



TEXAS HIGHWAY PATROL SERVICE, JOURDANTON 6D10

Application Packets must be completed for consideration

Send completed packet to Chad.Morris@dps.texas.gov

JOB POSTING

Receptionist/Office Clerk - Employment is with Atascosa County (Not the State of Texas)

Closing Date/Time: March 6th 2026 @ 5:00 P.M.

Pay: tier's based on experience \$42,400-\$46,400 Annually paid on a bi-weekly schedule

Schedule: Full Time, Monday – Friday 8:00 A.M. – 5:00 P.M. Standard 40 Hours per week. All paid county holiday's, vacation 1 year after hire date, 12 hours a month of sick leave granted, and 24 hours yearly of personal leave.

This position is under the direction of the department head, which is the Sergeant in the Texas Highway Patrol Service office.

General duties:

- Preparing, Editing and distributing correspondence, reports, memorandums, summaries and documents.
- Prepares case report packets for submission to District/County Attorney Offices
- Maintaining office filing, record-keeping, and records management system
- Complies and edits data for distribution
- Maintaining a video library for open records, court and performance observations in accordance with Department policies
- Answer phone calls, routes incoming calls, takes messages, greets and assists visitors, and directs visitors to the appropriate staff

- Performs general office duties such as ordering supplies, performing basic bookkeeping, and assisting with general human resources work
(All office duties are subject to change as you become more experienced, and as the paperwork flow increases due to the size of this duty station changes)

Education and Experience:

Graduation from a standard high school or equivalent, plus office/clerical experience, experience with the general public in person and over the telephone.

Must have experience with computers and basic software programs, copiers, and fax machine. Applicant must be knowledgeable with basic math, business terminology, spelling, and general office procedures.

Interpersonal Skills:

Must experience excellent interpersonal skills – position continually requires demonstrated poise, tact, diplomacy and an ability to establish and maintain effective working/professional relationships with internal and external customers.

Organization Skills:

Must be organized, flexible, and able to prioritize in a multi-demand and constantly changing environment. Demonstrated ability to meet multiple and sometimes conflicting deadlines without sacrificing accuracy or timelines; ability to work independently; and to understand and effectively apply complex oral and written instructions and procedures.

Computer Skills:

Proficiency with Microsoft Office Suite (Word, Excel, PowerPoint, Outlook).

Physical demands:

Sitting at a computer for long periods of time, standing at a copier frequently, lifting filling boxes up to 10lbs. Bending at filling cabinets.

Applying for Position:

Applicants must pick up an application packet from the Texas Highway Patrol Office in Jourdanton, TX located at 1616 State Highway 97 E. Applicants will be provided an Atascosa County application along with other required documents. A HR-99B form must be completed at the time up picking up the application. The following list of documents must be submitted to complete the application process.

**** Each applicant that is considered for the position will be subject to the following:**

1. HR-22 TEXAS DEPARTMENT OF PUBLIC SAFETY CONTRACTOR BACKGROUND APPLICATION
2. IdentoGO-Texas Fingerprint Service Code Form
3. HR-9NC PERSONAL HISTORY STATEMENT
4. HR99B ASSUPTION OF RISKS, COVENANT NOT TO SUE
5. APPLICATION FOR EMPLOYMENT
6. CREDIT REPORT
7. BIRTH CERTIFICATE (certified, not a hospital certificate/NO Original)
8. HR-84 EMPLOYEE BACKGROUND AND SKILLS PROGILE
9. HIGH SCHOOL OR GED CERTIFICATE
10. COPY OF YOUR SOCIAL SECURITY CARD
11. DRIVER LICENSE.

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name _____ Applicant ID # _____
 Last _____ First _____ Middle _____
 Address _____ Street _____ City _____ State _____ ZIP Code _____
 Telephone # () _____ Cellular/Other Phone # () _____ E-mail Address _____
 Position(s) applied for _____ Date of application / /
 Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) _____

If necessary, best time to call you is : AM PM
 Home Cellular/Other

May we contact you at work? Yes No
 If yes, work number and best time to call:
 () : AM PM

If you are under 18 and it is required,
 can you furnish a work permit? N/A Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No
 If yes, give date(s) and position(s):

Have you ever been employed here before? Yes No
 If yes, give dates: From / / To / /

Is this application a request for reemployment
 following an extended military leave of absence
 from this company? Yes No

If yes, additional information may be requested.

Are you lawfully authorized to work in
 the United States? Yes No

Date available for work / /

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the
 attendance requirements of the position? ... N/A Yes No

Will you work overtime if required? Yes No

If no, please explain: _____

Are you able to perform the "essential functions" of the job for which
 you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please
 do not provide information about the existence of a disability, particular accommodation,
 or whether accommodation is necessary. These issues may be addressed at a later stage
 to the extent permitted by law.

Yes No Need more information about the
 job's "essential functions" to respond

Driver's license number required if driving may be required in the
 job for which you are applying:

State _____

Have you ever been bonded? Yes No

Have you ever pleaded "guilty" or "no contest" to or been convicted
 of a crime? NOTE: Answering "yes" to this question does not constitute an automatic
 bar to employment. Factors such as date of the offense, seriousness and nature of
 the violation, rehabilitation and position applied for will be taken into
 account. You are not obligated to disclose juvenile records that
 have been sealed. Yes No

If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or
 other party (such as a noncompetition agreement) that might, in any
 way, restrict your ability to work for our company? Yes No

If yes, please explain: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone #	Dates employed: Month / Year to Month / Year					
()							
Street address	City	State	Compensation (Starting)				
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
			Commission/Bonus/Other Compensation \$				
Starting job title/final job title					Compensation (Final)		
Immediate supervisor and title (for most recent position held)					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Why did you leave?					E-mail:		

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employer	Telephone #	Dates employed: Month / Year to Month / Year					
()							
Street address	City	State	Compensation (Starting)				
			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
			Commission/Bonus/Other Compensation \$				
Starting job title/final job title					Compensation (Final)		
Immediate supervisor and title (for most recent position held)					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Why did you leave?					E-mail:		

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()							
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			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
			Commission/Bonus/Other Compensation \$				
Starting job title/final job title					Compensation (Final)		
Immediate supervisor and title (for most recent position held)					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Why did you leave?					E-mail:		

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			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	per	
			Commission/Bonus/Other Compensation \$				
Starting job title/final job title					Compensation (Final)		
Immediate supervisor and title (for most recent position held)					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Why did you leave?					E-mail:		

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills (Include software titles and level of experience, such as basic, intermediate, or advanced.)

<input type="checkbox"/> Word Processing _____	Level: _____	<input type="checkbox"/> Internet _____	Level: _____
<input type="checkbox"/> Spreadsheet _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____
<input type="checkbox"/> Presentation _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____
<input type="checkbox"/> E-mail _____	Level: _____	<input type="checkbox"/> Other _____	Level: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

Related Information

When answering these questions, please exclude any information that would reveal race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? _____

List special accomplishments, publications, awards, etc. _____

List any relevant volunteer work. _____

Is there any other job-related information you want us to know about you? _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, sex (including pregnancy), religion, national origin, disability, age, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____ / ____ / ____



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TEXAS DEPARTMENT OF PUBLIC SAFETY

PERSONAL HISTORY STATEMENT

Note: Fillable PDF Document

NAME:

DATE:

POSITION APPLIED FOR:

REQUISITION #:

SPEED-CHART #:

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate and complete in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.

OMISSIONS OR FALSIFICATIONS WILL RESULT IN DISQUALIFICATION.

1. Answer all questions truthfully and accurately. The information entered on this form must be **TYPED in Black Ink**. Your Personal History Statement will be evaluated on completeness and neatness.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. **You are responsible for obtaining correct telephone numbers and full addresses.** If you are not sure of a telephone number and/or address, personally verify before making that entry on this history statement. All addresses must be complete with zip codes.
 - *Note: You may need to reach out to family, friends, coworkers, through social media, or the internet to source this information.*
4. If you need additional space for your answers, attach an additional sheet(s) as needed and indicate the page number, section and number (if applicable).
5. You are responsible for providing changes and/or updates in writing via email.
6. If your Personal History Statement is incomplete, you **WILL NOT BE CONSIDERED FOR EMPLOYMENT**.
7. All documents requested must be submitted with the Applicant Personal History Statement.
 - Conditional Job Offer
 - Assumption of Risk form (HR-99b)
 - Applicant Certification and Disclosure Agreement
 - Photocopy of high school transcript or GED certificate
 - Official copies of your college transcripts, if applicable
 - Copy of all DD-214(s), NGB Form 22, if applicable

1. APPLICANT IDENTIFICATION *Indicate your name as it appears on your SOCIAL SECURITY card. INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.*

a. Last Name: First: Middle: Maiden:

Have you ever been known or gone by any other name (excluding nicknames)? If yes, give details:

b. Street Address: Apt. No.:

City: State: Zip Code:

Mailing Address (if different from residence):

City: State: Zip Code:

Primary Telephone No.: Work Telephone No.: Cellular No.:

Date of Birth: Social Security No.: Driver License No.: State:

List ALL E-Mail Addresses:

c. Have you ever possessed a driver's license issued by any state other than Texas? Yes No

If yes, give details below:

Driver's License No.: State: Date issued:

Driver's License No.: State: Date issued:

d. Have you ever had your driver's license suspended or revoked? Yes No

If yes, give reason, date, and length of suspension:

e. Place of Birth (City, County, State, Country):

f. Are you a U.S. Citizen by birth? Yes No

If not a U.S. citizen by birth, are you a naturalized citizen of the U.S? Yes No N/A

g. If hired by the Agency, you will be required to provide ONE (1) of the following documents for citizenship purposes. Select from the boxes below which *document* you will provide to HR to show proof that you are a United States citizen:

U.S. Passport Original or certified copy of Birth Certificate Original or certified copy of Naturalization

2. MARITAL and FAMILY HISTORY

a. Single Married Engaged Cohabitating

b. Spouse's/Co-habitant's name (include maiden name):

Address:

Date of Birth: Date of Marriage:

Primary Telephone No.: Work Telephone No.:

c. If you have been separated, divorced, or widowed, provide details below:

Date of Marriage:

Date of Marriage:

City and State:

City and State:

Separated Divorced Widowed Annulled

Separated Divorced Widowed Annulled

Date:

Date:

Ex-spouse's Name:

Ex-spouse's Name:

Telephone No.:

Telephone No.:

d. Identify **children** related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children). If deceased, indicate under the address column:

Relation	Name	Address	City	State	Zip
Natural					
Natural					

e. Identify **relatives** in the following order (even if you have no contact with the relative): Father, Mother (include maiden name), step-parents (if any), brothers and sisters, in their birth order. If deceased, indicate under address the address column:

Relationship	Name	Address	City	State	Zip	Phone Number

3. RESIDENCES

Identify all residences where you have lived in the last ten (10) years, beginning with the **most recent**, including your present address. List date by month/year.

From	To	Address	City	State	Zip code

4. PERSONAL REFERENCES

List three (3) persons who know you well enough to provide current information about you. DO NOT list relatives, former or present co-workers or supervisors.

1. Name: Years known:

Address:

Primary Telephone: Alternate Telephone:

Email Address:

Nature of Relationship:

2. Name: Years known:

Address:

Primary Telephone: Alternate Telephone:

Email Address:

Nature of Relationship:

3. Name: Years known:

Address:

Primary Telephone: Alternate Telephone:

Email Address:

Nature of Relationship:

5. PERSONAL DECLARATIONS

a. Do you consume alcoholic beverages? Yes No If yes, how often?

b. In the last three (3) years, have you used illegal drugs? Yes No If yes, when last used?

c. Are you **currently** using any illegal drugs? Yes No If yes, how often?

Date last used?

Provide explanation:

6. ARRESTS, DETENTIONS, AND LITIGATION

a. Have you **ever** been arrested or detained by law enforcement regardless of outcome? Yes No If yes, complete the following:

Agency	Offense	Date	Location	Outcome

b. Have you **ever** committed an act of **family violence**? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004)

Yes No If yes, explain:

c. Have you **ever** been involved in **any** incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? Yes No If yes, explain:

7. FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives ever been arrested? Yes No If yes, complete the following:

Relationship	Name	Agency	Offense	Year	Outcome
Cousin					

8. FINANCIAL INFORMATION

a. Have you **ever** filed bankruptcy personally or on behalf of a business? Yes No

If "Yes" to above, indicate type:

b. Have you **ever** had any personal or real property repossessed or foreclosed? Yes No

If "Yes" to above, please explain:

c. Have you **ever** failed to pay federal, state, or other taxes? Yes No

If "Yes" to above, please indicate year(s):

d. Have you **ever** defaulted on any type of loan? Yes No

If "Yes" to above, please explain:

e. Have you **ever** had bills or debts turned over to a collection agency? Yes No

If "Yes" to above, please explain:

f. Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes No

If "Yes" to above, please explain:

g. Are you currently more than sixty (60) days delinquent on any debts? Yes No

If "Yes" to above, indicate how many delinquent debts:

1. Name of Account: Amount Behind: Date Behind:

Explanation:

2. Name of Account: Amount Behind: Date Behind:

Explanation:

3. Name of Account: Amount Behind: Date Behind:

Explanation:

4. Name of Account: Amount Behind: Date Behind:

Explanation:

9. EMPLOYMENT HISTORY

Beginning with your present or most recent job, list ALL employment (include part-time/temp work), for the past ten (10) years. Employment prior to your 17th birthdate is not required. List date by month/year.

Are you currently employed? Yes No NOTE: Your current employer will be contacted as part of the background investigation.

1. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

2. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

3. Employer: From: To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Phone:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

4. Employer: From: To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Phone:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

5. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

6. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

7. Employer: From: To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

8. Employer: From: To:

Address:

Telephone No.:

Beginning and Ending Salary: /

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

9. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary:

/

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

10. Employer:

From:

To:

Address:

Telephone No.:

Beginning and Ending Salary:

/

Job Title:

Work Schedule:

Name of Supervisor:

Phone:

Supervisor E-mail:

Name of Work Reference:

Phone:

Work Reference E-mail:

Duties:

Identify any disciplinary actions you received. If none, please write "none":

Reason for Leaving:

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain:

EMPLOYMENT HISTORY (continued)

a. Have you ever been extended an offer of employment or received a conditional job offer from the Texas Department of Public Safety? Yes No How many times?

If "Yes" to above, provide date(s) and position information:

b. Have you ever been fired or asked to resign? Yes No How many times?

1. Employer(s) When?

Why?

2. Employer(s) When?

Why?

c. Have you ever quit a job without giving sufficient (2-3 weeks) notice? Yes No How many times?

1. Employer(s) When?

Why?

2. Employer(s) When?

Why?

d. Do you have any reason to believe that a former employer(s) may give you a negative job reference? Yes No

1. Employer(s)

Why?

2. Employer(s)

Why?

HR-22 TEXAS DEPARTMENT OF PUBLIC SAFETY

Contractor Background Application

This form is only for use with Contractors providing service to DPS. Fingerprints must be obtained within 30 days of signature (45 days if out of state); if fingerprints are not obtained within timeframe, a new form must be submitted.

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, 559.004.)

Instructions: Answer all questions completely. If the question is not applicable write "N.A." Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records. **This form along with a copy of the fingerprint receipt must be forwarded to the Contractor Background inbox by the DPS Contact Person listed below.**

SCREENING CRITERIA FOR DPS CONTRACTORS

Note: Disqualifiers will vary dependent upon the position applied for, and there may be additional disqualifiers for specific positions. The following are automatic disqualifiers.

1. A conviction for a felony.
2. An entering of an order of deferred adjudication for a felony, until five years after court supervision ceased and the case was dismissed.
3. A conviction of driving while intoxicated during the five-year period immediately prior to the date of application.
4. A finding by a court of competent jurisdiction that the applicant was a delinquent child during the five-year period immediately prior to the date of application. If the applicant's record in the proceeding is ordered sealed, the incident should be disregarded and treated as though it did not exist.
5. The applicant's driver license has been suspended, including a probated suspension, by the Department during the last three years as a habitual violator.
6. The applicant's driver license has been suspended for refusal to submit to a chemical test within the last five years.

Type or Print

DPS Division, Contact Name and Phone (Required): _____

Position applied for: _____ Confidential/Criminal History Access? Yes No

Contract Begin Date: _____ Contract End Date: _____

Has the applicant been fingerprinted as a DPS Contractor? Yes No

Vendor/Company Name & Address: _____

PERSONAL BACKGROUND

Applicant Full Name: _____

Other Names (Aliases, maiden names, nick names, etc.): _____

Residence Address: _____

Contact Information:

Cell: _____ Office: _____ Email: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____ Race: _____

SSN: _____ DL No.: _____ Class: _____ State: _____ DL Expires: _____

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each of the above questions. My statements on this form and any attachments to this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature: _____ Date: _____

TEXAS DEPARTMENT OF PUBLIC SAFETY CAPPs EMPLOYEE PROFILE

All employee personnel data will be treated with the utmost confidentiality and will only be used for official Departmental purposes. **All information must be typed or printed legibly.**

NAME: _____ LAST FOUR SSN: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ GENDER: MALE FEMALE

COUNTRY OF BIRTH: _____ U.S. CITIZEN: YES NO

HOME ADDRESS: _____
(NUMBER) (STREET) (CITY) (STATE) (ZIP CODE) (COUNTY)

PRIMARY PHONE: _____
(AREA) (NUMBER)

ETHNICITY: WHITE BLACK HISPANIC ASIAN AMERICAN INDIAN OR ALASKA NATIVE
(SELECT ONE) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER TWO OR MORE ETHNIC GROUPS

MILITARY DATA AND MILITARY EMPLOYMENT PREFERENCE, IF APPLICABLE:

ARE YOU CURRENTLY SERVING IN THE MILITARY OR RESERVES? YES NO

ARE YOU A MEMBER OF THE TEXAS STATE GUARD? YES NO

ARE YOU ENTITLED TO A MILITARY EMPLOYMENT PREFERENCE AS A:

VETERAN SURVIVING SPOUSE OF A VETERAN ORPHAN OF A VETERAN
 SPOUSE OF AN ACTIVELY SERVING MILITARY MEMBER SPOUSE AND PRIMARY INCOME SOURCE OF
DISABLED VETERAN

HAVE YOU RECEIVED THE NATIONAL DEFENSE SERVICE AWARD? YES NO

MILITARY START DATE: _____ DATE OF DISCHARGE: _____
MO DAY YEAR MO DAY YEAR

CURRENT RESERVE SERVICE:

ARMY COAST GUARD
 AIR FORCE NAVY
 NATIONAL GUARD MARINE CORPS
 AIR NATIONAL GUARD
 OTHER _____

CURRENT RESERVE STATUS:

ACTIVE
 RESERVE
 INACTIVE
 NOT SUBJECT TO RECALL

RESERVE RANK (OR EQUIVALENT)

PRIVATE MAJOR
 NCO/SPECIALIST LT COL
 WARRANT OFFICER COLONEL
 LIEUTENANT GENERAL
 CAPTAIN

PRIOR COMMISSIONED LAW ENFORCEMENT (DO NOT LIST POSITIONS HELD WITH DPS)

DATE OF EMPLOYMENT: _____ DATE OF SEPARATION: _____
MO DAY YEAR MO DAY YEAR

EMPLOYER'S NAME: _____ LAST POSITION HELD: _____

EMPLOYEE ACKNOWLEDGEMENT

SIGNATURE

DATE

THE STATE OF TEXAS:

COUNTY OF TRAVIS:

**Assumption of Risks, and Covenant Not to Sue,
Authorization for Release of Personal
Information, and Agreement of Assignment**

KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Texas Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and Preemployment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Texas Department of Public Safety. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignment upon initial employment or reinstatement or may be transferred as the needs of the Department may require while employed with the Texas Department of Public Safety.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature

Date

Name (print / type and include maiden name)

Date of Birth

Social Security Number



IdentoGO®

Texas Fingerprint Service Code Form

To schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Criminal History Check Authorization

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.



Don't have access to the Internet? You can still schedule an appointment by calling 888.467.2080