



El Paso County

Hospital District Board

Name: _____ Voting Precinct: _____

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.

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:

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

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 an elected officer, county employee, county affiliate, or employed as a lobbyist? _____ (Yes) _____ (No)
If so, please specify. _____

In accordance with the El Paso County Uniform Rules and Procedures, I _____ agree to complete 3 mandatory trainings: the County's Code of Ethics, Open Meetings Act, and Public Information Act upon accepting a board appointment. Additionally, if after the expiration of my term served and if being considered for reappointment, I also agree to retake the same trainings and any other training(s) identified by El Paso County if necessary.

Signature: _____ Date: _____

Application should be submitted to:

500 E. San Antonio, Suite 302A
El Paso, TX 79901
Phone: (915) 546-2215
Fax: (915) 546-2217 or via email
Email: countychiefadmin@epcounty.com



BACKGROUND INVESTIGATION AUTHORIZATION FORM
RELEASE OF CONFIDENTIAL INFORMATION

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 _____.

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. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signature of Applicant