

TEXAS WORKFORCE COMMISSION

Career Schools and Colleges

Owner's Affidavit

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

NOTE: This form must be executed and submitted by each of the following individuals:

1. in the case of a career school or college owned by an individual, that individual;
2. in the case of a career school or college owned by a partnership, all full, silent, and limited partners;
3. in the case of a career school or college owned by a corporation, the corporation, its directors, officers, and each shareholder owning shares of issued and outstanding stock aggregating at least 10 percent of the total of the issued and outstanding shares;
4. in the case of a career school or college in which the ownership interest is held in trust, the beneficiary of that trust; or
5. in the case of a career school or college owned by another legal entity, a person who owns at least 10 percent ownership interest in the entity.

Name (Last / First / Middle): _____

Maiden Name (If Applicable): _____

Home Address: _____

Date of Birth (MM/DD/YYYY): _____ Social Security No.: _____

Home Phone No.: _____

Please answer the following questions. If a question does not apply, enter "Not applicable." Do not leave any space blank.

1. List all other states in which you have operated a school.

2. List all career schools and colleges in which you have held an ownership interest of at least 10% or by which you have been employed in any capacity whether in or out of this state.

3. If you have ever had a diploma, credential, license or certificate of any kind denied, revoked, or suspended, or if you have held an ownership interest of at least 10% in, or been employed by, any career school and college whose credentials, license, or certification has been denied, revoked, or suspended, please state the facts here.
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4. If you have ever been convicted of a felony or a misdemeanor other than a minor traffic offense, please state the facts here. (Please fill out form PS-014B)
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5. If you have ever been dismissed or asked to resign from any position of employment, please state the facts here.
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I certify that the foregoing statements are true and correct.

I do hereby agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all such information upon the request of the Texas Workforce Commission.

I do further hereby agree and permit the Texas Workforce Commission to obtain from any person or entity information relating to my personal background, reputation, and character, and do hereby expressly direct that any such person or entity release such information upon the request of the Texas Workforce Commission.

I do hereby release, discharge and exonerate the Texas Workforce Commission, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising therefrom.

The foregoing consent and release is valid and binding so long as I hold or seek any certificate, license, or permit under the authority of *Chapter 132 of the Texas Education Code*.

I understand that purposely submitting false or misleading information on this application may subject me to a fine, a prison sentence, or both.

Signature

Sworn to and subscribed before me on this, the _____ day of _____, 20____

My Commission Expires (mm/dd/yy): _____

S E A L

Signature of Notary

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 226T, 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 writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.
