



## COUNTY OF EL PASO

### Application for Boards, Commissions, and Committees

Name: \_\_\_\_\_ Voting Precinct: \_\_\_\_\_

List the Board(s), Commission(s), and/or Committee(s) you are particularly interested in:

\_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Phone number: \_\_\_\_\_ Cell Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

*PURSUANT TO TEXAS GOVERNMENT CODE, SEC. 522.021. I ELECT THAT MY HOME ADDRESS & TELEPHONE NUMBER (CHECK ONE):  MAY BE RELEASED /  SHALL NOT BE RELEASED TO THE PUBLIC UPON REQUEST UNDER THE TEXAS OPEN RECORDS ACT. FAILURE TO MAKE A DESIGNATION RESULTS IN INFORMATION BEING AVAILABLE FOR PUBLIC ACCESS.*

Length of Residency in El Paso County: \_\_\_\_\_ (Years/Months)

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Professional Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Three (3) personal or professional references not related to you:

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_

Previous volunteer organizations and/or community service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have property in El Paso County under your name? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)

Are your property taxes currently paid? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) If not, please give a brief explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any matter that could be considered a conflict that should be disclosed before you are considered for appointment?

If so, please describe the matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application should be submitted to:

El Paso County Human Resource Department  
ATTN: County Boards  
500 E. Overland  
El Paso, Texas 79901  
Ph. (915) 546-2218 Fax (915) 546-8126



**BACKGROUND INVESTIGATION  
AUTHORIZATION FORM  
RELEASE OF CONFIDENTIAL INFORMATION**

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Dear Applicant:

The County of El Paso conducts background investigations on applicants in various departments. This effort is part of the selection process and requires your authorization. By signing this document you acknowledge that you are voluntarily granting permission to the County of El Paso to conduct a background check and you authorize relevant parties to release confidential information. The information will remain confidential and will not be disclosed except \_\_\_\_\_.

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I, \_\_\_\_\_, further hereby authorize the County of El Paso Human Resources Department to obtain all confidential records and information pertaining to a complete background investigation. This may include items such as (but not limited to): personal references, work references, Police Records, Sheriff Records, Driving Record, and any open record request.

_____ Full Legal Name	_____ Maiden Name (If Applicable)
_____ Street Address	_____ City/State/Zip Code
_____ Social Security Number	_____ Driver's License Number/State
_____ Date of Birth	_____ Email

List the cities and states in which you have lived in the past 10 years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

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Signature of Applicant