



# **HARRIS COUNTY EMERGENCY SERVICES DISTRICT NO. 1**

Application for Appointment as Commissioner



<b>Personal Information</b>	
Name	
Spouse's Name	
Home Address	
City, State Zip	
Home Phone	
Work Phone	
Cell Phone	
E-mail	

<b>Photograph</b>

<b>Employment Information</b>	
Present Employer's Name	
Present Employer's Address	
Present Employer's Phone	
Present Job Title	
Present Job Duties	
Previous Employer's Name	
Previous Employer's Address	
Previous Employer's Phone	
Previous Job Title	
Previous Job Duties	
Previous Employer's Name	
Previous Employer's Address	
Previous Employer's Phone	
Previous Job Title	
Previous Job Duties	

**Education/Training Information**

Type of School	Name and Location of School	Year Graduated	Field of Study, Degree or Certification
<i>High School</i>			
<i>Undergraduate</i>			
<i>Graduate</i>			
<i>Other</i>			
<i>Other</i>			

**Military Service**

Branch	Dates of Service	Rank at Discharge	Type of Discharge

**Spouse Information**

Spouse's Employer	
Job Title	

**Professional Memberships**

Organization	Title/Position

**Volunteer Memberships**

Organization	Title/Position

**References (List 3 Personal or Professional References)**

Name		Relationship	
Employer		Phone	
Name		Relationship	
Employer		Phone	
Name		Relationship	
Employer		Phone	

**Qualification Information**

Are you currently over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently a resident of Harris County Emergency Services District No. 1? (Please provide proof of residency with this application. ex: Harris County tax bill, driver's license, etc.).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently serving or have you previously served on another governing board of a political subdivision of Texas? (EX: ESD, MUD, improvement district, school board, elected official)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently serving as a volunteer or paid member of a local fire department or EMS provider?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, which provider?		
Are you: (1) related within the third degree of blood or marriage to: (A) a person providing professional services to an emergency services district; (B) a commissioner of an emergency services district; or (C) a person who is an employee or volunteer of an emergency services organization providing emergency services to an emergency services district; (2) an employee of a commissioner of an emergency services district, attorney, or other person providing professional services to an emergency services district; or (3) serving as an attorney, consultant, or architect or in some other professional capacity for an emergency services district or an emergency services organization providing emergency services to an emergency services district?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, which district?		
Are you aware of any reason that would prevent you from being bonded?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
By state law, an ESD meets at a minimum of once a month. Do you have the time to serve this commitment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been arrested?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
Have you ever been convicted in a criminal proceeding or been named the subject of any pending criminal proceeding, excluding minor traffic violations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		

**Qualification Information, cont'd.**

Are you, your spouse, or any company in which you have a material interest currently delinquent in any local, state or federal taxes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
Have you, your spouse, or any company in which you have a material interest or of which you have been an officer or principal been involved in any bankruptcy proceeding?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
Have you ever defaulted on a personal, business or student loan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
To the best of your knowledge, has any federal, state or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
Have you ever been delinquent in child support payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		
Have you ever had your driver's license suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, Please explain.		

**Certification**

Full Legal Name	Texas DL or DPS ID#	
Date of Birth	Are you a U.S. Citizen?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Any information provided on this application or on an attachment may be subject to the Texas Public Information Act.

**CERTIFICATION OF APPLICANT**

I hereby certify that the foregoing and any attached statements are true, accurate and complete. I agree that any misstatement, misrepresentation, or omission of a fact may result in my disqualification for appointment. I assign and hereby give the Board of Commissioners of Harris County Emergency Services District No. 1 full authority to conduct background investigations pertinent to this application.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE