employment have been made to me and I understand that no such promise or guarantee, if made, is binding upon The District Attorney, Commissioner’s Court, or Harris County, Texas unless made in writing. If an employment relationship is established, I acknowledge that no consideration has been furnished to The District Attorney, Commissioner’s Court, or Harris County, Texas, for my employment other than my services, and I understand I have a right to terminate my employment at any time, and that The District Attorney, Harris County, Texas and Commissioner’s Court of Harris County, Texas, have that same right. |
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| I understand that any falsity on this application constitutes a basis for a refusal to establish an employment relationship, and if an employment relationship is established, such falsity constitutes a basis for immediate termination. |
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| I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY MYSELF WITHIN THIS APPLICATION IS TRUE AND CORRECT. I HEREBY AUTHORIZE THE DISTRICT ATTORNEY’S OFFICE TO CONDUCT WORK HISTORY, PERSONAL REFERENCE AND CRIMINAL HISTORY RECORD INQUIRIES TO DETERMINE MY ACCEPTABILITY FOR EMPLOYMENT. |

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| Date: |  | Applicant Signature: |  |
|  | Applicant Printed Name: |  |

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| Interviewer and Date: |

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| **MORE WORK HISTORY** – Additional Optional [Attachment](#AdditionalOptionalAttachment)  |
| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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| Employer: |  Salary:      | Title:      | Yrs:   | From:       | To:      |
| Reference:       | Address:      | Phone:      |
| Responsibilities:      |       |
| Reason for leaving this employment:       |
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|  | **Office of the District Attorney** |
| **Harris County**, **Texas** |
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| **WAIVER** |

I understand that I must pass a background investigation in order to be considered for appointment in the District Attorney’s Office. If I do not pass the background investigation, I understand that I will no longer be considered for employment.

I understand that if the District Attorney’s Office concludes that there is disqualifying information as a result of a background investigation, if there is an offer of employment it will be withdrawn and I will be subject to immediate dismissal. I also understand that if I falsified or omitted required information, or failed to cooperate with reasonable investigations related to my application for this position, my employment may be terminated.

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 NAME (PLEASE PRINT) SIGNATURE (NO TYPING OR ELECTRONIC) DATE

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| **AUTHORIZATION TO RELEASE INFORMATION** |

As an applicant for a position with the Office of the District Attorney, I am required to furnish information for use in determining my qualifications for this position. In this connection, I authorize you to release all information that you have concerning me, including information of a confidential or privileged nature, and to provide copies of documents as may be required by the District Attorney’s background investigator.

I hereby release you, your organization, or others from liability or damage that may result from providing the information requested. This authorization expires one year after the date signed.

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 NAME (PLEASE PRINT) SIGNATURE (NO TYPING OR ELECTRONIC) DATE