

# PERSONAL DATA FORM

Exhibit C

## Driver Education School Director, Assistant Director, or Administrative Staff Member

**AUTHORITY FOR DATA COLLECTION:** Title 5, Texas Education Code, Chapter 1001  
**PLANNED USE OF THE DATA:** Determination of Director, Assistant Director, and/or Administrative Staff Member qualification  
**INSTRUCTIONS:** This form must be completed. This form is to be used for administrative positions only. If approval as an instructor is being requested in addition to an administrative position, an instructor application must also be submitted. If clarification is required, contact customer service at (800)803-9202 or 512-463-6599.

(C \_\_\_\_\_) \_\_\_\_\_  
School / Branch # School Name

\_\_\_\_\_  
Street Address City State ZIP Code

Check the appropriate box below for which you are requesting approval.

Driver Education School:  Director  Assistant Director  Administrative Staff Member

PLEASE TYPE OR PRINT (personal data form continues on page 2)

1. Name: \_\_\_\_\_  
Last First Middle

2. Maiden Name: \_\_\_\_\_ (if applicable) Date of Birth: \_\_\_\_\_

2a. Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Information gathered in item 2a is for the purpose of conducting background investigations.

3. Home Address: \_\_\_\_\_  
Street Address City State ZIP Code

4. Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Teaching Credentials: Type \_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

6. Related Experience in Administration/Supervision: (List the last 5 years. Use additional pages if necessary.)

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month/Year Month/Year

Name of Employer: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State ZIP Code

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Description of work performed: \_\_\_\_\_

Dates of Employment: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month/Year Month/Year

Name of Employer: \_\_\_\_\_ Name of Immediate Supervisor: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State ZIP Code

Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Description of work performed: \_\_\_\_\_

