

**Texas Workforce Commission—Career Schools and Colleges
Affidavit for Officers, Principal Owners, and Board Members**

Instructions: Enter **all** requested **information**. Respond to **all statements**. If a statement does not apply, enter N/A for “Not applicable.” Do not leave any space blank. Submit this affidavit (CSC-001W) with your Application for a Certificate of Approval (CSC-001).

School Information

School Number (TWC use only):	School Name:	
School’s Physical Address:		
City:	State:	ZIP Code:

Officers, Principal Owners, Board Members

First Name:	Middle Name:	Last Name:
Home Address:		
City:	State:	ZIP Code:
Date of Birth (mm/dd/yyyy):	Social Security Number:	Home or Mobile Phone:

Required Statements

1. Please list all of the career schools and colleges, in Texas or any other state, that you have been employed by in any capacity or that you have held an ownership interest in of at least 10 percent:
2. Please explain, if you have 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 percent in or been employed by any career school or college that has had its credentials, license, or certification denied, revoked, or suspended:
3. Please explain, if you have ever been dismissed or asked to resign from any position of employment:
4. Please explain, if you have ever been convicted of a felony or a misdemeanor other than a minor traffic offense, and please submit form CSC-014B, Professional Conduct:

Certification

I certify that the foregoing statements are true and correct. I agree that any individual or entity maintaining information in any form relating to my criminal history must release all such information at the request of the Texas Workforce Commission (TWC). I permit TWC to obtain from any individual or entity information relating to my personal background, reputation, and character, and I expressly direct that any such individual or entity release such information at the request of TWC. I release, discharge, and exonerate TWC, its agents or representatives, and any individual or entity furnishing information from any and all liability of every kind arising therefrom.

Signatures of the Officer, Principal Owner, or Board Member

Typed Name of Officer, Principal Owner, or Board Member:	Date:
Signature of Officer, Principal Owner, Board Member:	

Notary

State of:	County of	, where witnessed.
Subscribed and sworn to me on (mm/dd/yyyy):		
My commission expires on (mm/dd/yyyy):		

Stamp/Seal Signature of Notary: