

KELLER FIRE-RESCUE

PERSONAL HISTORY STATEMENT (PHS)

Applicant Name: _____

IMPORTANT! READ THESE INSTRUCTIONS CAREFULLY.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Read all directions carefully before beginning. Ensure all information is correct and in sequence.
2. Write legibly, using blue/black ink or typewritten.
3. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
4. You are responsible for obtaining correct addresses (including zip codes). Include the area code on all telephone numbers.
5. If there is insufficient space on the PHS, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
6. **Have this document notarized before turning it in.**

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the PHS or interview(s), may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

Attach copies (not originals) of the following documents to your completed Personal History Statement:

1. High school, GED, and college transcripts
2. Driver's License (For Identification Purposes Only)
3. Training documentation
4. Licenses and/or proof of certification
5. DD214 (if military experience)

Deliver completed, NOTARIZED packet with all requested documentation to the City of Keller at your assigned testing appointment.

Contact Keller HR at 817-743-4040 with any questions.

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IDENTIFYING INFORMATION

Information provided in this section is used for identification purposes only and will not be used for hiring decision purposes.

Last Name:	First Name:	Middle Name:	
Address:	City:	ST:	Zip Code:
Day Phone:	Eve. Phone:	Email:	
Date of Birth:	Social Security Number:	Do you have a legal right to live and work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Drivers License:	State of Issue:	Expiration Date:	

Identifying Marks:

Scars: _____
(describe)

Tattoos: _____
(describe)

Other names used (maiden, adoption, other legal, etc.):

ACTIVITIES, AWARDS, ETC.

Community Activities:

Positions of Leadership: (indicate position, organization, & dates held)

Awards, Commendations, or Items of Special Recognition:

EDUCATIONAL HISTORY

List all high schools, colleges, technological, trade, online or other schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

School Name & Location	Last Year Completed	Degree/Certificate Awarded or Hrs. Completed	Degree/Area of Study
High School	9 10 11 12	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been expelled for disciplinary reasons from any school you have attended: Yes No

If Yes: School: _____ Dates: _____ Reason: _____

Have you ever been placed on academic probation: Yes No

If Yes: School: _____ Dates: _____

SPECIAL QUALIFICATIONS & SKILLS

Special Licenses: (ie: pilot, radio operator, SCUBA, etc.)	Licensing Authority:	Date of Issue:	Date of Expiration:
Language Skills:	Language:	Level of Fluency: (indicate excellent, good, fair) <input type="checkbox"/> Reading: _____ <input type="checkbox"/> Speaking: _____ <input type="checkbox"/> Understanding: _____ <input type="checkbox"/> Writing: _____	
	Language:	Level of Fluency: (indicate excellent, good, fair) <input type="checkbox"/> Reading: _____ <input type="checkbox"/> Speaking: _____ <input type="checkbox"/> Understanding: _____ <input type="checkbox"/> Writing: _____	

Other Special Skills & Qualifications: (machinery, equipment operating ability, software/computer knowledge, etc.)

EMPLOYMENT HISTORY

List All of the jobs you have had since the age of 17. Include all part-time, temporary, or seasonal positions. Attach additional pages if necessary.

Current/Most Recent Employer:	Start Date:	End Date:
Address:	Current/Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Current/Ending Pay:
Co-worker:	Phone Number:	Length of Time Co-worker known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

Employer:	Start Date:	End Date:
Address:	Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

EMPLOYMENT HISTORY (CON'T)

Employer:	Start Date:	End Date:
Address:	Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Coworker Known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		
Employer:	Start Date:	End Date:
Address:	Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

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Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Coworker Known:
Duties, tasks, responsibilities:		
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Reason for leaving:		

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Address:	Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
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Co-worker:	Phone Number:	Length of Time Coworker Known:
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Reason for leaving:		

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Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Coworker Known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

Employer:	Start Date:	End Date:
Address:	Last Title: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp. <input type="checkbox"/> Seasonal	
Supervisor:	Phone Number:	Ending Pay:
Co-worker:	Phone Number:	Length of Time Coworker Known:
Duties, tasks, responsibilities:		
Did you receive performance evaluations while with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving:		

UNEMPLOYMENT HISTORY

Please note any period of time when not working since graduating from high school, including if due to school/education purposes.

From (Month/Year)	To (Month/Year)	Reason

MILITARY HISTORY

Have you registered with selective service ("draft"): Yes: (when) _____ No

Have you ever been a member of any branch of the US Armed Forces: Yes No (go to next page)

Branch of Service:	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines	Induction Date: _____
	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard		Discharge Date: _____
	<input type="checkbox"/> Reserves: _____			Highest Rank Obtained: _____

Type of Discharge: _____

(NOTE: dishonorable discharge is not an absolute bar to employment. Other factors will affect the decision to hire or not hire a civilian candidate. Officer candidates must have an honorable discharge or serve under honorable conditions to be considered for employment.)

Awards:	Date Awarded:	Type/Description:

Special Schools/ Training:	Date Attended:	Type/Description:

While in the military service, were you ever arrested for an offense, resulting in a trial by captain's mast, summary, special, or general court-martial? Yes No (go to next section)

Date:	Charge:	Law Enforcement Agency:	Results:

Last Duty Station: _____ Commanding Officer: _____

Are you currently a member of a US Reserve, National Guard, or State Guard? Yes No (go to next page)

Branch of Service: _____ Grade & Service #: _____ Inactive Standby

Organization/Station/Unit & Location: _____

CRIMINAL HISTORY

Document ANY criminal history, including: convictions, deferred adjudication, community supervision, probation, charges associated with DWI and/or DUI.

All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant, if job related, but do not necessarily bar an applicant from employment.

Please list adult AND juvenile charges. Copy and add additional pages as necessary.

Date of charge/conviction: _____

Location of charge/conviction: (city/county, state)

Details of charge: _____

Outcome:

Probation: Start _____ End _____

Fine: \$ _____

Other: _____

Jail/Prison/Detention Facility:

Start of sentence: _____ End: _____

Name/Location of Facility: _____

Release Details: Paroled: _____

When scheduled to end: _____

Sentence Completed

Date of charge/conviction: _____

Location of charge/conviction: (city/county, state)

Details of charge: _____

Outcome:

Probation: Start _____ End _____

Fine: \$ _____

Other: _____

Jail/Prison/Detention Facility:

Start of sentence: _____ End: _____

Name/Location of Facility: _____

Release Details: Paroled: _____

When scheduled to end: _____

Sentence Completed

Date of charge/conviction: _____

Location of charge/conviction: (city/county, state)

Details of charge: _____

Outcome:

Probation: Start _____ End _____

Fine: \$ _____

Other: _____

Jail/Prison/Detention Facility:

Start of sentence: _____ End: _____

Name/Location of Facility: _____

Release Details: Paroled: _____

When scheduled to end: _____

Sentence Completed

DRIVING RECORD

Number of moving citations received since applicant began driving: _____

Number of moving citations received in the past 3 years: _____

Have you ever driven a motor vehicle WITHOUT a valid driver's license since your 17th birthday? Yes No

Have you ever driven a motor vehicle WITHOUT proper insurance within the past 3 years? Yes No

Have you ever had your drivers license suspended? Yes No

Date of suspension: _____ Length of suspension: _____ End of suspension: _____

List all driving citations you have received.

Date:	Location: (City/State)	Brief Description:	Disposition: (Paid, Not Guilty, Etc.)

List all accidents in which you were involved as a driver.

Date:	Location: (City/State)	Brief Description:

Have you ever had your drivers license placed on probation for receiving an excessive number of traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a hearing for probation/suspension of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your insurance revoked due to the number of traffic citations received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever knowingly driven a motor vehicle with a revoked/suspended license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied a drivers license for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in an accident and left the scene without identifying yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in an accident as the driver after consuming any type of alcoholic beverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been arrested for Driving While Intoxicated in this or any other state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have ever struck an unattended vehicle and left the scene without leaving identification?	<input type="checkbox"/> Yes <input type="checkbox"/> No

MARITAL & FAMILY HISTORY

Designate your marital status: Married Separated
 Single Divorced Widowed

Have you ever been married to more than one person at a time? Yes No

If married:

Spouse's Name: _____ Date of birth: _____
 Date of marriage: _____ Phone: _____

If separated:

Spouse's Name: _____ Date of birth: _____
 Date of marriage: _____ Phone: _____
 Date of separation: _____ Atl. Phone: _____
 Current Address: _____

If divorced *:

* if more than 1 divorce, list on separate sheet

Spouse's Name: _____ Date of birth: _____
 Date of marriage: _____ Phone: _____
 Current Address: _____ Atl. Phone: _____

 Date of divorce decree: _____ Court/State where filed: _____

If widowed:

Spouse's Name: _____ Date of birth: _____
 Date of marriage: _____ Date of death: _____

List all children related to you or your spouse (natural, step-children, adopted, or foster).

Child's Full Name	Date of Birth	Relationship	Home Address (if different)	Supported by Whom

List any and all other dependents.

Full Name	Date of Birth	Relationship	Home Address

MARITAL & FAMILY HISTORY (CON'T)

List other immediate family members (parents, siblings) of both you and your spouse, including those related by marriage. If deceased, include the year of death.

Full Name	Date of Birth	Date of Death	Relationship	Occupation	Address

List all individuals with whom you share a residence OTHER than family members.

Name	Date of Birth	Occupation/Day time phone

PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system.
 Example: experimented, tried, etc. Have you ever used:

Substance	Yes	Never	Approx. First Date Used	Approx. Last Date Used	Have you ever possessed in any way?
PCP					
Angel Dust					
THC (Marijuana)					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines/ Methamphetamines Speed/Crank					
Biphetamine					
Ecstasy/XTC Ice					
Preludin					
Dilaudid					
Talwin/PBZ					
Inhalants (glue/paint)					
Mushrooms (Psilocybin)					
Others					
Designer Drugs					
Anabolic Steroids					
Rohypnol (date rape drug)					

PERSONAL DECLARATIONS (CON'T)

Have you ever sold any of the items specified on the previous page? Yes No
If yes, which: _____ When: _____ # of Times: _____

Have you ever purchased any of the items specified on the previous page? Yes No
If yes, which: _____ When: _____ # of Times: _____

Have you ever inhaled a substance for the purposes of intoxication? Yes No
If yes, which: _____ When: _____ # of Times: _____

Have you ever been involved, in any way, in the manufacture of an illegal drug? Yes No
If yes, which: _____ Involvement: _____

Have you ever been involved in the sale or delivery of any illegal drugs to another person with or without profit to you? Yes No

Have you ever transported any illegal drugs across a state or US border? Yes No

Have you ever transported any illegal drug as a favor to someone else, or helped in any manner in delivering any illegal drugs? Yes No

Have you ever cultivated or grown any illegal drug or substance? Yes No

Do you use alcoholic products? Yes No

Have you ever been under the influence or consumed alcohol during work, in violation of company policy or procedures? Yes No

Have you ever used over-the-counter medication for any purpose other than those listed in the directions? Yes No

Have you ever taken prescription medication not prescribed for you? Yes No
If yes, which: _____ From whom (relation): _____ When: _____

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do NOT list relatives or past/current employers.**

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____
Address: _____
Day Phn: _____ Eve. Phn: _____ Years Known: _____
Briefly describe your relationship with this person: _____

MISCELLANEOUS INFORMATION

List your professional, work-related memberships in groups, associations, or clubs:

Official Name of Organization	Type (ie: trade, business, job-related)	Office(s) Held	Dates of Membership	
			From	To

List hobbies, sports, or other recreational activities you participate in:

Activity	Length of Time of Participation	Level of Proficiency (ie. Beg, Int, Adv)

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to do or which might require further explanation? Yes No

If yes, explain: _____

Do you or your spouse have a relative employed with the City of Keller? Yes No

If yes: Name: _____ Relationship: _____ Position: _____

Is there anything that would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or nights? Yes No

Have you ever made an application for employment for any position with this or any other fire department? Yes No

Name of Agency	Type of Position	Application Date	Status of Application

VERIFICATION OF DOCUMENTATION

Please submit a copy of each of these documents that relate to you when you return your PHS.

Document	Copy Attached
Drivers License (For identification purposes only)	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
HS Diploma/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
HS Transcript	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
College Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
College/University Transcripts	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Marriage Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Dissolution of Marriage Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Military Discharge Papers	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No (explain): _____

ACCURACY OF INFORMATION

I have reviewed each page to ensure all parts are correct and complete. I understand that my eligibility will be based on the information contained in this application. I also understand that the City of Keller is an "at-will" employer and that this document is not an offer of employment, nor does it constitute an employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant

Date

The City of Keller is an equal opportunity employer. We do not discriminate based on gender, race, color, national origin, religion, or disability. If you need assistance at any time during the employment process, please notify the ADA Coordinator at the city where you are applying.

RELEASE OF INFORMATION AGREEMENT

City of Keller, Keller Fire-Rescue

TO WHOM IT MAY CONCERN: I am an applicant for a position of firefighter. The City of Keller needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the City of Keller bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Keller, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City of Keller to consider in determining my suitability for employment in a department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Keller regardless of any agreement I may have made with you previously to the contrary. The fire organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the agency's acceptance and processing of my application for employment, I agree to hold the City of Keller, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the agency to which I am applying.. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Keller in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature Printed Name Date

Address Social Security Number Date of Birth

Sworn and subscribed to me this _____ day of _____, A.D., 20_____

Signature of Notary Notary Public in and for _____, Texas
County