

## EMPLOYMENT VERIFICATION

*Please read the following carefully:* Pursuant to Art. 2A.005, C.C.P., Railroad Peace Officer authority is limited. All Texas Railroad Peace Officers so designated and appointed by the Director of the Department of Public Safety shall not hold any other commission as a peace officer in the State by any other law enforcement agency concurrently nor shall a Texas Railroad Peace Officer hold him/herself out for hire as a security guard or other police related function, whether in uniform or not, to any other entity or person other than their railroad employer. Violation of this policy will be cause for immediate revocation of appointment.

### Employee Information. To be completed by employee at the time employment begins.

Printed Applicant Name: Last	First	Middle Initial	Maiden Name
Home Address (Street Name and Number)			Date of Birth (MM/DD/YYYY)
City	State	Zip Code	Social Security Number
Present Employer			Supervisor Name
Employer Street Address			Telephone
City	State	Zip Code	E-mail
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I further understand that upon termination of employment with this railroad company shall constitute an automatic revocation of both the peace officer license and certificate of authority to act as a railroad peace officer.</b>			Note: New police applicant must enclose official proof of citizenship.
			I attest, under penalty of perjury, that I am a citizen of the United States and that I am presently a full-time employee by the above named Railroad Company as of (date of hire) _____.
Employee's Signature			Date (MM/DD/YYYY)

### Employer Endorsement. To be completed by employer.

**CERTIFICATION** – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the accompanying document(s) appear to be genuine and in relation to the employee named herein, that the employee meets minimum standards for initial licensure and that the employee began full-time employment on (month/day/year) \_\_\_\_\_ as (position held) \_\_\_\_\_, also that a full background investigation has been completed including CCH (TCIC-NCIC), if applicable.

Signature of Employer or Authorized Representative	Printed Name	Title
Business Name	Business Address (Number, Street, City, State & Zip Code)	
Telephone	E-mail	Date (MM/DD/YYYY)

### THIS SECTION FOR AGENCY USE ONLY. Leave blank.

Application Status	Date Received
	Reviewed and Approved By
Copy of Background Investigation Report <input type="checkbox"/> Enclosed <input type="checkbox"/> NOT Enclosed <input type="checkbox"/> Other	Agency No. 453013