

WICHITA COUNTY

Job Announcement



Posting Number: 2018-008

POSITION: Assistant District Attorney – Civil Division

LOCATION: Criminal District Attorney’s Office
Wichita County Courthouse

SUPERVISOR: Criminal District Attorney / Civil Chief

HOURS: 8:00 a.m. – 5:00 p.m., Monday – Friday (Overtime may be required.)

SALARY: \$61,886.00 Annually, Plus Benefits

POSTING DATE: March 23, 2018

CLOSING DATE: April 9, 2018 or Until Filled

► **GENERAL DESCRIPTION:**

Serves as an Assistant District Attorney in the Wichita County Criminal District Attorney’s Office – Civil Division.

► **ESSENTIAL DUTIES:**

- Litigates expunctions and non-disclosures.
- Assist County offices with public information requests.
- Review and approve mental health commitments, appear for hearings, and draft appellate briefs.
- Prepare pleadings and appear for hearings in bond forfeiture matters.
- Assist, when needed, with child protective court hearings.
- Must be organized and pay close attention to detail.
- Interacts routinely with opposing counsel, judges, agency clients, witnesses, medical professionals, community professionals, expert witnesses, elected officials, law enforcement and the general public.
- Maintains assigned cases, supervises secretaries in preparation of paperwork, checks all pleadings for accuracy, makes timely issue of applications for subpoenas and prepares and files motions promptly and accurately.
- Performs other general civil legal work and special tasks as assigned.
- Comply with and enforce the rules, regulations and policies of the Criminal District Attorney's office and the oral and written directives of his/her supervisors, and the Texas Code of Professional Responsibility.

► **MINIMUM REQUIREMENTS / QUALIFICATIONS:**

- Must be a graduate of an A.B.A. accredited law school.
- Must have a license to practice law in the State of Texas and be in good standing with the State and local bar associations. (Applications from candidates who sat for the February 2018 bar exam will be accepted.)
- Must have knowledge of the principals and methods of legal research.
- Must have the ability to analyze facts and case precedents and present them effectively in court.
- Must be able to conduct self in a professional manner and develop and maintain good working relationships with visitors, clients, co-workers, attorneys, judges and County officials.
- Must pass a pre-employment physical exam and drug test paid by Wichita County.
- Must be able to pass a thorough background investigation conducted by Wichita County.

► **CONDITIONS OF EMPLOYMENT:**

- Must be able to occasionally lift and/or move loads weighing up to fifty (50) pounds.
- The Criminal District Attorney's Office is a non-smoking environment.
- **START DATE:** Interviews will be conducted as applications are received.

► **APPLY TO:**

To be considered for employment, please submit your completed Wichita County Employment Application, cover letter, resume, transcript and writing sample to:

**Office of the Criminal District Attorney
Wichita County, Texas
ATTN: Holly Lane
900 7th Street, Suite 352
Wichita Falls, Texas 76301**

Or email to: holly.lane@co.wichita.tx.us

EQUAL OPPORTUNITY EMPLOYER: It is the policy of Wichita County to recruit, hire, train, and promote persons in all job categories without regard to race, color, national origin, religion, sex, age, or disability. It is the policy of Wichita County to consider qualified individuals according to ADA standards. If notified in advance, requested accommodations will be considered. Final reasonable accommodations will be determined in accordance with ADA standards by departments after appropriate consultation. Rejected accommodations will be documented and retained on file.

TEXAS RELAY: TDD (800) 735-2989, VOICE (800) 735-2988. For candidates requesting Braille, Mobility requests, etc., please call (940) 766-8108. HR/ADA Compliance Office, Wichita County Courthouse, 900 7th Street, Room 132, Wichita Falls, Texas 76301.



DISTRICT ATTORNEY'S OFFICE
WICHITA COUNTY, TEXAS



Wichita County Courthouse 900 Seventh Street
Wichita Falls, Texas 76301-2482
Telephone: (940) 766-8113 Fax: (940) 766-8177

MAUREEN SHELTON
Wichita County
Criminal District Attorney

MEREDITH KENNEDY
Assistant District Attorney
Civil Chief

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have applied for employment with the Wichita County Criminal District Attorney's Office. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position in that office. For this specific reason, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privilege nature to a duly authorized agent of the Wichita County Criminal District Attorney's Office.

The following are examples of the type of information being requested:

- Criminal arrest records
Court records/reports
Traffic accident reports/records
Disciplinary reports
Booking information
Employment records
Officer's notebook notations
Performance evaluations
Detentions, field citations
Probation/parole reports/records
District Attorney records
Credit history
Traffic citations
Polygraph results
Jail and custody information
Other reports or records
Field interviews
Laboratory reports/results

I authorize the Wichita County Criminal District Attorney's Office to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the office.

I also understand that if my background investigation for this position should uncover information that I have, or am suspected of having, or have been engaged in illegal activities, the information will likely bar me from further consideration for this position and the information will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

This waiver is valid for a period of twelve (12) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.

Print Name Social Security Number Date of Birth

Signature (MUST be notarized) Date

This instrument was acknowledged before me on (Date) by (Name of person acknowledging).

Notary Public

Printed Name My Commission Expires

