

A-1 Personnel of Houston

A-1 PERSONNEL OF HOUSTON, INC.

HC TAX OFFICE APPLICANT INFORMATION SHEET

Promptly return the form completed and signed.

LAST NAME, FIRST NAME, MIDDLE NAME					
MAIDEN NAME OR ALIASES					
SOCIAL SECURITY #		DATE OF BIRTH		DRIVER LICENSE # & STATE	
CURRENT ADDRESS	STREET	CITY	STATE	ZIP CODE	APT #
CELL PHONE#	WORK PHONE#		EMAIL ADDRESS		
Have you ever owned or worked for a title company or a title loan company? If yes, please provide details of The job title and location on an attached sheet.					
Have you ever owned or worked for a car dealership? If yes, please provide details of the job title and Location on an attached sheet.					
Have you ever bounced a check which resulted in a court case, even if the case was dismissed?					
Do you have a high school diploma or GED? - You must have either of these to apply. Please provide the name of the school and year you graduated?					
Do you have any relatives who work for the Harris County Tax Office currently? If yes, please provide Details of the job title and location on an attached sheet.					

By signing below I acknowledge that the above information is true and correct.

Signature

Date

A-1 Personnel of Houston

HARRIS COUNTY TAX ASSESSOR'S OFFICE

ACKNOWLEDGEMENT FORM

NEPOTISM POLICY

As a policy, the Harris County Tax Assessor's Office does not hire relatives of employees for temporary positions, full-time, or part-time positions to avoid even the perception of a conflict of interest.

For purposes of this policy, a relative is defined as a parent, grandparent, child, grandchild, spouse, sibling, aunt, uncle, or first cousin. This hiring exclusion applies to relatives by marriage, by adoption and by legal order as well.

A-1 PERSONNEL EMPLOYEE ACKNOWLEDGEMENT

Name: _____

Signature: _____

Date: _____

A-1 Personnel of Houston

Page 2 of 3

A-1 PERSONNEL OF HOUSTON, INC.		
FAX: 713-773-4325 or E-mail: veronica@a1personnelinc.com		
<u>HC TAX OFFICE EMPLOYMENT INFORMATION SHEET</u>		
LAST NAME, FIRST NAME, MIDDLE NAME:		
List employment history for the last 3 employers, starting with most recent employment.		
Employer:	From Date:	To Date:
Reporting Supervisor:	Hourly Rate:	Position Title:
Job Duties:		
Reason For leaving Employer:		
Employer:	From Date:	To Date:
Reporting Supervisor:	Hourly Rate:	Position Title:
Job Duties:		
Reason For leaving Employer:		
Employer:	From Date:	To Date:
Reporting Supervisor:	Hourly Rate:	Position Title:
Job Duties:		
Reason For leaving Employer:		

HCTAX CONFLICTS OF INTEREST DISCLOSURE FORM

All employees are required to disclose all sources of income except for income from their HCTAX pay, which would raise potential conflicts of interest questions requiring disclosures.

EMPLOYEE INFORMATION:

Name _____ Department HCTXO

Position TELLER Phone # _____

Check all that apply –

I have read and understand the Ethics and Conflicts of Interest Policy and have nothing to disclose.

_____ I have read and understand the Ethics and Conflicts of Interest Policy and I have a business or I am employed outside of the HCTAX Office and the information is listed below.

_____ I have read and understand the Ethics and Conflicts of Interest Policy and I and/or my immediate family members are involved in activities that involve the Harris County Tax Office and the information is listed below.

List the relationship or economic interest (e.g., income received) with any vendor; contractor or business entity that you or your immediate family member may have that might influence your decision-making as an employee with HCTAX. Please list the Business entity's name, type of business and the relationship to the employee or the employee's immediate family member. Attach additional pages if necessary.

Employee's Signature: _____ Date: _____

Directors Acknowledgement:

Name: _____
Signature: _____ Date: _____

HR Acknowledgement:

Name: _____
Signature: _____ Date: _____

HC Tax Assessor-Collector Approval:

Name: _____
Signature: _____ Date: _____

Ethics and Conflicts of Interest Policy

Ethics

The Ethics Policy focuses on creating a work environment where we all make the responsible choice to avoid unfortunate and damaging situations. Equally important, we work together to do the right things and we care “how” results are obtained. There is no room for compromise in the area of ethical behavior. We all must follow a code of professional responsibility committed to being an excellent custodian of the public’s money, the public’s right to vote and, most importantly, the public’s trust. This is possible when employees:

- Decide to always be honest, fair and consistent
- Follow all laws, rules and office policies
- Follow the intent of the laws, rules and office policies
- Support co-workers
- Don’t hesitate to ask any questions about ethical behavior

Note: If a manager is unavailable, ask the supervisor or contact Human Resources directly.

Conflicts of Interest Policy

To maintain the trust of the taxpayers of Harris County, it is vital that employees are not in any way influenced in their job by their activities outside the office. It is important for employees to use care and objective judgment in evaluating their role concerning other personal financial interests. Conflicts of interest occur when an employee or an immediate family member receives direct or indirect personal financial benefit due to the employee’s position. It is where such financial benefit influences the employee’s judgment and actions to the detriment of the integrity of the office. As a part of our Conflicts of Interest policy, employees are required to disclose all sources of income except for income from their pay, appropriate investments and passive income (e.g. common stock dividends). This disclosure process is done through the Conflicts of Interest Disclosure Form. Employees and contractors working for the Voter Registration Department or Compliance Division are prohibited from having employment or financial interests in any outside company providing voter information to any candidate, political party, or other person or entity. The following lists other examples of actual conflicts of interest situations, which are prohibited:

- Hired by an auto dealership as a title clerk because of your job in the Auto Department
- Purchasing property at a tax sale using information available through your job position
- Performing transactions for friends or family even though required information is missing
- Using information from the employee’s job in Voters for personal or outside political activities

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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

HARRIS COUNTY TAX OFFICE

PRE-EMPLOYMENT SCREENING AUTHORIZATION AND RELEASE

Applicant: Carefully read the following information before you complete and sign this form.

Privacy Statement: The Tax Office uses the following information for background check purposes only. Providing this information is voluntary, but if you do not provide it, you may not receive full consideration.

Applicant's Name (<i>last, first, MI</i>)	Date of Birth (<i>MM/DD/YY</i>)	Home Telephone Number
--	--	------------------------------

Other Names and Dates When Used: List the names you have used in the past, beginning with the most recent (#1) and working backward. You must list all names you have ever used and the dates you used each name. If you need more space to complete information, please continue on the reverse side of this form.

#1 Previous Name Used	From Year
#2 Previous Name Used	From Year
#3 Previous Name Used	From Year

This constitutes my consent and authorization to the disclosure or furnishing of any relevant and necessary information or records to any duly authorized employment official with the Harris County Tax Office, concerning my employment or criminal records as may be relevant and necessary for a determination of my suitability for employment.

This authorization is executed with full knowledge and understanding that the Harris County Tax Office will take measures to protect the aforementioned information against unauthorized disclosure to any parties not having a legitimate need for it in the discharge of official business of the Harris County Tax Office, or its agencies and instrumentalities.

I hereby RELEASE the aforementioned representatives from any and all liability for damages resulting from a decision by the Harris County Tax Office not to employ me on account of compliance, or any attempts at compliance with this authorization, except for any damages resulting from knowingly providing false or misleading information or records about me.

A copy of this authorization shall be as effective and valid as the original. This authorization shall be valid for 12 months from the date it is signed.

Date Signed	Signature of Applicant
--------------------	-------------------------------

Name: _____
SS # xxx - xx - _____

1. Are you now working for or have you previously worked for Harris County?

If yes, under what name?:

2. Do you have any relatives (by blood or marriage) presently working for the Harris County Tax Office?

If yes, please list the name(s) and relationship and department in which they are employed:

3. Do you have any relatives (by blood or marriage) holding office in Harris County Government?

If yes, please list the name(s) and relationship and department in which they are employed: