

Background Received: YES NO

Board date: \_\_\_\_\_

Photo: YES NO

I.D. Expiration Date \_\_\_\_\_ (1YR FROM APP OR LIC EXP)

Other: \_\_\_\_\_ Reset: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**FORT BEND COUNTY BAIL BOND BOARD**  
**Bail Bond Employee Application Form**

PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION

1. \_\_\_\_\_  
Last Name First Name Middle Name  
Any other name ever used: \_\_\_\_\_

2. \_\_\_\_\_  
Home Street Address City State Zip Code

3. \_\_\_\_\_  
Home Phone Work Phone Cell Phone

4. \_\_\_\_\_ 5. \_\_\_\_\_  
Date of Birth (MM/DD/YYYY) Social Security #

5. \_\_\_\_\_ 6. \_\_\_\_\_  
Driver's License or ID # State Bonding Company Phone #

7. \_\_\_\_\_  
Name of Bonding Company and address License Number

8. For the last 10 years, have you been convicted of an offense other than a moving violation<sup>1</sup>:  
 Yes  No

If yes, please provide the following information for each conviction (includes probation):

CHARGE	DATE OF Conviction (not arrest)	COUNTY	DISPOSITION (How and when was it closed)

Continue on separate sheet, if necessary

9. Do you currently have ANY criminal charges pending:  Yes  No

If yes, please provide the following information for charge

CHARGE	DATE OF OFFENSE	COUNTY	STATUS (Why is it still open and until when)

<sup>1</sup> See Texas Transportation Code Chapter 545.

\*\*I hereby swear and affirm that the foregoing information is true, correct and that there are no omissions. I understand that a criminal history check will be conducted, that federal, state and local court records may be checked. I also understand that any evasive or false statement, answer or omission shall be grounds for denial of this application and may result in criminal charges. I affirm that I have received, read and understand the policies and regulations of the Fort Bend County Bail Bond Board and agree to abide by the same.\*\*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**SWORN TO AND SUBSCRIBED BEFORE ME** by applicant, \_\_\_\_\_  
on this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

(seal)

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Typed/Printed Name of Notary

\_\_\_\_\_  
My Commission Expires

**THIS SECTION TO BE COMPLETED BY LICENSEE/CORPORATE AGENT ONLY**

I am the Licensee/Corporate Agent for the Bonding Company listed below and I request that the above named employee \_\_\_ be granted, \_\_\_ not be granted an Employee Card.

\_\_\_\_\_  
Licensee/Corporate Agent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Licensee/Corporate Agent

\_\_\_\_\_  
Bonding Company License # and Expiration Date

\_\_\_\_\_  
Name of Bonding Company

\_\_\_\_\_  
Insurance Company (if applicable)

**SWORN TO AND SUBSCRIBED BEFORE ME** by Licensee/Corporate Agent,

\_\_\_\_\_ on this the \_\_\_ day of \_\_\_\_\_, 20\_\_.

(seal)

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Typed/Printed Name of Notary

\_\_\_\_\_  
My Commission Expires