

# **EMPLOYEE INFORMATION**

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# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 { • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Employee's Withholding Allowance Certificate</b>  ► <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>	OMB No. 1545-0074 <b>2008</b>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2** Enter: 

{	\$10,900 if married filing jointly or qualifying widow(er)	}	. . . . .	2	\$	
\$ 8,000 if head of household						
\$ 5,450 if single or married filing separately						
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ \_\_\_\_\_
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 6 \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A LICENSED OPERATION OR REGISTERED CHILD-CARE HOME**

AN APPLICANT FOR TEMPORARY OR PERMANENT EMPLOYMENT with a licensed child-care facility, licensed child-placing agency or registered child-care home whose employment or potential employment with the facility, agency, or home involves direct interaction with or the opportunity to interact and associate with children must execute and submit the following affidavit with the application for employment:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

**Except the following (list all incidents, locations, description, and date) (if none, write NONE)**

\_\_\_\_\_  
\_\_\_\_\_

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_

Signature of notary officer: \_\_\_\_\_  
(seal, if any, of notarial officer)

My commission expires: \_\_\_\_\_

## Child CARE CENTER Personnel INFORMATION RECORD

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

NAME:		ADDRESS:		PHONE #:	
DATE OF BIRTH:		DATE OF EMPLOYMENT:		CHC MAILED TO PRS:	T.B. TEST DATE:
NAME OF HIGH SCHOOL:				GRADUATED?	GRADUATION DATE / GED
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE:			DEGREE:		
CAREER PROGRAM (if Appl.):			INSTRUCTOR:		
WORK SCHEDULE: HOURS:                      DAYS:		ATTENDANCE MAINTAINED <input type="checkbox"/> sign in log <input type="checkbox"/> time sheet		PREVIOUS EXP/TRAINING	WHERE AND HOW LONG
CPR Exp.Date:		First Aid Training Exp.Date:			

### PRE-SERVICE TRAINING For Caregivers only

Check all that apply:

- Staff with previous child care experience or training. (DOES NOT REQUIRE 8 HRS OF PRESERVICE), **OR**
- Staff without previous child care experience or training. Before being given responsibility for a group of children, I received 8 (7 hours if a caregiver of children younger than 24 months) hours of pre-service training in the following areas:
 

<input type="checkbox"/> Developmental stages of children	<input type="checkbox"/> Age-appropriate activities for children
<input type="checkbox"/> Positive guidance and discipline of children	<input type="checkbox"/> Fostering children's self-esteem
<input type="checkbox"/> Safety practices in the care of children	<input type="checkbox"/> Positive interaction with children
<input type="checkbox"/> Supervision practices in the care of children	<input type="checkbox"/> Preventing the spread of communicable diseases.
- Staff will not be working with children younger than 24 months. (DOES NOT REQUIRE THE TRAINING LISTED BELOW), **OR**
- Staff will be working with children younger than 24 months. Before being given responsibility for a group of children younger than 24 months of age, I received one hour of pre-service training in:
  - Recognizing and preventing shaken baby syndrome;
  - Preventing sudden infant death syndrome; and
  - Understanding early childhood brain development.

### EMPLOYEE AND VOLUNTEER ORIENTATION

In addition to being oriented in the understanding of children and in job expectations, I have been oriented in:

- An overview of the minimum standards for child care centers.
- The Center's operational policies, including discipline, guidance, and the release of children.
- The use and location of fire extinguishers and first aid equipment.
- The procedures to follow in handling emergencies, including fire, explosion, tornado, toxic fumes, volatile persons, and severe injury or illness of a child or adult.
- An overview of symptoms of child abuse, neglect, and sexual abuse and the responsibility for reporting these.

I have received a copy of the child-care center's operational policies.

I have received a copy of the child-care center's written personnel policies including my job, job responsibilities, and requirements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Child CARE CENTER Personnel INFORMATION RECORD

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

## FELONY STATEMENT

I have never been convicted of any of the following offenses:

- A felony or misdemeanor classified as inchoate offenses,
- A felony or misdemeanor classified as an offense against the person, family or property.
- A felony or misdemeanor classified as an offense against public administration,
- A felony or misdemeanor classified offenses against as public order and decency,
- A felony or misdemeanor classified as an offense against public health, safety, and morals, or
- A felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

“Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative.”

Operation Name	Operation Number	Telephone No. (A/C)
Operation Address (Street, City, ZIP)		County

Chapter 42 of the Human Resources Code requires the director, owner or operator of a child care facility or family home to provide identifying information on the director, owner and/or operator, each employee and each person 14 years of age or older who will regularly or frequently be staying or working at the facility or home while the children are in care (other than a child in care at the facility or home). This information will be used to check for any criminal history that is a violation of minimum standards and the Department’s central registry of abuse and neglect. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. The criminal history and central registry checks are not intended to delay hiring new staff. You will be notified of the results of the check.

I verified (**by looking at the person’s social security card and/or driver license**) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration or listing.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Director, Owner, or Operator

Complete the following for each person requiring a Criminal History/Central Registry Check; verify that the information is accurate by checking the person’s social security card and/or driver license; and return all required background check request forms to your local licensing office. **If a new person is being hired you must submit the request TO YOUR LOCAL LICENSING OFFICE WITHIN TWO DAYS after the person is hired or is present in the operation.** Additional forms may be obtained from the licensing office. For each person listed on this form, a \$2 fee must be paid. **A COPY of this form, along with the fee(s), must be submitted** with a Form 2988-A, Child Care Fee Schedule, to: **TDPRS, Accounting Division E-672, P.O. Box 149030, Austin, TX. 78714-9030. The ORIGINAL background check request form must be submitted to YOUR LOCAL LICENSING OFFICE.**

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person to requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person to requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name		Middle Name	Last Name

<b>PRS Use Only</b>	Worker Name--Last, first	Mail Code	Region	Operation No.	Operation Type
	Date Received	Date Criminal History Entered	Date Central Registry Cked	Date FBI Card Submitted	

# REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

Complete the following for each person requiring a Criminal History/Central Registry Check and return this form to the Licensing Office. Additional forms may be obtained from the Licensing office.

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person of requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person of requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person of requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	

Social Security Number	First Name	Middle Name	Last Name
Street Address		City	State Zip
County	Telephone No. (A/C)	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
List all other cities in Texas where there has been residency:		Relationship of person of requestor	
Date Hired /Used by the Operation/Agency	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	