FOR IMMEDIATE RELEASE
August 5, 2016

City of Copperas Cove

Kevin Keller, Public Information Officer
kkeller@copperascovetx.gov
Fax: (254)542-8915

914 South Main Street, Suite D
Copperas Cove, Texas
Phone: (254)547-4221

Hospital Authority Board

Copperas Cove, Texas – The City of Copperas Cove is accepting applications to fill positions on the Hospital Authority Board. The purpose of the City Council Appointed Advisory Body is to promote accomplishments and capabilities of the hospital throughout the community. The advisory body consists of eleven members, appointed to two year terms, and meets a minimum of once per year. Members are the Ambassadors of Metroplex Hospital.

Applications are available at 914 South Main Street, Suite C, or on the City website, www.copperascovetx.gov under "Online Resources", "Forms and Applications". The position vacancies will be advertised through September 4, 2016. Completed applications must be submitted to the office of the City Secretary by the submittal deadline, September 14, 2016 at 5pm, for consideration.

For further information please contact City Secretary Mariela Altott at maltott@copperascovetx.gov or (254)547-4221.

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City of Copperas Cove

City Council Appointed Advisory Body Application

Advisory Body Preference 1: _____

Advisory Body Preference 2: _____

Full Name: _____ City Resident: _____ years

Residential Address: _____

Primary Phone: _____ Mobile Phone: _____ Date of Birth: _____

Driver's License State/Number: _____ Personal Email: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Experience or special knowledge applicable to the Copperas Cove Advisory Body function:

Civic Activities and/or Professional Affiliations:

Are you currently or have you ever been party to any misdemeanor or felony criminal matter (other than minor traffic violations for which no arrest was made), in which you were charged, convicted, fined, served probation, participated in deferred adjudication or other program to avoid conviction, or made restitution or participated in pre-trial diversion or other program to avoid prosecution? (Conviction will not automatically disqualify applicant)
No: _____ Yes: _____ If yes, please explain:

NOTE: Please carefully read the following statements. After you have read the statements, please sign and date in the space provided below.

I understand that in the course of my work experience I may come into contact with confidential records and information. I agree to maintain the confidentiality of those materials and guard the private nature of that information, and to disclose such information only on a need to know basis.

I understand and certify the information contained in this application or other material provided to the City of Copperas Cove, and in any oral statement made by me are true and correct. I have not omitted any information and understand false or misleading information given in my application, resume or interviews will disqualify me from further consideration. I understand information disclosed in this process may be disclosed in public meetings and/or may be made available to the public.

I authorize investigation of all statements contained herein and authorize the references I have listed to provide the City of Copperas Cove any and all information concerning information they may have on me, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to the City of Copperas Cove.

I further authorize the City of Copperas Cove to conduct a criminal history background investigation as part of this Advisory Body application process. I also agree to provide the City of Copperas Cove with any other authorization or release necessary to complete the required criminal history background investigation to determine my suitability to serve in this capacity.

_____ _____
Signature Date

Please submit completed application to the City Secretary's Office – 914 South Main Street – Copperas Cove, Texas 76522 or email to maltott@copperascovetx.gov For further information call (254)547-4221.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I,_____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency **may** request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee

_____
Date

City Of Copperas Cove
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES_____NO _____ _____ initial

Purpose of CCH: _____

Empl____Vol/Contractor ____ _____ initial

Date Printed:_____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files