

Information Release Form

To Whom It May Concern:

I hereby request and authorize you to furnish the Town of Pecos City with any and all information they may request concerning my work history, educational history, military history, and criminal history.

This authorization is specifically intended to include all information of a confidential or privileged nature as well as copies of such documents, if requested. The information will be used only for the purpose of determining my eligibility for employment with the Town of Pecos City.

I hereby release you or your organization from any liability which could result from furnishing the information requested above for from any subsequent use of such information in determining my qualification for employment with the Town of Pecos City.

Signature of Applicant

Time and Date of Signature

ADDITIONAL APPLICANT INFORMATION:

SS# _____

D.L.# _____

D.O.B. _____

PRINT NAME _____

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	

Employment Application

Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer? YES NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
2.	Employer		Start Date	End Date	Essential job functions of final position
	Address				1.
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)			4.
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Employment History

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[PLEASE CONTINUE ON NEXT PAGE]

Employment Application

Additional Information

List any professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, ancestry, age, disability or any other protected status.

List any languages other than English that you can speak, read or write that could be of benefit to the position applied for:

	Fluent	Good	Fair
Speak			
Read			
Write			

Identify formal job training that relates to this position:

Identify what skills or certification you possess related to this position:

If you are hired, what value would you add to our company?:

Describe what you believe are the most unique features of your work history:

Employment Application

Additional Information

Have you ever been employed with this company before? Yes No
If Yes, when? _____

Do you have any friends or relatives employed by this company? Yes No
If Yes, please provide their names and relationship to you: _____

Are you currently employed? Yes No
May we contact your employer? Yes No
Are you currently on "lay off" status and subject to recall? Yes No
Are you related to a currently seated city council member? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of U.S. citizenship or proof of your legal right to work in the U.S.? Yes No

Are you able to perform all of the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

If hired, are there any accommodations the company would need to provide so that you can perform all those essential functions and duties of the position being applied for? Yes No
If Yes, please explain: _____

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)" Yes No N/A

If hired, do you have a reliable means of transportation to and from work? Yes No

If hired, would you be able to travel or work overtime as needed? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No

If Yes, please explain: _____

INSTRUCTIONS FOR ANSWERING APPLICATION QUESTION ABOUT BEING CONVICTED OF A CRIME OR OTHER STATE-SPECIFIC REQUIREMENTS

A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.

References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

This certifies that this application was completed by me and that all entries on it and information in it is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal history, employment, financial, and other related matters as may be necessary in arriving at an employment decision which will be final only and upon satisfactory completion of an employment physical (CJC only) and drug test. I hereby release employers, schools, and other persons from liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the Town of Pecos City.

Applicant Signature

Date

PLEASE USE ADDITIONAL PAPER IF NECESSARY