

## Release Form

Under the provisions of the Fair Credit Reporting Act, 15, USC Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit *KAY & KOMPANY ELECTRIC, I Ltd.* to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My Motor Vehicle Report
2. Social Security Number Check
3. My Criminal Background Check

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as *KAY & KOMPANY ELECTRIC, I Ltd.* from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize *KAY & KOMPANY ELECTRIC, I Ltd.* to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Print

Full Name \_\_\_\_\_  
(as it appears on your Drivers License)

Issuing State \_\_\_\_\_ DL# \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

DOT

KAY & KOMPANY ELECTRIC I, Ltd

APPLICANT DOT DRUG SCREEN ACKNOWLEDGEMENT

1. I understand that the company has a policy (as per U.S.Department of Transportation 49 CFR Part 199, 382 and Part 40) requiring applicants for employment to be tested for the presence of drugs.
2. I understand that the required specimen will be tested by a Department of Health and Human Services (DHHS) certified laboratory.
3. I understand that the specimen will be tested using a chain-of-custody procedure to insure integrity of the specimen and its identification.
4. I understand that the results of this testing will be reviewed and that the company will terminate the application process if the results indicate the presence of illegal drugs or improperly used prescription drugs in my system.
5. I understand that should I be hired I will be subject to future substance testing consistent with DOT 49 CFR Part 199, 382 and Part 40.

Applicant Name (Print) \_\_\_\_\_

Applicant signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

KAY & KOMPANY ELECTRIC I, Ltd

APPLICANT DRUG/ALCOHOL SCREEN ACKNOWLEDGMENT

1. I understand that company policy requires applicants to be tested for the presence of alcohol and/or drugs.
2. I understand that the required specimen will be tested by a Department of Health and Human Services (DHHS) certified laboratory. Alcohol testing will be accomplished utilizing breath-testing equipment on the National Highway Traffic Safety Administration (NHTSA) Conforming Products List.
3. I understand that the specimen will be tested to determine the presence of drugs and/or alcohol using a chain-of-custody procedure to insure integrity of the specimen and its identification.
4. I understand that the results of this testing will be reviewed and that the company will terminate the application process if the results indicate the presence of illegal drugs, improperly used prescription drugs, and/or alcohol in my system.
5. I understand that should I be hired I will be subject to future substance testing consistent with company policy.

Applicant Name (Print) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.license.state.tx.us - CS.Electricians@license.state.tx.us

APPLICATION FOR:

APPRENTICE ELECTRICIAN LICENSE APPLICATION

PURSUANT TO TITLE 8, OCCUPATIONS CODE, CHAPTER 1305

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 5 columns: FEE, RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: License Fee, \$20.00, All fees are non-refundable.

DO NOT WRITE ABOVE THIS LINE

IF ALL REQUIREMENTS FOR A LICENSE ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Full Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: 3. Female Male

4. Social Security No.:

See Note 1 on Instructions

5. Mailing Address : (USED FOR ALL CORRESPONDENCE)

(P.O. Box is allowed for this address.)

P.O. Box 1418

Number, Street, Suite No., Apt. No. or P.O. Box

Denver City TX 79323 (806) 592-3513
City State Zip Code Area Code Phone Number

Physical Location: (P.O. Box is not allowed for this address)

Number, Street, Suite No., Apt. No.

City State Zip Code Area Code Phone Number

Fax Number and Email Address:

FAX Number: Area Code Phone Number E-mail Address (Ex: johndoe@aol.com) See Note 2 on instructions

6. Have you ever been convicted of a criminal offense? Yes No

If YES, attach a "Criminal History Questionnaire" to this application. Include all felonies and misdemeanors other than minor traffic violations.

Have you ever had an occupational license, certification or registration suspended, revoked, probated or denied in any state? (This does NOT include a driver's license.) Yes No

If YES, attach a "Disciplinary Action Questionnaire" with this application. Yes No

STATEMENT OF APPLICANT

I certify that I have read and will comply with all applicable provisions of the Electrician Act; Texas Occupation Code, Chapter 1305 and Chapter 51; Tex. Admin. Code, Chapter 60; and the Electricians Administrative Rules, Tex. Admin. Code, Chapter 73. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Signature of Applicant



# TEXAS DEPARTMENT OF LICENSING AND REGULATION

Licensing Division

P.O. Box 12157 • Austin, Texas 78711 • (512) 463-6599 • (800) 803-9202 • fax (512) 475-2871

Web site: [www.license.state.tx.us](http://www.license.state.tx.us)

## CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Enforcement Division at [enforcement@license.state.tx.us](mailto:enforcement@license.state.tx.us), or by phone at (512)539-5600.

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

County of conviction or deferred adjudication: \_\_\_\_\_ Court: \_\_\_\_\_  
(example: Travis County) (example: 300<sup>th</sup> District Court)

Date crime committed: \_\_\_\_\_ Date of conviction or deferred adjudication: \_\_\_\_\_

Exact crime you were convicted of or received a deferred adjudication for: \_\_\_\_\_

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) \_\_\_\_\_

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

Sentence or action imposed by the court: (example: six months in Travis County Jail) \_\_\_\_\_

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

For renewals, did this conviction occur since your license was last issued: \_\_\_\_ yes \_\_\_\_ no

Are you currently on probation? \_\_\_\_ yes \_\_\_\_ no Are you currently on parole? \_\_\_\_ yes \_\_\_\_ no

If so, list your reporting officer's name: \_\_\_\_\_ phone number: \_\_\_\_\_

**Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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DISCIPLINARY ACTION QUESTIONNAIRE

If you have had an occupational license revoked, suspended, probated or denied in any state, county or municipality, the Department must review your disciplinary action history to determine if you are eligible to obtain a license. You should provide exact details when completing this form.

Questions regarding this form may be addressed to the TDLR Enforcement Division at (512)539-5600. Please mail this form, along with the appropriate application and fee, to the address above. If you need to email it, please send it to CHQ@tdlr.texas.gov and also provide the type of license you are applying for with TDLR.

Type of License you are applying for: \_\_\_\_\_ (Ex: Barber, Cosmetologist, Electrician, Towing, etc.)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

PART ONE: License Revoked, Suspended or Probated

If you have had one, or more, occupational licenses revoked, suspended or probated, please complete this section. Please provide the requested information as to each revocation, suspension or probation. Attach additional pages if necessary.

Type of occupational license: \_\_\_\_\_

Full name on the license: \_\_\_\_\_

License number: \_\_\_\_\_

Date the license was issued: \_\_\_\_\_

Name and address of the agency that issued the license:

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

Name and address of the agency that imposed sanctions, if different from the issuing agency:

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

Please describe the exact type of sanction received: \_\_\_\_\_
(Example: revocation, suspension, probation, etc.)

Date the sanction was imposed: \_\_\_\_\_



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Please state the specific reason(s) for the revocation, suspension or probation:

Three horizontal lines for text entry.

If suspended or probated, specify the length of time of the suspension or probation: (Example: 6 months)

What were the terms and conditions of the probation?

Did you successfully complete the probation? Yes No: If not, why?

PART TWO: License Denied

If you applied for an occupational license and it was denied, please complete this section. If you have had more than one license denial, please provide the requested information as to each denial. Attach additional pages if necessary.

Type of occupational license applied for:

Full name on the license:

Date you applied for the license: Date the license was denied:

Name and address of the agency that denied the license:

Two horizontal lines for text entry.

Please give the specific reason(s) for the denial:

Three horizontal lines for text entry.

By signing below, I affirm I am the applicant completing this form and understand that if I fail to provide full and accurate information, the issuance of my license could be delayed or denied.

Signature: Date:

\* TDLR will only use your email address for the purpose of communicating with you electronically in a manner which protects your email address from disclosure under the Public Information Act.