



VICTORIA COUNTY SHERIFF **JUSTIN MARR**

101 N. GLASS ST. · VICTORIA, TX · PH: 361-575-0651 · FAX 361-574-8019

Pre-Employment Eligibility Form

Note: This form is used as an initial screening tool. If validated, the applicant may proceed to testing (agility course, written exam) and, if successful, will be required to complete the **TCOLE Personal History Statement (PHS)** as part of the background investigation prior to being scheduled for an interview.

SECTION 1: Basic Personal Information

- **Full Legal Name (First, Middle, Last):** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **Driver's License Number and State:** _____
- **Current Address:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Sex** **Male** **Female**

SECTION 2: Position Applied For

- ☐ Jailer ☐ Peace Officer ☐ Dispatcher ☐ Civilian Staff ☐ Other: _____

SECTION 3: Initial Eligibility Questions

(Please check "Yes" or "No" for each)

1. Are you a U.S. Citizen?
☐ Yes ☐ No
2. Are you at least 18 years of age?
☐ Yes ☐ No
3. Do you currently possess a valid driver's license?
☐ Yes ☐ No
4. Do you currently maintain motor vehicle liability insurance?
☐ Yes ☐ No



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5. Have you ever been convicted of a Class B misdemeanor or higher?
☐ Yes ☐ No
6. In the past 12 months, have you used marijuana, THC products, or any illegal or non-prescribed narcotics?
☐ Yes ☐ No
7. Are you currently under indictment, supervision, or probation?
☐ Yes ☐ No
8. Are you legally eligible to work in the United States?
☐ Yes ☐ No
9. Are you able to pass a criminal background check, fingerprint check, and drug screen?
☐ Yes ☐ No
10. Are you willing to work any shift, including nights, weekends, and holidays?
☐ Yes ☐ No

SECTION 4: Certification (To Be Notarized)

I certify that the information provided above is true and complete to the best of my knowledge. I understand that providing false or misleading information during this process may disqualify me from further consideration for employment with the Victoria County Sheriff's Office.

Applicant's Printed Full Name: _____

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: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

NOTARY SEAL