



**JOB OPPORTUNITY ANNOUNCEMENT  
CERTIFIED FIREFIGHTER/ PARAMEDIC  
CERTIFICATIONS REQUIRED PRIOR TO CLOSING DATE**



OPENING DATE: June 20, 2017 CLOSING DATE: July 27, 2017 at 5:00 PM

BEGINNING SALARY: \$48,000 base annual salary plus  
13 hours FLSA overtime - \$320 monthly/\$3848 annually plus  
\$200.00 monthly/\$2400 annually EMT-Paramedic certification pay

WRITTEN EXAM: Tuesday, August 1, 2017 at 6.30: P.M.  
Saginaw Fire Department Administration Bldg. Training Room located at 400 S. Saginaw Blvd.

PHYSICAL ABILITY: Wednesday, August 2, 2017 at 8:00 A.M  
Tarrant County College NW Campus Fire Training Center located at 4801 Marine Creek Pkwy.  
Only applicants who successfully pass the written exam will participate in the physical ability test.

Physical ability sign-up and administration will be performed by Tarrant County College on the day of the physical ability test. A physical ability testing fee of \$45 will apply and is payable to Tarrant County College. For sign-up requirements and additional information regarding physical ability testing, please contact the TCC Fire Service Training Center at 817-515-7719.

\*Successful completion of TCC Fire Training Center Physical Ability Testing within the last 6 month period **may** be honored upon validation. Proof of successful completion must be submitted with application. Candidates must successfully pass the physical ability assessment to continue in the hiring process.

**MINIMUM REQUIREMENTS**

- CITIZENSHIP: Must be a United States Citizen by birth or naturalization.
- EDUCATION: High School Diploma or equivalent.
- VISION: Standard visual acuity without correction, at least 20/40 in one eye and 20/100 in the other eye and correctable to at least 20/20 and 20/40.
- COLOR VISION: Must be able to distinguish colors.
- HEARING: 15/15 without correction.
- DRIVING: Must have a valid Texas Driver's License

Applicants must possess a Texas Commission on Fire Protection Firefighter Certification by the application closing date and a Texas Department of State Health Services EMT-Paramedic Certification **prior** to employment. All applicants must have a high school diploma or equivalent, valid Texas driver's license, and excellent driving record. **Certifications, high school/college diploma, driver's license, social security card, military service record, if applicable, personal history form, Release for Information Waiver, Authorization to Conduct Drug/Alcohol Testing, and a completed Department of Public Safety computerized Criminal History Verification form must be turned in with the application.**

**NON-TOBACCO USERS PREFERRED  
NO SMOKING ON DUTY OR IN ANY CITY BUILDINGS OR VEHICLES**

City of Saginaw Personnel Office, 333 W. McLeroy Blvd., Saginaw, Texas 76179  
Phone: 817-230-0330 Email: [applications@ci.saginaw.tx.us](mailto:applications@ci.saginaw.tx.us)

**Application packets are available:**

**In Person:** City of Saginaw Personnel Office, 333 W. McLeroy Blvd., Saginaw, TX 76179  
**Online:** [www.ci.saginaw.tx.us](http://www.ci.saginaw.tx.us)

## Equal Opportunity Employment

Note: The Immigration Reform and Control Act of 1986 require the City of Saginaw to hire only U.S. Citizens and lawfully authorized alien workers. Employability verification will be required of prospective employees.

### EMPLOYEE BENEFITS

SALARY:	Salary ranges are designed to be competitive with industries and municipalities and additional pay opportunities for advanced certifications.
RETIREMENT:	TMRS
LONGEVITY:	\$6.00 per month of service after the first year. Paid in lump sum check on the First Friday in December of each year.
SERVICE AWARDS:	Service pins awarded for each 5 years of service.
VACATION:	60 hours after 6 months, 60 hours after 1 year, begin earning 10 hours per month from 1 to 5 years, earn 14 hours per month from 5-15 years, earn 20 hours per month from 15-25 years, earn 24 hours per month from 25-plus years.
SICK LEAVE:	120 hour annually, 60 hours after 6 months, remaining 60 hours accrue 10 hours per month.
HOLIDAYS:	New Year's Day, Good Friday, Memorial Day, July 4, Labor Day, Thanksgiving and following Friday, Christmas Eve and Christmas Day 2 Floating Holidays
INSURANCE:	Medical and Dental, (Employee portion paid by the City, dependant coverage optional and City will pay maximum of \$365.00 per month)  Life 50,000/100,000 (Paid by the City)
UNIFORM:	Provided by City
OTHER:	Direct deposit to savings or checking accounts, Sick Leave after six (6) months and Disability Plan after 1 year of employment.

### FIREFIGHTER HIRING PROCESS

The hiring process for City of Saginaw Firefighter/Paramedic will consist of the following: Written exam, physical ability test, oral interview board, final interview with the Fire Chief. Hiring is contingent on results of background check, criminal history, physical examination and drug screen. Applicant(s) with the highest exam score may not necessarily be the final applicant(s) chosen. **We reserve the right not to employ any applicant.**

For further information about the Saginaw Fire Department, visit our website at [www.saginawfire.us](http://www.saginawfire.us)



# SAGINAW FIRE DEPARTMENT STANDARD OPERATING GUIDELINES

**Chapter 2**

**Section C**

**Sub-Section 6**

## **FIREFIGHTER / PARAMEDIC JOB DESCRIPTION & REQUIREMENTS**

### Job Summary:

Work is performed under the supervision of the Fire Lieutenants and Chief Officers. Performs participatory work of considerable difficulty relating to fire suppression, emergency medical, rescue, and hazardous materials operations. Prepares reports documenting emergency incidents. Performs other related duties as required.

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### Essential Job Functions:

Performs fire suppression, rescue, salvage and overhaul, hazardous materials operations and other related emergency services. Administers emergency medical services to aid the sick and injured. Connects and carries fire hoses of various sizes and weights for proper placement and operation. Directs water and chemicals on burning structures, vegetation, vehicles, and other objects. Carries and sets up ladders of various sizes for proper placement. Must be able to climb and descend from ladders up to 110 feet in height. Must be able to perform strenuous lifting and hauling as related to fire suppression and emergency medical service duties. Must be able to work in an out-of-door environment subject to extreme temperatures, inclement weather, and intermittent exposure to dust, fumes, and loud noise. Must be able to work in small, enclosed areas and sustain prolonged periods of standing, walking, kneeling, crawling and stooping in awkward positions. Must be able to operate all fire department apparatus correctly and efficiently in both routine and emergency situations to include the pumping and delivery of water and other firefighting agents. Cleans and maintains the fire station facilities and property. Cleans, services, and repairs fire department apparatus and other equipment. Tests and maintains all fire hydrants and fire hose. Participates in and occasionally conducts department training classes and drills. Studies technical materials related to the field to improve and maintain an effective level of performance. Studies maps of the City to learn all streets and hydrants for the quickest and most effective response. Checks specified equipment daily to insure proper working conditions. Attends meetings, seminars and training sessions as required. Prepares various reports pertaining to the job. Provides assistance to the public and other city departments as needed. Represents the department at community and civic events as required. Must be able to respond back to the City within a reasonable amount of time when off-duty for large scale or complex emergency incidents.

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### Other Job Functions:

Participates in fire safety inspections, incident investigations, educational programs, and other fire prevention activities. Assists with Fire Code application and enforcement. Assists with ensuring all personnel adhere to Department guidelines, policies, procedures, City of Saginaw Personnel Policies, applicable protocols, regulatory guidelines and laws and reports non-adherence to the appropriate department officer. Conducts life and fire safety, first aid, and C.P.R. programs for the City and the general public.

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## SAGINAW FIRE DEPARTMENT STANDARD OPERATING GUIDELINES

**Chapter 2**

**Section C**

**Sub-Section 6**

### **FIREFIGHTER / PARAMEDIC JOB DESCRIPTION & REQUIREMENTS**

Required Education, Degrees, Certificates, and/or License:

High School Diploma or General Equivalency Diploma; Valid Texas Driver's License;  
TCFP Basic Firefighter Certification;  
TDSHS Paramedic Certification.

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Experience, Training, Knowledge, and Skills:

Must exhibit competency in effective communication and understand written and oral instructions and possess the ability to reason abstractly using mechanical concepts. Must have the ability to take safe and effective action in emergency situations and exhibit emotional stability and courage to perform hazardous firefighting duties under stress. Exhibits a thorough knowledge of modern fire suppression, fire protection principles, and emergency operations and methods; the operation capabilities and maintenance of the various types of apparatus and equipment used in modern fire fighting; the guidelines, policies and procedures of the department and of fire prevention laws and ordinances; and principals of public administration. Must cooperate with others within the department, other employees of the City and the general public; speak and deal tactfully and effectively with the people whom they come in contact; get along well with the public; maintain physical endurance and agility; and maintain discipline and morale. Require standard visual acuity without correction, at least 20/40 in one eye and 20/100 in the other eye and correctable to at least 20/20 and 20/40. Must be able to distinguish colors. Hearing must be 15/15 without correction.

PHYSICAL ABILITY TEST CLAIM RELEASE

State of Texas

County of Tarrant

Whereas, I, \_\_\_\_\_ who resides at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, desires to seek employment with the City of Saginaw Fire Department, and in connection must successfully complete a Physical Ability Test given by Tarrant County College Fire Service Training Center on behalf of the Saginaw Fire Department.

Whereas said physical ability test is given to applicants for employment by the City of Saginaw, now, therefore,

I, \_\_\_\_\_ for the sole and consideration of being considered by the City of Saginaw as an applicant for employment by the Saginaw Fire Department, do release and forever discharge the City of Saginaw, servants and employees of and from any and all manner of claims, liabilities and causes of action which I might have against the City of Saginaw as a result of any injury sustained taking said physical ability test at their testing site. I am thoroughly familiar with the type of exercise and physical ability and capability necessary in order to attempt to pass said test, and I hereby request that I be given an opportunity to take same and assume all risk incident thereto.

The above and foregoing release has been read and fully understood by the undersigned.

\_\_\_\_\_  
Signed Name

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Notary Public of \_\_\_\_\_ County

Seal



# EMPLOYMENT APPLICATION

## City of Saginaw Texas

333 West McLeroy Blvd.  
P.O. Box 79070  
Saginaw, Texas 76179  
Phone: 817-232-4640  
Fax: 817-232-4644  
www.SaginawTx.org  
info@ci.saginaw.tx.us

Email Address : \_\_\_\_\_

**INSTRUCTIONS:** Read carefully and print all information. Completion of this form is voluntary. Failure on your part to furnish all or part of the information requested may result in denial of your application. Employment is subject to applicants' satisfying the City's requirements as to morals, character, reference and physical examination. This application must be renewed after three months and becomes the property of the City of Saginaw. The City of Saginaw does not discriminate on the basis of race, color, national origin, sex, religion, age, or disabled status in employment or the provision of services.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

Have you ever been employed with us before?  Yes  No

If Yes, give date: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Are you currently a member of a military unit?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain:

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## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Additional Information

### Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Describe any job-related training received in the United States military.

### Specialized Skills

- CRT       Fax  
 PC       Excel  
 Calculator       PBX System  
 Typewriter       Word

### Check Skills / Equipment Operated

Production/Mobile Machinery (list):      Other (list):

_____	_____
_____	_____
_____	_____

State any additional information you feel may be helpful to us in considering your application.

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	<b>Employer</b>		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	<b>Employer</b>		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	<b>Employer</b>		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	<b>Employer</b>		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*



# Professional References (No Relatives)

1.	( )
(Name)	Phone Number
(Address)	
2.	( )
(Name)	Phone Number
(Address)	
3.	( )
(Name)	Phone Number
(Address)	

Are you related to any member of the City Council or any current City of Saginaw employee?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes." Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_ Dept. \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. \_\_\_\_\_ Yes \_\_\_\_\_ No

## EMPLOYMENT AT-WILL STATEMENT

In consideration of my employment, I agree to conform to the rules and regulations of the City of Saginaw, and my employment and compensation can be terminated with or without cause, and with without notice, at any time, at the option of the City or myself.

## APPLICANT'S CERTIFICATION

I have reviewed the principle job duties and the minimum qualifications for the position for which I have applied. I am aware that this application will be subject to public disclosure unless an exception under the Texas Open Records Act is applicable.

The information on this application is accurate to the best of my knowledge and is subject to verification by the City of Saginaw if so requested. I understand that the information provided by me herein may be used for the purpose of investigating my eligibility and my previous employers may be contacted. I agree that the City of Saginaw will not be liable for any damage which may result from the release of such information, and that any misrepresentation or deliberate omission in my application may be justification for refusal of, or termination of, employment with the City of Saginaw.

My signature below indicates that I have read and fully understand the foregoing statements.

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

\_\_\_\_\_  
Date

# City of Saginaw

## Authority for Release of Information and Waiver

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Saginaw, whether the said records are of a public, private or confidential nature. **THIS AUTHORIZATION IS NOT TO INCLUDE ANY MEDICALLY RELATED HISTORY OR WORKERS COMPENSATION CLAIMS.**

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports or efficiency ratings.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Saginaw. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

\_\_\_\_\_  
Signature (include maiden name if applicable)      Date

\_\_\_\_\_  
Street or P O Box      City      State      Zip

\_\_\_\_\_  
Area Code and Phone Number      Social Security Number

**CITY OF SAGINAW**

**Authorization to Conduct Drug and or Alcohol Testing**

I, \_\_\_\_\_ do hereby authorize the City of Saginaw and its agents to conduct any drug and or alcohol test deemed necessary. I understand that proper “chain of custody” procedures will be maintained and that the testing will be conducted by a Certified Laboratory. I hereby authorize the release to the City of Saginaw all results of any drug/alcohol test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Saginaw for the sole purpose of employment related matters.

Listed below are all the medications I am currently taking.

_____	_____
_____	_____
_____	_____

_____	_____
Signature (include maiden name if applicable)	Date

_____	_____	_____	_____
Street or P O Box	City	State	Zip

_____	_____
Area Code and Phone Number	Social Security Number

\_\_\_\_\_  
Signature of Parent/Guardian if applicant/employee is under the age of eighteen (18) years

**CITY OF SAGINAW**  
**SUPPLEMENTAL WORK AND PERSONAL HISTORY FORM**  
(Answer questions on front and back)

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

DO YOU HAVE A VALID TEXAS DRIVERS?    YES \_\_\_ NO \_\_\_    DRIVER'S LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH SHOWN ON YOUR DRIVER'S LICENSE \_\_\_\_\_

DATE YOUR LICENSE EXPIRES \_\_\_\_\_

CIRCLE THE TYPE OF LICENSE WHICH YOU CURRENTLY POSSESS:

CLASS A COMMERCIAL    CLASS B COMMERCIAL    CLASS C OPERATOR

1. IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE PROOF OF ELIGIBILITY?    YES \_\_\_ NO \_\_\_

2. ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?    YES \_\_\_ NO \_\_\_

3. HAVE YOU EVER HAD YOUR LICENSE SUSPENDED OR REVOKED?    YES \_\_\_ NO \_\_\_

4. WHAT IS THE NUMBER OF TRAFFIC CITATIONS YOU HAVE RECEIVED IN THE LAST FIVE YEARS? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?    YES \_\_\_ NO \_\_\_

EXPLAIN ANY "YES" RESPONSES GIVEN TO QUESTIONS 3-4: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT-PLEASE READ**

I understand that all information submitted and considered is subject to verification. I understand and hereby authorize and give permission for the City of Saginaw to conduct verification and/or investigations of my credit history, criminal history, driving record, character, employment history, reputation, and any other job-related investigation as are necessary to determine my qualifications for employment

I understand that if I am offered employment with the City of Saginaw, I will be required to take a post-offer physical exam which will include drug testing. Any offer of employment that I may receive will be conditioned upon the results of the post-offer exam. In addition, positive results of the post-offer drug test will disqualify me from employment.

I certify that all statements and answers to all questions in this application are true, complete and correct and are made in good faith. I understand that falsification of any answers I have given will have serious consequences, including disqualification for employment and/or termination of employment.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**INSTRUCTIONS:** Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment. All certification statements agreed to on the general City of Saginaw application apply to information given here.

WITHIN THE LAST FIVE (5) YEARS, HAVE YOU EVER BEEN DISCHARGED OR DISCIPLINED BY AN EMPLOYER FOR:	
ABSENTEEISM OR SICK LEAVE (EXCLUDING VACATION)	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
TARDINESS	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
JOB ABANDONMENT	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
OTHER ATTENDANCE- RELATED PROBLEMS	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
FIGHTING	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
ASSAULT	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
INSUBORDINATION	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
VIOLATING SAFETY RULES	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE: _____ _____	

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR:	
THEFT	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
BEING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS AT WORK	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
POSSESSION OF ALCOHOL OR DRUGS WHILE AT WORK	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
SALE OF ALCOHOL OR DRUGS AT WORK	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
UNAUTHORIZED REMOVAL OF EMPLOYER'S PROPERTY	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____
FALSIFYING EMPLOYMENT, EDUCATION, AND/OR APPLICATION INFORMATION	YES ___ NO ___ DISCHARGED ___ DISCIPLINED ___ EMPLOYER _____

HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB?	YES ___ NO ___ EMPLOYER _____
HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY EXCLUDING MINOR TRAFFIC OFFENSES?	YES ___ NO ___
HAVE YOU EVER BEEN PLACED ON DEFERRED ADJUDICATION?	YES ___ NO ___
ARE YOU CURRENTLY ON PROBATION?	YES ___ NO ___
HAVE YOU EVER TESTED POSITIVE FOR A CONTROLLED SUBSTANCE IN THE LAST TWO YEARS?	YES ___ NO ___
HAVE YOU EVER REFUSED A REQUIRED TEST FOR DRUGS OR ALCOHOL IN THE LAST TWO YEARS?	YES ___ NO ___
EXPLAIN ANY "YES" RESPONSES GIVEN ABOVE AND GIVE DATES OF SAME: _____ _____	

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	