



## Kennedale Fire Department

### Background Packet.Fire

Applicant's Name: \_\_\_\_\_

#### **Important! Read these Instructions Carefully**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.). IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be legible, in ink or typewritten.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence, before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have directory service or copies of the required directories. Include the area code on all telephone numbers.
5. If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
6. **Have this document notarized before turning it in.**

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, contact the background investigation section prior to returning the document. You may reach that section from 8a.m. to 5p.m., Monday through Friday. Montae Lane 817-985-2150.

Attach copies (not originals) of the following documents to your completed Personal History Statement: At this point in the process you have already provided some of your certifications, at this time provide any others that you believe are pertinent.

1. Driver's License (For Identification Purposes Only)
2. Training documentation
3. Licenses and/or proof of certification
4. DD214

Information provided in this section is used for identification purposes only and will not be used against you in the employment process.

Name: \_\_\_\_\_  
                    Last                                    First                                    Middle

Other names used: Maiden, Adoption, Etc.

Home Address: \_\_\_\_\_  
                    Street Address                                    City                                    State                    Zip

Home Phone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Are you legal to work in the U.S.?  Yes  No

Driver's License: \_\_\_\_\_  
                    Number                                    State of Issue                    Expiration Date                    Class

Phone number where you can be reached between 8 a.m. and 5 p.m. M/F: \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School Attended:

| School Name | Location (City and State) | Dates Attended | Diploma |
|-------------|---------------------------|----------------|---------|
|             |                           |                |         |
|             |                           |                |         |
|             |                           |                |         |

Colleges attended:

| Name of College | Dates Attended | Credit Hours | Degree Type |
|-----------------|----------------|--------------|-------------|
|                 |                |              |             |
|                 |                |              |             |
|                 |                |              |             |
|                 |                |              |             |

Have you ever been expelled for disciplinary reasons from any school you have attended? Yes No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been placed on academic probation? Yes No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_

|  |
|--|
| School activities: (Clubs, Sports, Etc.).                                |
|  |
|  |
|  |
|  |
|  |
| Positions of Leadership: (Indicate position / organization / dates held) |
|  |
|  |
|  |
|  |

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!!!

**POSITION 1**

Check appropriate job description(s) Full-Time Part-Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone No.: \_\_\_\_\_

Employment began on \_\_\_\_\_ Date Ended on \_\_\_\_\_ Date =Total Time \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Position held with company / duties and responsibilities:

|                            |
|----------------------------|
| Title                      |
| Duties / Responsibilities: |
|                            |
|                            |
|                            |
|                            |
|                            |

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Name of final supervisor: \_\_\_\_\_ Are you eligible for rehire?  Yes  No

|                                   |
|-----------------------------------|
| Reason for leaving this position: |
|                                   |
|                                   |
|                                   |
|                                   |

INVESTIGATOR'S NOTES:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**POSITION 2**

Check appropriate job description(s)  Full-Time  Part-Time  Temporary  Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone No.: \_\_\_\_\_

Employment began on \_\_\_\_\_ Date Ended on \_\_\_\_\_ Date =Total Time \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Position held with company / duties and responsibilities:

|                            |
|----------------------------|
| Title                      |
| Duties / Responsibilities: |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company? Yes No

Name of final supervisor: \_\_\_\_\_ Are you eligible for rehire?  Yes  No

|                                   |
|-----------------------------------|
| Reason for leaving this position: |
|                                   |
|                                   |
|                                   |
|                                   |

INVESTIGATOR'S NOTES:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**POSITION 3**

Check appropriate job description(s) Full-Time Part-Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone No.: \_\_\_\_\_

Employment began on \_\_\_\_\_ Date Ended on \_\_\_\_\_ Date =Total Time \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Position held with company / duties and responsibilities:

|                            |
|----------------------------|
| Title                      |
| Duties / Responsibilities: |
|                            |
|                            |
|                            |
|                            |
|                            |
|                            |

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Name of final supervisor: \_\_\_\_\_ Are you eligible for rehire?  Yes  No

|                                   |
|-----------------------------------|
| Reason for leaving this position: |
|                                   |
|                                   |
|                                   |
|                                   |

INVESTIGATOR'S NOTES:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**POSITION 4**

Check appropriate job description(s)  Full-Time  Part-Time  Temporary  Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone No.: \_\_\_\_\_

Employment began on \_\_\_\_\_ Date Ended on \_\_\_\_\_ Date =Total Time \_\_\_\_\_

Name of Co-Worker \_\_\_\_\_

Position held with company / duties and responsibilities:

|                            |
|----------------------------|
| Title                      |
| Duties / Responsibilities: |
|                            |
|                            |
|                            |
|                            |
|                            |

Time in position(s): \_\_\_\_\_

Did you receive job performance evaluations while at this company?  Yes  No

Name of final supervisor: \_\_\_\_\_ Are you eligible for rehire?  Yes  No

|                                   |
|-----------------------------------|
| Reason for leaving this position: |
|                                   |
|                                   |
|                                   |
|                                   |

INVESTIGATOR'S NOTES:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**PERIODS OF UNEMPLOYMENT**

Record any periods of unemployment, since graduating from high school. (A period of unemployment is any time you did not have a job.)

| From (Mo. / Yr.) | To (Mo. / Yr.) | Length of Unemployment |
|------------------|----------------|------------------------|
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |
|                  |                |                        |

If you were a full-time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

Indicate that you were a full-time student, and do not give a length of time for your unemployment. In the work history section, list the jobs you worked.

**MILITARY SERVICE**

Have you registered with selective service? Yes No When? \_\_\_\_\_

Have you ever been a member of any branch of the U.S. Armed Forces? Yes No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Induction date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_



A dishonorable discharge is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a civilian candidate. Officer candidates must have an honorable discharge or serve under honorable conditions to be considered for employment.

Awards: (Type and Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Schools / Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been reduced in rank? Yes No When? \_\_\_\_\_

Reason: \_\_\_\_\_

While in the military service, were you ever arrested for an offense, which resulted in a trial by captain's mast, or by summary, special or general court-martial? YesNo

If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

Last duty station and name of commanding officer:

\_\_\_\_\_

Are you currently a member of a U.S. Reserve or National or State Guard organization?  Yes  No

Branch of service: \_\_\_\_\_ Grade and Service # \_\_\_\_\_ are you: Inactive Standby

Organization / Station / Unit and Location: \_\_\_\_\_

**CRIMINAL CONVICTIONS**

Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including: driving while intoxicated or driving while under the influence? (All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar you from employment.)

If yes to any of the above, explain each incident (list juvenile as well as adult occurrences).



Yes  No

Have you ever had your driver's license suspended?  Yes  No

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_ Date Lifted: \_\_\_\_\_

List, to the best of your memory, all driving citations you have received.

| Date | Location | Brief Description | Disposition<br>(Paid, N.G., Etc.) |
|------|----------|-------------------|-----------------------------------|
|      |          |                   |                                   |
|      |          |                   |                                   |
|      |          |                   |                                   |
|      |          |                   |                                   |
|      |          |                   |                                   |
|      |          |                   |                                   |
|      |          |                   |                                   |

List all accidents in which you were involved as a driver:

| Date | Location | Brief Description |
|------|----------|-------------------|
|      |          |                   |
|      |          |                   |
|      |          |                   |
|      |          |                   |
|      |          |                   |

**DRIVING RECORD (continued)**

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?  Yes  No

Have you ever had a hearing for probation / suspension, etc.?  Yes  No

Have you ever had your insurance revoked, due to the number of traffic citations you have received?  
 Yes  No

Have you ever knowingly driven a motor vehicle, after your driver's license was suspended / or after it had been revoked?  Yes  No

Do you have a valid driver's license in more than one state? If so, list

\_\_\_\_\_

Have you ever been denied a driver's license for any reason?  Yes  No

Have you ever been involved in an accident, and then left the accident scene without identifying yourself?  Yes  No

Have you ever been involved in an accident, when you were driving, after you had been drinking any type of alcoholic beverage?  Yes  No

Have you ever been arrested for driving while intoxicated in this or any other state?  Yes  No

Have you ever struck an unattended vehicle, and then left without leaving identification?  Yes  No

**PERSONAL DECLARATIONS (SINCE 17-YEARS OF AGE)**

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

|  | YES | Never | Approx. First Date Used | Approx. Last Date Used | Have you ever possessed in any way? |
|--|-----|-------|-------------------------|------------------------|-------------------------------------|
| PCP  |     |       |                         |                        |                                     |
| Angel Dust                                       |     |       |                         |                        |                                     |
| Marijuana  |     |       |                         |                        |                                     |
| LSD  |     |       |                         |                        |                                     |
| Peyote   |     |       |                         |                        |                                     |
| Mescaline  |     |       |                         |                        |                                     |
| Heroin   |     |       |                         |                        |                                     |
| Cocaine/Crack                                    |     |       |                         |                        |                                     |
| Quaaludes  |     |       |                         |                        |                                     |
| Downers  |     |       |                         |                        |                                     |
| Tranquilizers                                    |     |       |                         |                        |                                     |
| Amphetamines/<br>Methamphetamines<br>Speed/Crank |     |       |                         |                        |                                     |
| Biphetamine                                      |     |       |                         |                        |                                     |
| Ecstasy/XTC Ice                                  |     |       |                         |                        |                                     |
| Preludin   |     |       |                         |                        |                                     |
| Dilaudid   |     |       |                         |                        |                                     |
| Talwin/PBZ                                       |     |       |                         |                        |                                     |
| Inhalants<br>(glue/paint)                        |     |       |                         |                        |                                     |
| Mushrooms<br>(Psilocybin)                        |     |       |                         |                        |                                     |
| Others   |     |       |                         |                        |                                     |
| Designer Drugs                                   |     |       |                         |                        |                                     |
| Anabolic Steroids                                |     |       |                         |                        |                                     |
| Rohypnol (date-<br>rape drug)                    |     |       |                         |                        |                                     |

**PERSONAL DECLARATIONS (Cont.)**

Have you ever sold any of the items specified on previous page?  Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_

#Times \_\_\_\_\_

Have you ever bought any of the items specified on the previous page?  Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever deliberately inhaled (paint, glue, any petroleum product)?  Yes  No

When was the last time? \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug?  Yes  No

What drug? \_\_\_\_\_ How were you involved?  
\_\_\_\_\_

Have you ever been involved in the sale or delivery of any illegal drugs to another person with or without profit to you?  Yes  No

Have you ever transported illegal drugs across a state or U.S. border?  Yes  No

Have you ever transported any illegal drug as a favor to someone else, or help in any manner in delivering any illegal drugs?  Yes  No

Have you ever participated in the manufacture of any illegal drugs?  Yes  No

Have you ever cultivated or grown any illegal drug or substance?  Yes  No

**Alcohol Use**

Do you use alcohol products?  Yes  No

Have you ever been under the influence or drank alcohol during work, in violation of company policy or procedures?  Yes  No

Have you ever used over the counter medication for any purpose other than those listed in the directions?  Yes  No

Have you ever taken prescription medication not prescribed for you?  Yes  No

If yes, what type? \_\_\_\_\_

From whom (relation)? \_\_\_\_\_

When? \_\_\_\_\_

**PERSONAL REFERENCES**

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives.**

|              |   |                   |
|--------------|---|-------------------|
| <b>Name</b>  |   | <b>Occupation</b> |
| Home Address |   |                   |
|              |   |                   |
| Home phone # |   |                   |
| Work Phone#  |   |                   |
| Years known  | Briefly describe your relationship with this person |                   |
|              |   |                   |
|              |   |                   |
| <b>Name</b>  |   | <b>Occupation</b> |
| Home Address |   |                   |
|              |   |                   |
| Home phone # |   |                   |
| Work Phone#  |   |                   |
| Years known  | Briefly describe your relationship with this person |                   |
|              |   |                   |
|              |   |                   |
| <b>Name</b>  |   | <b>Occupation</b> |
| Home Address |   |                   |
|              |   |                   |
| Home phone # |   |                   |
| Work Phone#  |   |                   |
| Years known  | Briefly describe your relationship with this person |                   |
|              |   |                   |
|              |   |                   |
| <b>Name</b>  |   | <b>Occupation</b> |
| Home Address |   |                   |
|              |   |                   |
| Home phone # |   |                   |
| Work Phone#  |   |                   |
| Years known  | Briefly describe your relationship with this person |                   |
|              |   |                   |
|              |   |                   |

**MISCELLANEOUS INFORMATION**

List your professional work-related memberships in groups, associations, or clubs:

| Official Name of Organization | TYPE: (E.g. Trade, Business or job-related) | Office(s) Held | Dates of Membership |    |
|-------------------------------|---|----------------|---------------------|----|
|                               |   |                | FROM                | TO |
|                               |   |                |                     |    |
|                               |   |                |                     |    |
|                               |   |                |                     |    |
|                               |   |                |                     |    |
|                               |   |                |                     |    |
|                               |   |                |                     |    |

|  |
|--|
| Community Activities                                   |
|  |
|  |
|  |
|  |
| Awards, Commendations or Items of Special Recognition: |
|  |
|  |
|  |

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to do or which require further explanation?

Yes  No

|                 |
|-----------------|
| If yes, explain |
|                 |
|                 |
|                 |



**MISCELLANEOUS INFORMATION (Continued)**

If you are fluent in a foreign language, indicate, in each area, your degree of fluency (excellent, good, and fair).

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
|          |         |          |               |         |
|          |         |          |               |         |
|          |         |          |               |         |

List any other special skills or qualifications you may possess

|  |
|--|
|  |
|  |
|  |
|  |

**Special Qualifications and Skills**

List any special licenses you hold (such as pilot, radio operator, scuba, etc.) showing licensing authority original date of issue, and date of expiration.

|  |
|--|
|  |
|  |
|  |
|  |

List any specialized machinery or equipment, which you can operate.

|  |
|--|
|  |
|  |
|  |
|  |

Is there anything that would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night?

|  |
|--|
|  |
|  |
|  |
|  |
|  |

ACCURACY OF INFORMATION:

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I also understand that the City of Kennedale Fire Department is an at-will employer and that this document is not an offer of employment nor does it constitute employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

---

Signature of Applicant

---

Date

The City of Kennedale and the Kennedale Fire Department is an equal employment opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran and/or disability status in employment or provision of service. If you need assistance at any time during the employment process, please notify the Montae Lane at 817-985-2150, 48 hours in advance.

### EMPLOYMENT APPLICATION SUPPLEMENT

TO THE APPLICANT: If you have been convicted (this also includes deferred adjudication and/or a probated sentence) for misdemeanor or felony offense, please answer the following questions about this conviction. IF YOU HAVE HAD MORE THAN ONE CONVICTION, COMPLETE A SEPARATE FORM FOR EACH CONVICTION.

A conviction is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a candidate.

Name: \_\_\_\_\_

When were you convicted? \_\_\_\_\_

Where were you convicted? \_\_\_\_\_

What were you charged with?

\_\_\_\_\_  
\_\_\_\_\_

What was the outcome?

Probation: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Jail or Prison:

Fine: \$ \_\_\_\_\_

Other: Explain: \_\_\_\_\_

If you were sent to a detention facility:

When did you start your sentence? \_\_\_\_\_

What was the name and location of the detention facility? \_\_\_\_\_  
\_\_\_\_\_

When were you released?

Paroled \_\_\_\_\_

Sentence completed \_\_\_\_\_

If presently on parole, when will your parole be finished? \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**PRE-EMPLOYMENT STATEMENT**

I certify the statements made by me in this background packet are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omission of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that, if chosen for employment, I must undergo a drug test, and I may be required to undergo a job related physical requirements test, given at the City's expense.

I understand and agree that employees are "at-will" and employment with the City of Kennedale is for no definite period of time and that wages, benefits, and conditions of employment can be changes at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL DATA**

I hereby authorize any investigator or duly accredited representative of the City of Kennedale to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, disciplinary, driving, and conviction records and personal history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I direct you to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have previously made with you to the contrary.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A copy of this authorization shall be as effective as the original.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Applicant's Signature

***CITY OF KENNEDALE***

**AUTHORIZATION TO CONDUCT DRUG TESTING**

I hereby authorize the City of Kennedale and its agents to conduct any urine drug tests they deem necessary. I understand that proper “chain of custody” procedures will be maintained and that the testing will be conducted by a NIDA Certified Laboratory. I hereby authorize the release to the City of Kennedale all results of any drug test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Kennedale for the sole purpose of employment-related matters.

Applicant’s Printed Name \_\_\_\_\_  
Last First Middle

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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/ReviewofPersonalCriminalHistory) 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

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

Rev. 09/2015

**VERIFICATION OF DOCUMENTATION**

| Document   | Copy Attached<br>(Yes or No) | Verified By "Notary" |
|--|------------------------------|----------------------|
| Driver's License<br>For Identification Purposes only |                              |                      |
| HS Diploma/GED or HS Transcript                      |                              |                      |
| College Diploma                                      |                              |                      |
| College / University Transcripts                     |                              |                      |
| Military Discharge Papers                            |                              |                      |

Applicant: Please submit a copy of each of these documents that relate to you when you return your personal history statement. Thank you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Address

STATE OF TEXAS §

COUNTY OF TARRANT §

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

Notary Public, State of Texas  
My Commission expires:

[SEAL]

(Printed/Typed Name of Notary)