

TEXAS WORKFORCE COMMISSION

Career Schools and Colleges

Affirmative Answer to Question 4.
Representative Registration Application

Instructions: If the applicant answers in the affirmative (Yes) to Question 4 on page one of the Representative Application, the following information and documentation must be provided.

Mail to Texas Workforce Commission
Career Schools and Colleges
101 East 15th Street, Room 104-T
Austin, Texas 78778-0001

Authority for Data Collection: <i>Texas Education Code Section 132.059</i> Planned Use of Data: Provide specific information on which to base approval of a representative.
--

School # _____ School Name _____ Today's Date _____

Applicant's Legal Name _____

Please provide answers to the following questions IN DETAIL. (Use a separate form for each violation.)

1. Date, nature, whether this is a felony or misdemeanor, and seriousness of the offense:

2. Explanation of the incident:

3. Amount of time served and/or amount of fines paid: _____

4. Your age at the time of the commission of the offense: _____
5. Names, addresses and telephone numbers of employers just prior to and following the offense:

6. A work history from the date of discharge to the present. (You may reference Item 9 of the application.)

Please also provide the following as an attachment to this explanation:

1. Evidence of rehabilitation or rehabilitative efforts while incarcerated or following release.
2. Copy of probation or parole order/release (indicating completion date of probation/parole).
3. Other evidence of present fitness including letters of recommendation from prosecution, law enforcement and correctional officers who prosecuted, arrested, or had custodial responsibility; the sheriff and/or chief of police in your community; and other persons who had contact with you.
4. Evidence that you have maintained a record of good conduct and paid all costs as may have been ordered in the case(s).

~ ALL SIGNATURES MUST BE IN BLUE INK ~

Typed or printed name of Applicant Date

Signature of Applicant – *in blue ink*

Typed or printed name of School Official

Signature of School Official – *in blue ink* Date

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or by writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.
