

Employment Application

APPLICANT INFORMATION						
Last Name	First		M.I.	Date		
Street Address			Apartment/Unit #			
City	State		ZIP			
Phone	E-mail Address					
Date Available	Social Security No.		Desired Salary			
Position Applied for						
Are you over the age of eighteen? If no, hire is subject to verification that you are of minimum legal age.				YES ☐ NO ☐		
Are you a citizen of the United States?	YES ☐ NO ☐	If no, are you authorized to work in the U.S.?		YES ☐ NO ☐		
Have you ever worked for this company?	YES ☐ NO ☐	If so, when?				
Have you ever been convicted of a felony?	YES ☐ NO ☐	If yes, explain				

EDUCATION				
High School		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree
College		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree
Other		Address		
From	To	Did you graduate?	YES ☐ NO ☐	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES ☐ NO ☐			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

NOTICE AND ACKNOWLEDGEMENT

(IMPORTANT- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT)

NOTICE REGARDING BACKGROUND INVESTIGATION

_____ (Company name) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, driving record, and/or mode of living and which can involve personal interviews with sources such as your current and past employers, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained by _____ (Company name) with regard to applicants for employment are a felony/ misdemeanor records search and Texas driver license and driving record verification. The scope of this notice and authorization is all-encompassing, however, allowing _____ (Company name) to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, state or federal agency, information service bureau, employer, or insurance company to furnish any and all background information requested by _____ (Company name). I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

The following is for identification purposes only to perform the background check and will not be used for any other purpose:

Date

Print Name

Social Security Number

Signature of Employee or Prospective Employee

Driver License Number

Date of Birth

Current Address

Previous Addresses (Last 7 Years)

Any Other Names I Have Been Known By (Including Maiden Name)

APPLICATION FOR COPY OF DRIVER RECORD**MAIL TO: Driver Records Bureau, Texas Department of Public Safety, Box 149246, Austin, TX 78714-9246**Make **CHECK** or **MONEY ORDER** Payable To:
TEXAS DEPARTMENT OF PUBLIC SAFETYAny questions regarding the information on this form should be directed to
Customer Service at 512-424-2600. Allow 2-3 weeks for delivery.**Check Type of Record Desired****FEE**

☐ 1. Name - DOB - License Status - Latest Address.	\$ 4.00
☐ 2. Name - DOB - License Status - List of Accidents/Moving Violations in Record within Immediate Past 3 Year Period.	\$ 6.00
☐ 2A. CERTIFIED version of #2. This Record is Not Acceptable for DDC Course.	\$ 10.00
☐ 3. Name - DOB - License Status - List of ALL Accidents and Violations in Record. Furnished to Licensee ONLY.	\$ 7.00
☐ 3A. Certified version of #3. Furnished to Licensee ONLY and is Acceptable for DDC Course.	\$ 10.00
☐ Other: (Original Application, DWLS, etc.) _____	\$ _____ (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name										Requestor's First Name																			
Street Address																				Texas Driver License Number									
City										State					Zip Code					Daytime Telephone Number (include area code)									

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.																																							
Your Title or Affiliation with above																																							
Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)																																							

Information Requested On:

Texas Driver License Number										Date of Birth										Suffix (SR., JR., etc.)																			
Last Name																																							
First Name																																							
Middle Name/Maiden Name																																							

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____.

Signature of License/ID
Card Holder or
Parent/Legal Guardian

Date _____

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date _____

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Place copies of identification here:

Social Security Card

Passport or Residence Card (Front)

Passport or Residence Card (Back)

Driver's License (Front)

Driver's License (Back)