APPLICANT PERSONAL INFORMATION

FULL NAME								DATE OF BIRTH	4
Last Name		First Name				M.I.	Suffix	MM/DD/YYYY	
HOME STREET ADDRESS					CITY		STATE		ZIP CODE
MAILING ADDRESS, IF DIFFERE	NT FROM ABOV	E			CITY		STATE		ZIP CODE
RACE / ETHNICITY	GENDER	HEIGHT	WEIGH	ΗT	HAIR COLOR	EYE COLOR	US CITIZEN	BIRTHPLACE	
(White, Black, Hispanic, etc.)	🗌 Male						☐ Yes	(City, State)	
	Female								
DRIVER'S LICENSE NO.	SOCIAL SECUR	ITY NO	HOME	PHONE	NUMBER	EDUCATION	Attach official ti applicable	ranscripts or suppo	orting proof, if
(State and Number)	(xxx-xx-xxxx)								
	(()	-	GED	🗌 ню	GH SCHOOL	
EDUCATION CONT. List schools, colleges or universities attended,			-	•					
NAME		CITY	STATE		FROM	то	COMPLETED	GRADTN YR	DEGREE EARNED
							Hes No		
							Yes No		
							Yes No		
MILITARY EXPERIENCE Provide legible copy of ALL military discharge records (DD214 or equivalent), if applicable									
					yes , have you	Ves If	no,		
				re	registered?				
BRANCH OF SERVICE				DATES	DATES OF SERVICE (MM/YYYY) TYPE OF DISCHARGE. If other, specify				specify
				FROM	FROMTO				

EMPLOYER INFORMATION

NAME OF RAILROAD EMPLOYER		BUSINESS STREET ADDRESS	CITY	STATE ZIP CODE	
SUPERVISOR NAME		BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	E-MAIL ADDRESS	
Last Name	First Name				
		() -	() -		
APPLICANT'S JOB TITLE	YEARS EMPLOYED	YEARS IN RAILROAD SECURITY	DUTIES PERFORMED		
	yrsmos	yrs mos			

CERTIFICATE & COMMISSION INFORMATION

LOCATION WHERE THE CERTIFICATE OF AUTHORITY WILL BE ENFORCED			HAVE YOU EVER HELD A COMMISSION AS A LAW ENFORCEMENT OFFICER?					
City County	/		Yes No	lf yes, list <u>AL</u> most recent	<u>L</u> agencie	es and dat	es held starting with	h the
Name of Agency – Dates Held (MM/DD/YYYY) Name of Agency – Dates H			Held (MM/DD/YYYY) Name of Agency – Dates Held (MM/DD/YYYY)					
Name of Agency – Dates Held (MM/DD/YYYY)	Name of Agency – Dates Held (MM/DD/YYYY)				Name of Agency – Dates Held (MM/DD/YYYY)			
ARE YOU A CURRENTLY LICENSED WITH THE TEXAS C	OMMISSION (ON LAW ENF	ORCEMENT?					
If yes, enter your PID below	If ma		1	If not have very		i		1
Yes No		Have you ever been?	Yes No Yes Academy?		isic	H Yes No	Have you passed the licensing exam?	Yes No

CRIMINAL HISTORY

HAVE ANY JUDGMENTS EVER BEEN OBTAINED AGAINST YOU, OR HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY?							
ARE YOU NOW A DEFENDANT, CIVIL OR CRIMINAL IN ANY COURT?	Certified copy of court disposition for each cas	e is required					

REFERENCES

FULL NAME			TELEPHONE NO	MAILING ADDRESS
Last Name	First Name	MI		
			() -	
FULL NAME			TELEPHONE NO	MAILING ADDRESS
Last Name	First Name	MI		
			() -	
FULL NAME			TELEPHONE NO	MAILING ADDRESS
Last Name	First Name	MI		
			() -	

STATEMENT OF NEW APPLICANT

I, the undersigned, attest that I

- 1.) have personally completed each page of this form and any supplemental page(s) attached, and that all statements made are true and correct to the best of my knowledge and belief;
- 2.) understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment;
- 3.) understand that for good cause, the director of the Texas Department of Public Safety (DPS) may revoke a certificate of authority;
- 4.) understand that termination of employment with a railroad company, or the revocation of a railroad peace officer license by the Texas Commission on Law Enforcement (TCOLE) shall constitute an automatic revocation of a certificate of authority to act as a railroad peace officer;
- 5.) hereby consent to the release of my employment records, including but not limited to service or education reports, disciplinary records, and medical records;
- 6.) grant permission to contact any previous employers with the full knowledge and understanding that the information obtained will be used in the course of fulfilling official responsibilities;
- 7.) am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by any law or regulation, and will be used in locating my employment, education, military and any records in connection with this application.

STATE OF TEXAS COUNTY OF ____

Before me the undersigned authority personally appeared _____

_____, known to me to be the person whose name is

Signature of Applicant

subscribed to the foregoing application, who being by me first duly sworn, stated that the answers in the foregoing application were true and correct.

Sworn and subscribed before me this ______day of ____

Notary public in and for, State of Texas My Commission expires _____/____/____/

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

EMPLOYMENT CERTIFICATION

Company Name Last, First MI BUSINESS MAILING ADDRESS BUSINESS TELEPHONE BUSINESS TELEPHONE	TO BE VALID, this section must be co	mpleted and signed by the		<u>r railroad cor</u>	mpany re	presentative only.				
the accompanying document(s) appear to be genuine and in relation to the applicant, that the applicant meets the following licensing requirements: Check all that apply. Attach legible copy of Background Investigation (BI) report, Personal History Statement (PHS) and consent form. Minimum standards for initial licensure as stated in Commission Rule 217.1 Full-time employee authorized to conduct business in Texas Completed full background investigation (BI) including: CCH (Both TCIC and NCIC) DPS & FBI fingerprint returns or FAST (For NEW or More Than 180 Day Break in Service) Firearms qualification within 12-months <u>PRIOR</u> to appointment 217.7 (PEACE OFFICERS ONLY) Contact has been made with all prior law enforcement employers, PHS and consent form are attached BY MY SIGNATURE, I certify that I am the chief administrator of the employer company listed below, or an authorized person designated to sign this document. I further certify that this employer company has on file and readily available the appropriate documents to show that the applicant meets the standards for licensing and/or appointment as required by Commission Rule 217.3. EMPLOYER EMPLOYER EMPLOYER EVENT CITY State Zip Code State Zip Code State City State Zip Code Number and Street City State Zip Code Number and street State City State Zip Code Number and street City State Zip Code Number and street City State State Number and for, State of Texas Numbersion expires Number State of Texas Number State State City State State Number State of Texas Number State of Texas Number State Stat	CERTIFICATION – I attest, under penalty o	f perjury, that I have exam	ned the d	ocument(s) p	oresented	l by the applicant, that				
Ilicensing requirements: Check all that apply. Attach legible copy of Background Investigation (BI) report, Personal History Statement (PHS) and consent form. Minimum standards for initial licensure as stated in Commission Rule 217.1 Full-time employee authorized to conduct business in Texas Completed full background investigation (BI) including: CH (Both TCIC and NCIC) DPS & FBI fingerprint returns or FAST (For NEW or More Than 180 Day Break in Service) Firearms qualification within 12-months PRIOR to appointment 217.7 (PEACE OFFICERS ONLY) Contact has been made with all prior law enforcement employer company listed below, or an authorized person designated to sign this document. I further certify that this employer company has on file and readily available the appropriate documents to show that the applicant meets the standards for licensing and/or appointment as required by Commission Rule 217.3. EMPLOYER PRINTED NAME OF CHIEF PROFESSIONAL TITLE Company Name Last, First MI BUSINESS TELEPHONE Signature OF CHIEF OF AUTHORIZED DESIGNEE DATE (MM/DD/YYYY) Sworn to and subscribed before me, this the day of										
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