



INSTRUCTIONS

PLEASE READ CAREFULLY BEFORE COMPLETION OF YOUR PERSONAL HISTORY PACKET

Failure to follow all instructions WILL result in denial of application.

Your personal history packet is subject to a complete investigation consisting of family, personal, educational, employment and medical history. Questions relating to age, height, weight, and other physical characteristics, though not related to job requirements, are used for purposes of personal identification and for no other purpose.

If more space is needed to answer any questions, use the back side of that page, making sure to refer to the question to which you are responding. All responses made by you are held in strict confidence.

1. Your personal history packet must be typed or handwritten in black ink completely, by you personally. Do not have anyone else fill it out for you. Correct all mistakes completely and return all pages.
2. Answer each question completely. If the item requests information that does not apply to you, put N/A in the space provided.
3. If you cannot recall or don't know the requested information put that response in the blank provided. Please make an effort to answer each item to the best of your ability.
4. Your Personal History packet is part of the assessment process. You must be able to follow instructions and prepare neat, accurate, thorough and legible documents in this profession.
5. The Denton County ESD No.1 requires an applicant to dress appropriately in regards to appointments set by the Department. Appearance is a major factor and reflection on an individual and the Department.
6. Please make sure that all addresses are complete and include **ZIP CODES**. Zip Code information may be obtained by at www.usps.com/zip4. Make sure all telephone numbers include the correct area code.
7. The last two pages of this packet are required to be notarized.

REQUIRED DOCUMENTATION

All applicants must submit copies of the following documents when returning this statement:

1. Photocopy of Birth Certificate;
2. Naturalization papers (if applicable);
3. Photocopy of Drivers License;
4. Photocopy of High School transcript;
5. Photocopy of High School diploma or G.E.D.;
6. Photocopy of College or University transcript (from each school attended)
7. Photocopy of College diploma (if applicable)
8. Photocopy of military discharge paper (pgs 1 and 4);
9. Photocopy of Social Security Card;
10. Photocopy of proof of liability insurance;
11. Photocopies of any litigation or criminal action that you have been a party to;
12. Photocopies of any TCFP Certificates (if applicable);
13. Photocopies of any training that relates to the position for which you are applying; and,
14. A recent photograph

ALL APPLICABLE DOCUMENTS MUST ACCOMPANY YOUR PERSONAL HISTORY PACKET AT THE TIME THAT IT IS SUBMITTED. DOCUMENTS WILL NOT BE RETURNED TO YOU.

APPLICANT INFORMATION

Full-time **Part-time** **Volunteer**

Full Name _____

Maiden Name (If applicable): _____

Have you ever legally changed your name? Yes _____ No _____

Other names or nicknames: _____

Date of Birth ____/____/____ Social Security # _____

Address _____

City/State/Zip _____

How long at present address? _____ Weeks _____ Months _____ Years

Work # () _____ Cell # () _____

Drivers License # _____ State _____ Exp. _____ Class. _____

Height _____ Weight _____ Hair _____ Eyes _____

Place of Birth: _____ U.S. Citizen: Yes _____ No _____

Are you registered with the Selective Service? Yes _____ No _____ Female _____

Name(s) of persons with whom you live: (use back of this page if you need additional space)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____

Do you have a social networking, or other-internet based profile(s)? If yes, provide screen name(s), services provider(s):

List All Email Address(s) that you currently have:

REFERENCES

Give three-character references who are responsible adults and stable members of the community who know you well enough to provide current information about you. Two professional and one personal references. No immediate relatives or guardians can be used.

- 1. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

- 2. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

- 3. Name _____ Relationship _____
Address _____ Years Known _____
City _____ State _____ Zip _____
Home # () _____ Work# () _____
Employer _____ Address _____

FAMILY HISTORY

SECTION 1- SPOUSE/FIANCEE

Full name of Spouse/Fiancee: _____

First Middle Maiden/Last

Date of Birth _____ Date of Marriage _____

Occupation _____ Employer _____

Employers Address _____

Employers phone # () _____

Provide the following information on any previous marriage:

Name of former spouse	Address	Phone #
_____	_____	() _____
_____	_____	() _____

MEDICAL HISTORY

Do you have any physical disabilities or limitations which might interfere with your ability to perform the duties of the position which you have applied? _____ Yes _____ No

If yes, give full details: _____

Have you ever suffered serious bodily injury? _____ Yes _____ No

If yes, give full details: _____

Have you ever had surgical or corrective procedures? _____ Yes _____ No

If yes, give full details: _____

Have you ever been refused a life or health insurance policy? _____ Yes _____ No

If yes, give full details: _____

Current Physician _____

Address _____ Phone _____

Last Visit _____ Reason _____

How would you describe your general health at this time?

Excellent _____ Good _____ Fair _____ Poor _____

Do you wear corrective lenses: _____ No _____ Yes,

FIRE SERVICE HISTORY/EXPERIENCE

In chronological order, list all fire departments that you have volunteered with, been employed by, or applied for; and your status with the department and/or the status of your application (if known).

TOWN/STATE	DATES (MO/YR)	STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY

On the following pages, begin with the most recent employment, list all employment(s) since the age of 17 or the last 10 years. Include all military service, temporary employment, part-time employment, seasonal employment, and any periods of unemployment. Photocopy additional work history pages as needed.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked
under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

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Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EMPLOYMENT

Employer: _____ Phone () _____

Address: _____ Town: _____

State: _____ Zip: _____

Name which you worked under: _____

Type of Business: _____ Supervisors Name: _____

Date Hired: _____ Date Left: _____

Start Position: _____ End Position: _____

Start Salary: _____ End Salary: _____

Supervisory/Management Experience: _____ Yes _____ No

Disciplinary Action: (Written/Verbal/Suspensions) _____ Yes _____ No

Reason: _____ Action Taken: _____

Reason: _____ Action Taken: _____

Reason for Leaving: _____

Status of Leaving: Voluntary Resignation _____ Termination _____

Eligible for Rehire: _____ Yes _____ No

Unemployed from _____ To _____

List any reasons for extended periods of unemployment below.

EQUIPMENT

Please list all office equipment, machinery, and or software/office suite knowledge.

TRAINING CERTIFICATES

List all certificates that you have successfully completed, or currently enrolled. Please attach copies.

LICENSES

List all special licenses with licensing authority, original date of issue and expiration. Please attach copies.

LANGUAGES

Do you speak any language(s) in addition to English? _____ Yes _____ No

Language	Spoken	Read	Written
_____	Y N	Y N	Y N
_____	Y N	Y N	Y N

Describe any other special training, knowledge, experience or ability you have which you think would be of value to the Denton County ESD No.1:

EDUCATIONAL HISTORY

List the High School you graduated from

School Name	Address	Dates	Grade Completed
_____	_____	_____	_____

Did you graduate from High School? _____ Yes _____ No If no, do you have a GED? _____ Yes _____ No

If Yes, from what Agency or School? _____

List all colleges or universities attended or you are currently attending, beginning with the most recent:

School Name	Address	Dates	Major	Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any degrees/diplomas received:

School Name	Type of Degree	Graduation Date	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other schools (vocational, trade, etc.,) you have attended or are currently attending, beginning with most recent:

School Name	Address	Dates	Course Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACADEMIC DISCIPLINARY ACTION

List any applicable disciplinary action received from an academic institution:

Expelled? _____ Yes _____ No

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Probation? _____ Yes _____ No

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

Institution: _____ Town _____ State _____

Dates: _____ To _____ Nature of Offense: _____

CREDIT HISTORY

Are you delinquent on any child support payments? _____ Yes _____ No _____ N/A

Are you 90 days or more delinquent on any just debt greater than \$500 other than medical expenses? _____ Yes _____ No

If yes to either, please explain:

MOTOR VEHICLE/DRIVING HISTORY

DRIVERS LICENSE

Please list all drivers licenses ever issued to you.

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

State: _____ License #: _____

Expiration Date: _____ Class: _____ Restrictions: _____

INSURANCE

Insurance Company: _____

Address: _____ Town/State/Zip _____

Phone #: () _____ Policy #: _____

Agents name: _____

If currently uninsured, please explain:

TRAFFIC CITATIONS/ACCIDENTS

List any citations (including vehicle insurance violations) you have received within the past five (5) years. (Exclude Parking Citations)

	Charge	Department	Town/State	Date	Disposition
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

List all traffic accidents you have been involved in within the past five (5) years.

	Date	City/State	Fault	Seriousness
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

JUDICIAL HISTORY

CRIMINAL ACTION

Have you ever committed, been convicted, plead “no contest”, plead guilty, or received deferred adjudication for any offense other than traffic citations? _____ Yes _____ No

	Charge	Department	Town/State	Date	Disposition
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CIVIL ACTION

Have you ever been a plaintiff or defendant in a civil action? ____ Yes ____ No

Court_____ Case#_____
Court_____ Case#_____
Court_____ Case#_____
Court_____ Case#_____

LAW ENFORCEMENT CONTACT

Have you ever had to summon the police to respond to any of your residences for any type of law enforcement matter? ____ Yes ____ No If yes, please explain:

FINAL RECAP

Are there any incidents not previously mentioned, which may reflect upon your suitability to perform the duties as a firefighter with the Denton County ESD No.1, or which might require further explanation? ____ Yes ____ No If yes, please explain below:

APPLICANT SIGNATURE

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, immediate termination of my employment.

Signature

Date

POLYGRAPH QUESTIONNAIRE

You are hereby instructed to answer each question truthfully by checking either yes or no. **All yes answers must be explained** thoroughly in the remarks section by providing specifics such as dates, times, and number of occurrences. Your questionnaire will not be accepted incomplete. Any attempts to falsify information or significant omissions will cause your application to be null and void.

Have you ever taken a polygraph examination? ____ Yes ____ No

If yes, list dates, by who, and reason for the exam:

APPLICATION AND PERSONAL HISTORY

Have you purposely left any jobs off of the personal history packet that you do not want us to know about? ____ Yes ____ No

Have you included all previous jobs in your personal history packet? ____ Yes ____ No

Have you deliberately falsified any statement on your personal history packet? ____ Yes ____ No

Have you intentionally left any information off of your personal history packet? ____ Yes ____ No

Have you ever used another name except a "Nickname"? ____ Yes ____ No

Were you completely truthful with the person(s) who interviewed you for this position?
____ Yes ____ No

Remarks:

MARITAL INFORMATION

Are you currently married? ____ Yes ____ No

Do you and your spouse live together? ____ Yes ____ No

Have you been married more than once? ____ Yes ____ No

Have you ever been divorced? ____ Yes ____ No

Are you paying alimony or child support? ____ Yes ____ No

Are you behind in any of these payments? ____ Yes ____ No

Have you discussed this job with your spouse? ____ Yes ____ No

Does your spouse oppose this type of job? ____ Yes ____ No

Do you anticipate any family problems interfering with your job? ____ Yes ____ No

Are you currently involved in a divorce or child custody/support litigation? ____ Yes ____ No

Remarks:

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? ____ Yes ____ No

Did you receive an honorable discharge? ____ Yes ____ No

Were you ever AWOL? ____ Yes ____ No

Were you ever given an Article 15 or Captains Mast? ____ Yes ____ No

Were you ever subject to a court martial? ____ Yes ____ No

Were you ever confined while in the military? ____ Yes ____ No

Were you ever reduced in rank? ____ Yes ____ No

Were you ever in any trouble while in the military? ____ Yes ____ No

Do you feel that military orders and discipline were too severe or unreasonable?
____ Yes ____ No

Remarks:

WORK RECORD AND BACKGROUND INFORMATION

Have you ever been fired from a job? ____ Yes ____ No

Have you ever been asked to resign from a job? ____ Yes ____ No

Have you ever quit a job to avoid being fired? ____ Yes ____ No

Have you ever lost a job because of family problems? ____ Yes ____ No

Have you ever had any trouble on any of your jobs? ____ Yes ____ No

Have you ever had a problem with a co-worker? ____ Yes ____ No

Do you get along with your co-workers? ____ Yes ____ No

Have you ever been frequently late to work? ____ Yes ____ No

Do you ever call in sick when not actually ill? ____ Yes ____ No

Have you ever quit a job without the required notice? ____ Yes ____ No

Have you ever quit a job because you were mad or under pressure? ____ Yes ____ No

Remarks:

EMPLOYMENT

Did you ever steal money from an employer? ____ Yes ____ No

Did you ever steal property from an employer? ____ Yes ____ No

Did you ever witness other employees stealing anything? ____ Yes ____ No

Remarks:

TRAFFIC INFORMATION

Have you been cited for a moving violation in the past 5 years? ____ Yes ____ No

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

Have you ever driven a motor vehicle without a valid license? ____ Yes ____ No

Have you ever been denied a drivers license? ____ Yes ____ No

Do you have any unpaid traffic tickets? ____ Yes ____ No

Have you ever attended defensive driving in order to dismiss a traffic ticket? ____ Yes ____ No

Have you ever paid an attorney to keep a traffic citation from appearing on your driving history?
____ Yes ____ No

Have you ever been arrested for Driving While Intoxicated? ____ Yes ____ No

Have you ever been arrested for Driving Under the Influence of Drugs? ____ Yes ____ No

Do you have liability insurance on your vehicle(s)? ____ Yes ____ No

Have you ever received a citation for no vehicle insurance? ____ Yes ____ No

Have you ever had an accident and left the scene without leaving proper identification?
____ Yes ____ No

Have you ever tried to elude the police in a vehicle? ____ Yes ____ No

Have you ever had a traffic accident because you were drinking alcoholic beverages?
____ Yes ____ No

Remarks:

ALCOHOL INFORMATION

Do you ever drink alcoholic beverages? ____ Yes ____ No

Do you drink daily? ____ Yes ____ No

Do you ever drink to intoxication? ____ Yes ____ No

Has anyone ever told you that you drink too much? ____ Yes ____ No

Have you ever consumed alcohol on the job? ____ Yes ____ No

Have you ever called in sick to work as a result of a hangover? ____ Yes ____ No

Have you ever had a fight while intoxicated? ____ Yes ____ No

Have you been intoxicated within the past 12 months? ____ Yes ____ No

Have you been intoxicated within the past 30 days? ____ Yes ____ No

In your opinion, have you ever had a serious drinking problem? ____ Yes ____ No

Remarks:

DRUG INFORMATION

Have you ever ingested any type of illegal drug or narcotic? ____ Yes ____ No

Have you ever used marijuana? ____ Yes ____ No

If yes, when? _____ How many times? _____

Have you ever used hashish? ____ Yes ____ No

Have you ever used heroin? ____ Yes ____ No

Have you ever used cocaine? ____ Yes ____ No

Have you ever used LSD or any other hallucinogen? ____ Yes ____ No

Have you ever used speed, amphetamines, or methamphetamines? ____ Yes ____ No

Have you ever used downers, barbiturates, or mandrax? ____ Yes ____ No

Have you ever used a narcotic prescription drug not prescribed to you? ____ Yes ____ No

If yes, who gave it to you? _____

Have you ever used anabolic steroids? ____ Yes ____ No

Have you ever used any other illegal drug or narcotic not mentioned above? ____ Yes ____ No

Have you ever been present when others were using marijuana or any other illegal drugs?
____ Yes ____ No

Have you ever altered or forged a prescription by a doctor? ____ Yes ____ No

Have you used or ingested marijuana or any other drug or illegal narcotic within the past 10 years? ____ Yes ____ No

If yes, what? _____ When? _____

Remarks:

ARREST/CRIMINAL ACTIVITY

Have you ever been convicted or placed on probation for anything other than a traffic citation? ____ Yes ____ No

Have you ever been questioned as a suspect for any offense by the police? ____ Yes ____ No

Have you ever been fingerprinted by a police agency? ____ Yes ____ No

Have you ever committed a serious, undetected crime? ____ Yes ____ No

Have you ever been in the presence of another as they committed a crime? ____ Yes ____ No

As a child, did you ever steal from a store? ____ Yes ____ No

Have you ever shoplifted in the past 5 years? ____ Yes ____ No

Have you ever stolen anything from a car? ____ Yes ____ No

Have you ever stolen anything from a house? ____ Yes ____ No

Have you ever committed domestic violence? ____ Yes ____ No

Have you ever used a weapon during a crime? ____ Yes ____ No

Have you committed child molestation or child abuse? ____ Yes ____ No

Have you ever stolen a wallet or purse? ____ Yes ____ No

Have you ever broken into a vending machine? ____ Yes ____ No

Have you ever forced another to have sex with you? ____ Yes ____ No

Have you ever killed, or attempted to kill another person illegally? ____ Yes ____ No

Have you ever illegally set fire to anything? ____ Yes ____ No

Have you ever intentionally damaged an others property? ____ Yes ____ No

Do you have any relatives with arrest, or criminal records? ____ Yes ____ No

Is there any topic not covered above that you have knowledge of? ____ Yes ____ No

Remarks:

SEXUAL ACTIVITIES

Have you ever “window-peeped”? ____ Yes ____ No

As an adult, have you ever sexually fondled anyone under the age of 17 years old?
____ Yes ____ No

Have you ever committed an act of indecent exposure? ____ Yes ____ No

As an adult, have you ever had sexual contact or sexual intercourse with anyone under the age of 17 years old? ____ Yes ____ No

Have you ever paid, or been paid, for an act of prostitution?

In your opinion, do you have any sexual tendencies that would be considered deviant? ____
Yes ____ No

Have you ever had sex while on duty? ____ Yes ____ No

Remarks:

ATTITUDE AND TEMPERAMENT

Other than while hunting, have you ever killed an animal? ____ Yes ____ No

Do you ever get a thrill out of hurting someone smaller than you? ____ Yes ____ No

Do you enjoy seeing another person suffer? ____ Yes ____ No

Do you enjoy taking part in a fight? ____ Yes ____ No

Would the sight of blood bother you to the point that it would impair your abilities to serve as a firefighter? ____ Yes ____ No

Do you think you might abuse your power as a firefighter? ____ Yes ____ No

Did you ever gang up with others to beat someone up? ____ Yes ____ No

Did you ever kick or throw things when you were angry? ____ Yes ____ No

Remarks:

SUBVERSIVE ACTIVITY INFORMATION

Have you ever been associated with any group or organization that actively or subversively attempted to disrupt any legitimate government function? ____ Yes ____ No

To your knowledge, has any member of your family or your spouses family ever been associated with any subversive organization or group, that advocates the overthrow of the U.S. Government? ____ Yes ____ No

Do you associate with persons who seek to overthrow the government by force or violence? ____ Yes ____ No

Have you ever attended a subversive meeting? ____ Yes ____ No

Have you ever given or sold classified US Government information to anyone representing another country? ____ Yes ____ No

Have you ever been denied a security clearance by the US Government? ____ Yes ____ No

Have you ever worked for a foreign government? ____ Yes ____ No

Have you ever pledged allegiance to another country? ____ Yes ____ No

Are you loyal to the United States of America? ____ Yes ____ No

Have you ever been a member of a group that advocated violence to persons based upon their race, sex, religious belief, or sexual preferences? ____ Yes ____ No

Have you ever committed acts of vandalism or property damage which was directed towards a religious or political group? ____ Yes ____ No

Remarks:

REASONS FOR APPLICATION

Do you seek a long-term career with this agency? ____ Yes ____ No

Do you intend to conduct any unlawful activity against this agency? ____ Yes ____ No

Do you have any reason for wanting this position that you do not want the agency to know about? ____ Yes ____ No

Are your plans to work here temporarily? ____ Yes ____ No

Remarks:

APPLICANT SIGNATURE

I represent and warrant the answer I have made to each and all the foregoing questions are true to the best of my knowledge and belief.

I acknowledge that any false statement knowingly made in answering all the questions is cause for removal from the eligibility list, or discharge from employment with the Denton County ESD No.1.

Signature

Date

**DENTON COUNTY ESD No.1 AUTHORIZATION FOR BACKGROUND
INVESTIGATION**

I authorize the investigation of all information and statements, both written and verbal, given by me during the course of this process, as may be necessary in arriving at an employment decision. I further understand that all materials pertaining to this background investigation become the sole property of the Denton County ESD No.1. I also understand in the event my application is disapproved; the source of confidential information cannot be revealed to me.

Applicant printed full name

Signature of Applicant

Date

Before me appeared the above named _____, known to me (or satisfactorily proven), to be the person whose name is subscribed to within this instrument, and acknowledged to me that he/she has signed, sealed and delivered this agreement as his/her voluntary act or deed, for the use and purpose therein expressed.

Subscribe and sworn to before me, a Notary Public, this _____ day of _____, 20____.

Notary Public for the State of Texas

(Seal)