



**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 PUBIC 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: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

Are your property taxes paid and current? \_\_\_\_\_ (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 & Release should be submitted to:

[humanresources@epcounty.com](mailto:humanresources@epcounty.com)

or

County of El Paso Human Resources Department  
800 E. Overland, Ste. 223  
El Paso, TX 79901  
(915) 546-2218  
FAX (915) 546-8126



**Background Checks  
AUTHORIZATION TO RELEASE  
CONFIDENTIAL INFORMATION**

---

Dear Applicant:

In order to complete the processing of your application, it is necessary to obtain information to conduct a background check.

---

I, \_\_\_\_\_, hereby authorize the release of all confidential records and information concerning me to the County of El Paso, Texas in consideration of my application for appointment to a County board or commission.

\_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Maiden Name (if Applicable)/or Other Names

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number/State

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Applicant

---

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

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_