***REQUEST FOR CLEARANCE – EMERGENCY MANAGEMENT**

Disaster Reservist Contractor

Listed below is the personal information of an individual who will be conducting Disaster Reservist duties while contracted to DPS in the course of disaster recovery operations.

Name: _____
Last First Middle (Alias/Maiden if applicable)

Address: _____

City: _____

Date of Birth: _____Height: _____ Weight: _____

Driver License Information: State _____ DL# _____

Race: _____ Sex: _____ S.S.#: _____

Educational Degree (s): _____

_____

Licenses (if applicable): _____

_____

Special Experience / Background Data: _____

_____

_____

_____

_____

_____

I understand that this contractor and/or all employees of this contractor are required to obtain clearance and approval before being allowed to engage in duties with the Department of Public Safety. I understand that the contract is subject to termination if clearance is not obtained for those persons.

Date: _____ Signature: _____
Owner and/or agent of contractor (Reservist)

To be filled in by DPS personnel only: Approved: _____ Disapproved: _____

_____ _____
DPS Personnel - Signature Date

* Make additional copies of this form if needed.