



EL PASO COUNTY ETHICS COMMISSION



BOARD OF DIRECTORS EL PASO COUNTY APPOINTMENT

Submit Application & Background Investigation Form to the
El Paso County Human Resources Department at:

500 E. Overland
El Paso, TX 79901
Phone: (915) 546-2218
Fax: (915) 546-8126 or via email
Email: humanresources@epcounty.com

EL PASO COUNTY ETHICS COMMISSION

Board Overview

The Ethics Commission was created by Commissioners Court in September 2009. The stability of democracy depends upon the continuing consent of the governed, which in turn depends upon the trust the electorate holds for its government. The Ethics Commission of the County of El Paso, Texas, in concert with elected county officials, as well as leaders of the various county departments recognize the need to maintain the public trust and confidence in the workings of

county government and thus adopts this Code of Ethics:

http://www.epcounty.com/ethicscom/documents/Code_of_Ethics.pdf

The board does not have bylaws, but is governed by Chapter 161 of the Texas Local Government Code and its own Code of Ethics and Rules and Procedures.

Duties

The Ethics Commission adopts, publishes, and enforces an ethics code governing county public servants.

Seats

It is a 10-member commission that serves to adopt, publish, and enforce an ethics code governing county public servants.

Qualifications

In addition to the training requirements below, a person must also meet the following:

Sec. 161.056. ELIGIBILITY. (a) To be eligible for appointment to the commission, a person must:

- (1) Be at least 18 years old;
- (2) Be a property taxpayer in the county; and
- (3) Have resided in the county for the two years immediately preceding the date on which the person's term will begin.

(b) A person is not eligible for appointment to the commission if the person is:

- (1) An elected officer;
- (2) A county employee;
- (3) A county affiliate;
- (4) A person employed as a lobbyist;
- (5) A person convicted of a misdemeanor involving moral turpitude or a felony; or
- (6) A person who is delinquent in payment of local, state, or federal taxes.

Sec. 161.104. COMMISSION MEMBER EDUCATION AND TRAINING. (a) Not later than the 30th day after the date a person is appointed to the commission, the person must complete training on the following matters:

- (1) the legislation that created the commission;
- (2) the role and functions of the commission; and
- (3) the requirements of:
 - (A) the open meetings law, Chapter 551, Government Code;
 - (B) the public information law, Chapter 552, Government Code; and
 - (C) other laws relating to public officials, including conflict-of-interest laws.

(b) A member of the commission must complete subsequent training programs on the following matters:

- (1) the ethics code adopted by the commission; and
- (2) the procedural rules adopted by the commission.

(c) A person who is appointed to and qualifies for office as a member of the commission may not vote, deliberate, or be counted as a member in attendance at a meeting of the commission after the 30th day after the date the person is appointed to the commission unless the person has completed a training program as required by Subsection (a).

The training above is provided for the candidates through the County of El Paso.

Terms

Each term is for two years.

Meeting Time

The Commission usually meets on the first Thursday of the first month of each quarter to review items that have been placed on the agenda. If any complaints or issues need to be addressed by the Commission between regular meetings, a special meeting will be held. With the exception of Executive Session, these meetings are always open to the public.



COUNTY OF EL PASO

Application for Ethics Commission 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.

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 an elected officer, county employee, county affiliate, or employed as a lobbyist? ____ (Yes) ____ (No)

If so, please specify. _____

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**

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