



HILL COUNTY SHERIFF'S OFFICE

APPLICATION AND PERSONAL HISTORY STATEMENT

NAME _____

Contact Information: Phone: _____

Email: _____

I am willing to accept and work any shift; 24/7 Yes No

Polygraph Scheduled: _____Yes _____No Date: _____Time: _____

I am applying for:

Peace Officer PID# : _____

County Jailer PID# : _____

Telecommunicator PID#: _____

Civilian Employment: _____

Personal History Statement Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be **typed** or printed legibly in black ink by the applicant. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, **USE THE SPACE ON PAGES 25 AND 26** or attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness**.
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases). Required documents vary according to the position being sought and the history of the applicant. Hiring agency please check off documents required- modify list as necessary
 - Completed Personal History Statement
 - Copy of your Social Security card.
 - Certified** copy of your birth certificate. (No photo copy)
 - Copy of your valid Texas driver license or a copy of another State's driver license.
 - Copy of your High School diploma or GED certificate.
 - Sealed original certified** copy of your college transcript. (No photo copy)
 - Copy of your Texas peace officer license and all training certificates awarded to you.
 - Copy of your DD-214 if applicable. Must possess an honorable discharge.
 - Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
 - Copy of current proof of automobile liability insurance.
 - Copy of a TCOLE approved Firearms Qualifications within the last 12 months (LE Only)
 - Recent photograph
10. If you have any questions, please contact your assigned background investigator

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for licensure as a peace officer or jailer in Texas.

I am a citizen of the United States of America.

I have earned a high school diploma or a GED.

I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

I have never had a military court martial that resulted in a dishonorable.

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name:	First:	Middle:	Maiden:
Street Address:		Apt. No.:	
City:		State & Zip Code:	
Mailing Address (if different from residence):		State & Zip Code:	
Home Telephone No.:	Work Telephone No.:	Cellular No.:	
Date of Birth:	Social Security No.:	Driver's License No. & State:	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details. _____

Place of Birth (City, County, State, Country): _____

Are you a U.S. Citizen by Birth? Yes No Are you a Naturalized Citizen? Yes No

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks: _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____

List all e-mail addresses (S) _____

MARITAL & FAMILY HISTORY

Single Married Engaged Co-habiting Widowed

Spouse's/Co-habitant's name (include maiden name): _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage: _____

City & State: _____

Separated Date: _____

Divorced Date: _____

Widowed Date: _____

Annulled Date: _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Date of Marriage: _____

City & State: _____

Separated Date: _____

Divorced Date: _____

Widowed Date: _____

Annulled Date: _____

Court or State issued _____

Ex-spouse's Name _____

Date of Birth _____

Telephone No. _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship: _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship: _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship: _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship: _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship: _____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes No

If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you ever had your driver's license suspended or revoked? Yes No If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & Stat	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you ever been arrested or detained by law enforcement?

Yes

No

If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain:

Have you ever assaulted another person beyond the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain:

Have you ever been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain

Have you ever been a party to a civil suit or civil action? If yes, explain:

Have you ever been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain:

Other than crimes that would have been sealed by juvenile records, have you ever committed, or assisted another person in the commission of a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain:

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes No

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested?

Yes No If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____ Spouse's current net monthly income _____

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any accounts with a financial institution? Yes No

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

CREDIT INFORMATION

Have you ever filed bankruptcy personally or on behalf of a business? Yes No

If "Yes" to above, indicate type _____

Have you ever had any personal or real property repossessed or foreclosed? Yes No

Have you ever failed to pay Federal, state, or other taxes? Yes No

Have you ever failed to file a tax return, when required by law? Yes No

Have you ever had a lien placed against your property for failing to pay taxes or other debts? Yes No

Have you ever had a judgment entered against you? Yes No

- Have you **ever** defaulted on any type of loan? Yes No
- Have you **ever** had bills or debts turned over to a collection agency? Yes No
- Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes No
- Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)? Yes No
- Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes No
- Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes No
- Are you currently more than sixty (60) days delinquent on any debts? Yes No
- Have you **ever** applied for unemployment compensation? Yes No
- When?: _____
- Have you **ever** received unemployment compensation? Yes No
- When?: _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

EMPLOYMENT HISTORY

Have you ever been fired or forced to resign from a place of employment? Yes No If "yes," explain:

Have you ever quit a job because you suspected you were about to be fired? Yes No If "yes," explain:

Have you ever quit a job without giving notice? Yes No If "yes," explain:

Have you ever used any alcohol or illegal drugs on the job? Yes No If "yes," explain:

Have you ever missed work due to alcohol or illegal drug usage? Yes No If "yes," explain:

Have you had any prior law enforcement related experience?

Yes No If "yes," give location, type of experience, number of years, duty, training, rank, awards and citations. Indicate past employment which you think will specifically qualify you for the position for which you have made this application.

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes No

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

Employer _____ From _____ To _____

Full Time Part Time Seasonal Temporary

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? Yes No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated	
			Yes	No

Do you have a G.E.D. Certificate? Yes No

Were you ever on academic probation or ever expelled from any school? Yes No

If yes, give details _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes No

Served from _____ to _____ Highest Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No

Serving from _____ to _____ Current Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you ever been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

PERSONAL DECLARATIONS (continued)

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:			#Times in Life	Last Date Used	Form Used
Yes	No	Marijuana	_____	_____	_____
Yes	No	Hashish	_____	_____	_____
Yes	No	"Speed"	_____	_____	_____
Yes	No	Cocaine	_____	_____	_____
Yes	No	LSD	_____	_____	_____
Yes	No	"XTC"	_____	_____	_____
Yes	No	PCP	_____	_____	_____
Yes	No	Peyote	_____	_____	_____
Yes	No	Mushrooms	_____	_____	_____
Yes	No	Quaaludes	_____	_____	_____
Yes	No	Tranquilizers	_____	_____	_____
Yes	No	Barbiturates	_____	_____	_____
Yes	No	Heroin	_____	_____	_____
Yes	No	Any Designer Drug: _____	_____	_____	_____

Have you ever bought any of the items specified above? Yes No
 Which?:_____When?:_____ # Times?:_____

Have you ever had an illegal drug injection? Yes No Of What?_____

Have you ever inhaled paint, glue, or any other petroleum product? Yes No
 Which?:_____When?:_____ # Times?:_____

Do others use drugs in your presence? Yes No

Have you ever abused any prescribed medication? Yes No Type:_____

How did you abuse (misuse)? _____

Have you ever been involved, in any way, in the manufacturing of an illegal drug? Yes No

If "yes," What Drug? _____

Describe your involvement:

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc? Yes No explain:

Have you ever been employed by or applied with any other law enforcement agency? Yes No

Status of application process?: _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Do you have a spouse or relative currently employed by Hill County? _____

Do you have a spouse or relative currently employed by a law enforcement agency? _____

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

Additional explanations:

Additional explanations:

=====

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____

SEAL or STAMP

Signature of Notary

My Commission Expires: _____

(Name of Law Enforcement Agency) _____

AUTHORITY TO RELEASE INFORMATION AND WAIVER

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 attempt to comply with it.

I hereby release you from any liability or damage, which may result from furnishing the information requested above. Further, I hereby expressly waive and release any special right of access I may have under any status or the common law to the information you furnish about me to the Hill County Sheriff's Office.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Social Security Number: _____

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____, _____, in and for _____ County, in the state of _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

AFFIDAVIT OF APPLICANT

I, _____, hereby state under oath that I have never been convicted of any crime, nor am I under investigation or charged with any pending criminal / civil action.

Applicant Signature

Date

Sworn to and signed before me, on this the _____ day of _____, _____, in and for _____ County, in the state of _____ .

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

Acceptance and Disclosure of Expected Duty Hours

The Hill County Sheriff's Office is a multi-agency department operating in the areas of law enforcement, criminal intelligence, 911 dispatch, and detention.

I understand It is a 24-hour, seven days a week operation and agree to work any assigned hours?

Yes No

The assignment of work and scheduling is at the discretion of the Sheriff. By accepting employment, I agree to work any job assignment or schedule.

Yes No

PROBATION PERIOD

I understand and agree that by accepting employment with the Hill County Sheriff's Office, I am required to serve a probationary period for twelve (12) months from the date of my employment.

I further understand that I can be terminated at any time during my probation period at the discretion of my supervisor or the Sheriff of Hill County.

Signature

Date

Hill County Sheriff or designee

WAIVER OF LIABILITY

EMPLOYMENT TERMINATION HISTORY RELEASE (F-5 Disclosure)

Name (Last, First, Middle Initial): _____

Social Security Number: _____

Department Requesting Records: HILL COUNTY SHERIFF'S OFFICE

I understand that a report is submitted to the Commission each time I resign or am terminated from employment or appointment with a law enforcement agency.

I understand the report must include an explanation of the circumstances of my resignation or termination.

I understand the chief administrator of each law enforcement agency with which I apply for employment may request the contents of each report that pertains to resignation or termination due to substantiated incidents of excessive force or violation of law, other than traffic offenses.

I understand the Commission is not liable for civil damages for providing information contained in a report concerning the circumstances cited above, when written request, on agency letterhead, from a chief administrator and this release is presented to the Commission; and

I understand a law enforcement agency, chief administrator of a law enforcement agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if the report is made in good faith.

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of the law enforcement agency or other law enforcement official liable for civil damages for the content of reports concerning my resignation or termination as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission, if the law enforcement agency, chief administrator of the law enforcement agency, or other law enforcement official made the report in good faith; and

I expressly waive my right to hold the Commission, law enforcement agency, chief administrator of a law enforcement agency, or other law enforcement official liable for civil damages for any action based on information contained in reports concerning the circumstances of my resignation or termination from prior employment or appointment with a law enforcement agency.

I have read and understand the foregoing statements. I hereby authorize the Commission to release all reports concerning my resignation or termination pertaining to circumstances cited above as a peace officer, reserve law enforcement officer, county jailer, or public security officer which are on file with the Commission to the department named above.

SIGNATURE OF LICENSEE: _____ DATE: _____

Sworn to and subscribed before me this the _____ day of _____, _____.

Notary Public in and for State of Texas