



EXIHIBIT B

**MINI – BACKGROUND
EMPLOYMENT INVESTIGATION**

**The attached forms must be completed and
turned in with the RFP.**

Name (Print)

Date

APPLICANT'S IDENTIFICATION

1. Name: _____
LAST
FIRST
MIDDLE
MAIDEN
2. Your present residence: _____
3. Home Phone: _____ Cellular/Pager: _____
4. Business Phone: _____ Email: _____
5. Names of the Persons whom you live with and relationship: _____

6. How long have you lived at your present address? _____
7. By what other names have you been known (nicknames, monikers, alias-refer to question #7)

8. Have you ever legally changed your name? _____ If yes, Date _____ Place _____
 Court: _____ Reason: _____
9. Date of Birth: _____ Age: _____ Social Security Number: _____
10. Place of Birth: City: _____ County: _____ State: _____ Country: _____
11. Are you: Single: _____ Married: _____ Divorced: _____ Separated: _____
12. Your: Height: _____ Weight: _____ Sex: _____ Do you wear glasses: _____
13. Natural Eye Color: _____ Hair: _____ Distinguishing Marks: _____

14. Current Driver License: _____
State
Number
Expiration Date
15. Are you a United States Citizen? Yes _____ No _____ Naturalized? Yes _____ No _____
 Naturalization Number: _____
16. If you cannot be contacted during the day at home or at work, list a telephone number where messages can be left for you, with the name and relationship of the person to receive the messages:

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I have reviewed this complete personal data statement and believe it to be true and correct to the best of my knowledge and recollection. I understand what willfully withholding information or making false statements concerning this statement will be basis for rejection.

I also understand that after I have turned in this personal history statement, I must inform the Sheriffs Human Resource Section immediately, of any changes or updates of information contained in this statement. Failure to do so could be basis for rejection.

I also do hereby authorize a review and full disclosure of all records concerning myself to any duty authorized agent of the El Paso Sheriffs Office, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure of the records of educational institutions; financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed. Employment and pre-employment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of any person who may have any record or recollection about me.

I certify that any person(s) who may furnish such information concerning me shall not be held liable for giving this information; and I do hereby release said persons from any and all liability which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though which copy does not contain an original writing of my signature.

Name: _____ Address: _____

Signature: _____ Date: _____

Sworn and subscribed before me this _____ day _____, 20____
Notary Public, in and for El Paso County, Texas.

Notary Public for El Paso, Texas

My Commission Expires

(Notary Stamp)