

WICHITA COUNTY

Job Announcement



Job Posting Number: 2019-025

POSITION: Assistant District Attorney – Misdemeanor
LOCATION: Criminal District Attorney's Office
Wichita County Courthouse
SUPERVISORS: Criminal District Attorney/First Assistant District Attorney/
Misdemeanor Chief
HOURS: 8:30 a.m. – 5:00 p.m., Monday – Friday (Additional hours may be
required.)
SALARY: Up to \$62,886 Annually (Plus County Benefits)

POSTING DATE: October 10, 2019

CLOSING DATE: Open Until Filled

► GENERAL DESCRIPTION:

Serves as Assistant District Attorney – Misdemeanor in the Wichita County Criminal District Attorney's Office. The position will handle all manner of misdemeanor cases as well as juvenile, mental health and protective order cases.

► ESSENTIAL DUTIES:

- Reviews and processes criminal cases filed by law enforcement agencies.
- Reviews and processes juvenile, mental health and protective order cases.
- Attends docket calls, conducts plea bargain negotiations, is well prepared on assigned cases, makes decisions promptly, and keeps abreast of the law.
- Maintains the high level of integrity, professional demeanor and proper respect for the justice system and all its partners at all times.
- Reviews assigned cases, supervises secretaries in preparation of paperwork, checks all pleadings for accuracy, makes timely issuance of applications for subpoenas and prepares and files motions, briefs, or other pleadings promptly and accurately.
- Consults with court personnel, victims, witnesses, defendants, defense attorneys and other criminal justice personnel.
- Prepares cases for jury or bench trials, including preparing all pretrial motions and orders, preparing jury charges, interviewing witnesses and preparing trial notebooks.

- Complies with and enforces the rules, regulations and policies of the Criminal District Attorney's Office, the oral and written directives of his/her supervisors and the Texas Disciplinary Rules of Professional Conduct.
- Performs all other job-related duties as assigned.

► **MINIMUM REQUIREMENTS / QUALIFICATIONS:**

- Must be a graduate of an American Bar Association 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.
- Must have a basic knowledge of criminal law, procedure and rules of evidence.
- 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 for by Wichita County.
- Must be able to pass a thorough background investigation conducted by Wichita County.

► **APPLY TO:**

To be considered for employment, please complete the Employment Application found on the Wichita County Human Resources website at http://www.co.wichita.tx.us/Human_Resources/. 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: Margie Boone
900 7th Street, Suite 352
Wichita Falls, Texas 76301
Or email to: Margie.Boone@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.

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

(Date) (Name of person acknowledging)

_____	_____
Notary Public	
_____	_____
Printed Name	My Commission Expires