

APPLICANT PERSONAL INFORMATION

FULL NAME Last Name First Name M.I. Suffix				DATE OF BIRTH MM/DD/YYYY						
HOME STREET ADDRESS				CITY		STATE		ZIP CODE		
MAILING ADDRESS, IF DIFFERENT FROM ABOVE				CITY		STATE		ZIP CODE		
RACE / ETHNICITY (White, Black, Hispanic, etc.)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	US CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BIRTHPLACE (City, State)		
DRIVER'S LICENSE NO. (State and Number)		SOCIAL SECURITY NO. (xxx-xx-xxxx)		HOME PHONE NUMBER () -		EDUCATION <input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE		<i>Attach official transcripts or supporting proof, if applicable</i>		
EDUCATION CONT. List schools, colleges or universities attended, including trade, vocation or business schools/institutes.										
NAME		CITY	STATE	FROM	TO	COMPLETED <input type="checkbox"/> Yes <input type="checkbox"/> No	GRADTN YR	DEGREE EARNED		
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
						<input type="checkbox"/> Yes <input type="checkbox"/> No				
MILITARY EXPERIENCE <i>Provide legible copy of ALL military discharge records (DD214 or equivalent), if applicable</i>										
ARE YOU REQUIRED TO REGISTER FOR SELECTIVE SERVICE?				<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain			
BRANCH OF SERVICE				DATES OF SERVICE (MM/YYYY) FROM _____ TO _____			TYPE OF DISCHARGE. If other, specify <input type="checkbox"/> Honorable <input type="checkbox"/> Other			

EMPLOYER INFORMATION

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

CERTIFICATE & COMMISSION INFORMATION

LOCATION WHERE THE CERTIFICATE OF AUTHORITY WILL BE ENFORCED City County		HAVE YOU EVER HELD A COMMISSION AS A LAW ENFORCEMENT OFFICER? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list ALL agencies and dates held starting with the most recent</i>								
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)			Name of Agency – Dates Held (MM/DD/YYYY)			Name of Agency – Dates Held (MM/DD/YYYY)				
ARE YOU A CURRENTLY LICENSED WITH THE TEXAS COMMISSION ON LAW ENFORCEMENT?										
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter your PID below			If no, continue		Have you ever been? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, have you completed the Basic Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you passed the licensing exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL HISTORY

HAVE ANY JUDGMENTS EVER BEEN OBTAINED AGAINST YOU, OR HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR FELONY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU NOW A DEFENDANT, CIVIL OR CRIMINAL IN ANY COURT?	<input type="checkbox"/> Yes <input type="checkbox"/> No

if yes, explain: ***Certified copy of court disposition for each case 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.

Signature of Applicant

STATE OF TEXAS
 COUNTY OF _____

Before me the undersigned authority personally appeared _____, known to me to be the person whose name is 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

