



TEXAS HOUSE OF REPRESENTATIVES
HOUSE BUSINESS OFFICE

Steven D. Adrian, CPA, CGFM
steven.adrian@house.texas.gov

P.O. Box 2910
Austin, Texas 78768-2910
Phone: 512-463-0835
Fax: 512-463-0747

May 19, 2020

Ken Martin
Founder, Editor & Publisher
The Austin Bulldog

ken@theaustinbulldog.org

Dear Mr. Martin:

The House Business Office received your request for public information dated May 5, 2020. The request asked for the following:

The personnel file for Christian Vanessa Fuentes, who I understand was employed as a committee staff member for the House Jurisprudence Committee during 2013 and 2014. However, this request is not limited solely to that committee because it's possible she also worked elsewhere.

This request includes:

- 1. Employment Applications*
- 2. Resumes*
- 3. Performance evaluations*
- 4. Job descriptions*
- 5. Personnel Action forms reflecting periods of employment, to include:*
 - a. Hiring, employment contracts,*
 - b. Promotions,*
 - d. Demotions,*

e. Disciplinary actions, if any.

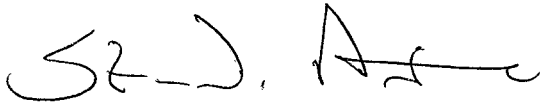
6. Payroll records reflecting annual pay rates, car allowances, and other perquisites.

7. Any other public records contained in the personnel files.

After a thorough search of our files, we have determined that we have records responsive to your request. Attached please find those records.

If you have any questions or need additional information, feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Adrian", with a stylized flourish at the end.

Steven Adrian
Executive Director

(Please type all information)

PERSONNEL ACTION REQUEST

ORIGINAL

SSN: _____ EMPLOYEE NAME: Christian Vanessa Fuentes

REQUESTED BY: Member/Manager Abel Herrero Member Acct. No. _____
Committee/ Department _____ Acct. No. _____

TYPE OF ACTION:

☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☒ Termination Date: 05/01/14
(Last Day Worked)
☐ Salary Change
☐ Account Change
(Employee Transfer)
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
LWOP Start _____ Mo. / Day / Year
LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____
Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week)
☐ Part Time (____ hrs. Week)
☐ Hourly _____ No. Hours Worked _____

☐ Session Employee
☒ Regular Employee
☐ Other _____

Location: ☐ District Office
☒ Capitol Office

Rate of Pay: Monthly \$ _____ Longevity \$ _____ Hourly \$ _____
Effective Date: 05/01/14 Title Committee Director

Complete the following if paid from two Accounts:

Member/Committee/Department _____ \$ _____
Member/Committee/Department _____ \$ _____

Abel Herrero
Signature: Member/Committee Chairman/Director
5/8/14
Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____
Longevity Amount \$ _____ Group _____ Step _____
Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 5-8-14
Date

CA
Officer

RECEIVED

MAY 08 2014

PERSONNEL

PERSONNEL ACTION REQUEST

ORIGINAL

(Please type all information)

SSN: _____ EMPLOYEE NAME: Christian Vanessa FuentesREQUESTED BY: Member/Manager Rep. Abel Herrero Member Acct. No. 5759
Committee/ Department Criminal Jurisprudence Acct. No. 7305

TYPE OF ACTION:

☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☒ Salary Change
☐ Account Change (Employee Transfer)
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
 LWOP Start _____ Mo. / Day / Year
 LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____
 Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week) ☐ Session Employee ☐ District Office
☐ Part Time (____ hrs. Week) ☒ Regular Employee ☒ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ \$3,250.00 Longevity \$ _____ Hourly \$ _____
 Effective Date: 02/01/14 Title Committee Clerk

Complete the following if paid from two Accounts:

Rep. Abel Herrero - 5759 \$ \$2,587.50
 Member/Committee/Department
House Committee Of Criminal Jurisprudence- 7305 \$ \$712.50
 Member/Committee/Department

Signature: Abel Herrero Member/Committee Chairman/Director

Date _____

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____
 Longevity Amount \$ _____ Group _____ Step _____
 Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 3-24-14
DateBGM
Officer

MAR 24 2014

PERSONNEL

PERSONNEL ACTION REQUEST

COPY

(Please type all information)

SSN: _____ EMPLOYEE NAME: Christian Vanessa FuentesREQUESTED BY: Member/Manager Rep. Abel Herrero Member Acct. No. 5759
Committee/ Department Criminal Jurisprudence Acct. No. 7305

TYPE OF ACTION:

☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☒ Salary Change
☐ Account Change (Employee Transfer)
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
 LWOP Start _____ Mo. / Day / Year
 LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____
 Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week) ☐ Session Employee ☐ Location: ☐ District Office
☐ Part Time (____ hrs. Week) ☒ Regular Employee ☒ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ \$3,250.00 Longevity \$ _____ Hourly \$ _____
 Effective Date: 02/01/14 Title Committee Clerk

Complete the following if paid from two Accounts:

Rep. Abel Herrero - 5759 \$ \$2,587.50
 Member/Committee/Department
House Committee Of Criminal Jurisprudence- 7305 \$ \$712.50
 Member/Committee/Department

Signature: Abel Herrero Member/Committee Chairman/Director

Date _____

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____
 Longevity Amount \$ _____ Group _____ Step _____
 Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 3/7/14 BGM
 Date Officer

RECEIVED

FEB 28 2014

PERSONNEL

(Please type all information)

PERSONNEL ACTION REQUEST

ORIGINAL

SSN: _____ EMPLOYEE NAME: Christian Vanessa Fuentes

REQUESTED BY: Member/Manager Rep. Abel Herrero Member Acct. No. 5759
Committee/ Department Criminal Jurisprudence Acct. No. 7305

TYPE OF ACTION:

☐ Hire ☐ Pay for Hours _____
☐ Re-Hire ☐ Hours Docked _____
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ LWOP Start _____
Date: _____ (Last Day Worked) LWOP Stop _____
☒ Salary Change ☐ Address Change: _____
☒ Account Change (Employee Transfer) _____
☐ Time Schedule Change _____

Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week) ☐ Session Employee Location: ☐ District Office
☐ Part Time (____ hrs. Week) ☒ Regular Employee ☒ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ 2800 \$2,750.00 Longevity \$ _____ Hourly \$ _____

Effective Date: 09/01/13 Title Deputy Committee Clerk

Complete the following if paid from two Accounts:

Representative Abel Herrero 2087.50
Member/Committee/Department \$ \$2,050.00
Committee on Criminal Jurisprudence 712.50
Member/Committee/Department \$ \$700.00

Signature: Abel Herrero Member/Committee Chairman/Director

Date 8-30-13

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____
Longevity Amount \$ _____ Group _____ Step _____
Annual Leave Hours _____ Minutes _____

RECEIVED

PERSONNEL USE ONLY:

Processed in Personnel 9-9-13
Date

B6m
Officer

SEP 09 2013

PERSONNEL

PERSONNEL ACTION REQUEST

ORIGINAL

(Please type all information)

SSN: _____ EMPLOYEE NAME: Christian FuentesREQUESTED BY: Member/Manager Abel Herrero Member Acct. No. 5759
Committee/ Department 83rd - Criminal Jurisprudence Acct. No. 7305

TYPE OF ACTION:

☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☐ Salary Change
☒ Account Change 7305 to 5759 (Employee Transfer)
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
 LWOP Start _____ Mo. / Day / Year
 LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____

 Phone: _____

EMPLOYEE STATUS:

Employee Type: ☐ Full Time (40 hrs. Week) ☐ Session Employee ☐ Location: ☐ District Office
☐ Part Time (____ hrs. Week) ☐ Regular Employee ☐ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ \$2,750.00 Longevity \$ _____ Hourly \$ _____
 Effective Date: 08/20/13 Title _____

Complete the following if paid from two Accounts:

_____ \$ _____
 Member/Committee/Department
 _____ \$ _____
 Member/Committee/Department

Signature: Member/Committee Chairman/Director

Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____
 Longevity Amount \$ _____ Group _____ Step _____
 Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 9-9-13
DateB6m
Officer**RECEIVED**

SEP 09 2013

PERSONNEL

PERSONNEL ACTION REQUEST

(Please type all information)

SSN: _____ EMPLOYEE NAME: _____ Christian Vanessa Fuentes

REQUESTED BY: Member/Manager _____ Representative Abel Herrero Member Acct. No. 5759
Committee/ Department CRIMINAL JURISPRUDENCE Acct. No. 7305

TYPE OF ACTION:

☐ Hire ☐ Pay for Hours _____
☐ Re-Hire ☐ Hours Docked _____
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ LWOP Start _____
☒ Salary Change (Last Day Worked) _____ LWOP Stop _____
☐ Account Change (Employee Transfer) ☐ Address Change: _____
☐ Time Schedule Change _____
Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week) ☐ Session Employee Location: ☐ District Office
☐ Part Time (____ hrs. Week) ☒ Regular Employee ☒ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ \$2,800.00 Longevity \$ _____ Hourly \$ _____
Effective Date: 09/01/13 Title _____

Complete the following if paid from two Accounts:

REP HERRERO \$ 2087.50
Member/Committee/Department
CRIMINAL JURISPRUDENCE \$ 712.50
Member/Committee/Department

Signature: Member/Committee Chairman/Director

Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason 09/01/13 Legislative Salary Increase
Longevity Amount \$ _____ Group _____ Step _____
Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 08/26/13 MC
Date Officer

ORIGINAL

(Please type all information)

SSN: _____ EMPLOYEE NAME: Vanessa FuenmayorREQUESTED BY: Member/Manager _____ Member Acct. No. _____
Committee/ Department Criminal Jurisprudence Acct. No. _____**TYPE OF ACTION:**

- ☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☒ Salary Change
☐ Account Change (Employee Transfer)
☐ Time Schedule Change
- ☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
 LWOP Start _____ Mo. / Day / Year
 LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____
 Phone: _____

EMPLOYEE STATUS:

- Employee Type:
- ☒ Full Time (40 hrs. Week)
☐ Part Time (____ hrs. Week)
☐ Hourly _____ No. Hours Worked _____
- ☐ Session Employee
☐ Regular Employee
☐ Other _____
- Location:
- ☐ District Office
☒ Capitol Office

Rate of Pay: Monthly \$ 2,750 Longevity \$ _____ Hourly \$ _____Effective Date: 5/1/2013 Title Deputy Committee Clerk

Complete the following if paid from two Accounts:

Member/Committee/Department \$ __________
Member/Committee/Department \$ _____

X Alfredo Herrero
 Signature: Member/Committee Chairman/Director
5/6/2013
 Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____

Longevity Amount \$ _____ Group _____ Step _____

Annual Leave Hours _____ Minutes _____

RECEIVED**PERSONNEL USE ONLY:**Processed in Personnel 5/8/13
DateBGM
Officer

MAY 07 2013

PERSONNEL

PERSONNEL ACTION REQUEST

ORIGINAL

(Please type all information)

SSN: _____ EMPLOYEE NAME: Vanessa FuentesREQUESTED BY: Member/Manager Rep. Herrero Member Acct. No. _____
Committee/ Department Criminal Jurisprudence Acct. No. 7305

TYPE OF ACTION:

☐ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☐ Salary Change
☒ Account Change transfer to Criminal Jurisprudence Committee #7305
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
 LWOP Start _____ Mo. / Day / Year
 LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____
 Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week) ☐ Session Employee ☐ District Office
☐ Part Time (____ hrs. Week) ☒ Regular Employee ☒ Capitol Office
☐ Hourly _____ No. Hours Worked ☐ Other _____

Rate of Pay: Monthly \$ 2,000 Longevity \$ _____ Hourly \$ _____Effective Date: 2/8/13 Title Deputy Committee Clerk

Complete the following if paid from two Accounts:

Member/Committee/Department \$ __________
Member/Committee/Department \$ _____

X _____
 Signature: Member/Committee Chairman/Director
 Date 2/7/13

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____

Longevity Amount \$ _____ Group _____ Step _____

Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 2/12/13
DateBGM
Officer

RECEIVED

FEB 08 2013

(Please type all information)

PERSONNEL ACTION REQUEST

ORIGINAL

SSN: _____ EMPLOYEE NAME: Christian Vanessa Fuentes

REQUESTED BY: Member/Manager Abel Herrero Member Acct. No. 5759
Committee/ Department _____ Acct. No. _____

TYPE OF ACTION:

☒ Hire
☐ Re-Hire
☐ Inter-Agency Transfer In/Out _____ Agency Name _____
☐ Termination Date: _____ (Last Day Worked)
☐ Salary Change
☐ Account Change (Employee Transfer)
☐ Time Schedule Change

☐ Pay for Hours _____
☐ Hours Docked _____
☐ Leave Without Pay (LWOP)
LWOP Start _____ Mo. / Day / Year
LWOP Stop _____ Mo. / Day / Year
☐ Address Change: _____

Phone: _____

EMPLOYEE STATUS:

Employee Type: ☒ Full Time (40 hrs. Week)
☐ Part Time (____ hrs. Week)
☐ Hourly _____ No. Hours Worked _____

☐ Session Employee
☐ Regular Employee
☐ Other _____

Location: ☐ District Office
☐ Capitol Office

Rate of Pay: Monthly \$ 2000 Longevity \$ _____ Hourly \$ _____
Effective Date: 1/10/2013 Title Legislative and Communications Aide

Complete the following if paid from two Accounts:

Member/Committee/Department _____ \$ _____

Member/Committee/Department _____ \$ _____

X Abel Herrero
Signature: Member/Committee Chairman/Director
1-14-13
Date

HBO USE ONLY: (Complete the following for Departmental Employees)

Salary Change Reason _____

Longevity Amount \$ _____ Group _____ Step _____

Annual Leave Hours _____ Minutes _____

PERSONNEL USE ONLY:

Processed in Personnel 1-15-13
Date

me
Officer

RECEIVED

JAN 15 2013

PERSONNEL

Texas House of Representatives
Address and Information Disclosure Form

Instructions

The information requested below is necessary and will become part of your personnel records. To report a change, please complete only the changed sections.

Check one: ☒ New Employee
☐ Update Information
☐ Name Change

Employee Information

Employee Name (Last, First, Middle)

Fuentes, Christian, V

Home Address

City, State, and Zip

Phone Number

Social Security Number

Emergency Contact Information

Emergency Contact Person's Name

Relationship (i.e., spouse)

Address

City, State, and Zip

Phone Number

Disclosure of Certain Employee Information

The Public Information Act allows employees, public officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate by checking the appropriate column below whether you wish to allow public release of the following information.

Indicate whether you wish to allow public release of the following information.

No = Do Not Allow Public Release Yes = Allow Public Release

	Public Access?	
	No	Yes
Home Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Telephone Number	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social Security Number	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information that reveals whether you have family members	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Contact Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Christian V Fuentes
Employee Signature

1/10/13
Date

RECEIVED

JAN 10 2013

PERSONNEL



HOUSE OF REPRESENTATIVES APPLICATION FOR EMPLOYMENT

P.O. Box 2910 • Austin, Texas 78768-2910

The Texas House of Representatives is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. In compliance with the Americans with Disabilities Act, if you require reasonable accommodations during the applications process, please call 463-0865.

Date: 09/03/12

1. Full Name: Fuentes Christian ✓

(Last)

(First)

(Initial)

Social Security No.: _____

2. Mailing Address: _____

(Street)

(City)

(State)

(Zip)

3. E-mail Address: _____

4. Home Phone: _____

(Area)

Alternate Phone: _____

(Area)

5. Type or title of position for which application is made: _____

6. ☒ Full Time ☐ Part Time

	MON.	TUE.	WED.	THUR.	FRI.
A.M.					
P.M.					

If Part Time show hours available for work:

TOTAL _____

7. What is the earliest work date you will be available? _____

8. Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? ☐ Yes ☒ No

If your answer is "Yes", explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but a false statement will.*

9. Are any of your relatives either by blood or by marriage employed by the State, the legislature or holding an elected or appointed State office? ☒ No ☐ Yes If "Yes," complete the following:

Name N/A

Name _____

Title _____

Title _____

Department _____

Department _____

Relationship _____

Relationship _____

10. Have you had past legislative experience? ☒ No ☐ Yes If "Yes," describe work in space provided at item 18 on this application.

11. Enter the cumulative total of all the time you have worked for the House of Representatives. _____ Years _____ Months

Enter the cumulative total of all time you have worked for a State Agency other than the House. _____ Years _____ Months

12. **Special Training/Skills/Qualifications/Other languages:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, types of software and hardware. (Attach additional page if necessary.)

13. Licenses or certificates, if any

Licensing authority

Date of expiration

14. EDUCATION LEVEL

High School Graduate

☐ Yes ☐ No

If not High School Graduate, have you obtained some equivalency such as GED?
If yes give date: _____

Bachelors
Degree

☐ Yes ☐ No

If yes, give date: _____

Masters
Degree

☐ Yes ☐ No

If yes, give date: _____

Doctorate
Degree

☐ Yes ☐ No

If yes, give date: _____

Circle Last Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

School: _____

Name

City

State

Zip

Number of Undergraduate hours completed: _____ hrs.

Fields of Study:

(1) _____

(2) _____

School: _____

Name

City

State

Zip

Number of Graduate hours completed: _____ hrs.

Fields of Study:

(1) _____

(2) _____

School: _____

Name

City

State

Zip

Number of Graduate hours completed: _____ hrs.

Fields of Study:

(1) _____

(2) _____

School: _____

Name

City

State

Zip

15. Are you now a student?

☐ Yes ☐ No

If you are a law student, give expected graduation date

16. BUSINESS AND VOCATIONAL TRAINING

Graduate

☐ Yes ☐ No

Apprentice
Experience

Trained in:

(1) _____

(2) _____

School: _____

Name

City

State

Zip

List any other vocations and or professions in which you have had experience or training.

(1) _____

No. Years/Months _____

(2) _____

No. Years/Months _____

17. List three personal or character references to whom we may refer for information about your character or qualifications. Include no present employers or relatives. Do not include more than one teacher or professor.

Name

Address

Phone Number

Occupation

1. _____

2. _____

3. _____

EMPLOYMENT RECORD

18. WORK RECORD — Beginning with present or last position held, give history for the "past four years or last four positions" of employment, including military service. May we contact your present employer? ☐ Yes ☐ No

AName of employer (*firm, organization, etc.*) address (*include Zip Code*) and Phone Number:Dates of Employment (*month, Year*):
From To

Title of Position:

Salary or Earnings:

Starting \$ per
Ending \$ per

Type of business or organization:

Name and title of immediate supervisor:

Number of employees
supervised by you, if any:

Description of duties, responsibilities, accomplishments:

Reason for leaving:

BName of employer (*firm, organization, etc.*) address (*include Zip Code*) and Phone Number:Dates of Employment (*month, Year*):
From To

Title of Position:

Salary or Earnings:

Starting \$ per
Ending \$ per

Type of business or organization:

Name and title of immediate supervisor:

Number of employees
supervised by you, if any:

Description of duties, responsibilities, accomplishments:

Reason for leaving:

CName of employer (*firm, organization, etc.*) address (*include Zip Code*) and Phone Number:Dates of Employment (*month, Year*):
From To

Title of Position:

Salary or Earnings:

Starting \$ per
Ending \$ per

Type of business or organization:

Name and title of immediate supervisor:

Number of employees
supervised by you, if any:

Description of duties, responsibilities, accomplishments:

Reason for leaving:

DName of employer (*firm, organization, etc.*) address (*include Zip Code*) and Phone Number:Dates of Employment (*month, Year*):
From To

Title of Position:

Salary or Earnings:

Starting \$ per
Ending \$ per

Type of business or organization:

Name and title of immediate supervisor:

Number of employees
supervised by you, if any:

Description of duties, responsibilities, accomplishments:

Reason for leaving:

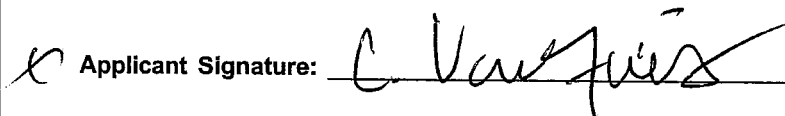
19. (Optional Question) — If you desire to elaborate on any information that bears on your qualifications or that may be helpful in evaluating your application, use this space for your remarks.

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

20. The information on your application will be kept in our files for ninety (90) days without any further contact from you. However, if at the end of ninety days, you have not been back in touch with us, your application will be purged and you will no longer be considered for employment.

Should you find other employment and are no longer interested in working for the House, please call us.

21. I understand this Employment application does not constitute an offer of employment or an employment contract. The House is an at-will employer so employees may be terminated by either themselves or the employer at any time for any reason or no reason at all, with or without cause or notice.
22. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
23. I understand that the State of Texas requires all males who are 18 thru 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
24. I hereby certify that this application contains no willful misrepresentation or falsification, and that the information given by me is true and complete to the best of my knowledge and belief. I understand that should investigation disclose any such misrepresentation or falsification, my application will be rejected, and I will be declared ineligible for employment. I authorize any inquiry necessary to acquire information that may have a bearing on my qualifications or background provided such information be disclosed only to those persons responsible for evaluating this application.

 Applicant Signature: _____ Date 01/10/13

PLEASE SIGN YOUR NAME AND BE SURE ALL APPLICABLE QUESTIONS ARE ANSWERED SO THAT YOUR APPLICATION WILL RECEIVE FULL CONSIDERATION.

RECEIVE

JAN 10 2013

*A Conviction does not Constitute an automatic bar to Employment, and the seriousness of the crime and date of conviction will be considered.

PERSONNEL



TEXAS HOUSE OF REPRESENTATIVES
New Employee Data



Name: Fuentes Christian ✓ Driver's Lic. #: _____
(Last) (First) (Initial)

*The information requested on this form is collected for the purpose of reporting to state and federal agencies.
Thanks for your help and cooperation.*

General Information

Gender: ☐ Male ☒ Female Date of Birth (mm/dd/yyyy): _____

Marital Status _____ Name of Spouse: _____

Ethnic Origin: ☐ White ☐ Black ☒ Hispanic ☐ Asian/Pac. Islander
☐ American Indian/Alaskan ☐ Other _____

Veteran Status

Veteran: ☐ Yes ☒ No Spouse of Veteran: ☐ Yes ☐ No Orphan of Veteran: ☐ Yes ☐ No

If you are Veteran, please complete information below:

Date of enlistment: ____/____/____ Date of discharge: ____/____/____

(It is only necessary to provide information for one qualifying period.)

Indicate the branches in which you served:

☐ U.S. Army ☐ U.S. Air Force ☐ U.S. Coast Guard ☐ U.S. Navy ☐ U.S. Marines

If you served in the auxiliary services, provide name: _____

Were you honorably discharged? ☐ Yes ☐ No

OPTIONAL: If you have served less than 90 consecutive days, are you a veteran who was discharged with a service-connected disability? ☐ Yes ☐ No.

Christian V. Fuentes
Employee Signature

01/10/13
Date
RECEIVE
JAN 10 2013
PERSONNEL

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Fuentes	First Christian	Middle Initial V	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #)
☐ An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title:				
Issuing authority:				
Document #:				
Expiration Date (if any):				
Document #:				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Mary Alice Cortinas	Print Name Mary Alice Cortinas	Title HR Specialist
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Boise Payroll Personnel		Date (month/day/year) 1-15-13

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--


C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: Document #: Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative Date (month/day/year)

Texas **DRIVER LICENSE** USA TX

 DL **03/15/2010** Class C **09/28/2016**

DOB **FUENTES**
CHRISTIAN VANESSA

Vanessa Fuentes 12 Restrictions A Sex F Eye BRO DD 81619080035115156175

SOCIAL SECURITY

HEALTH & DE

THIS NUMBER HAS BEEN ESTABLISHED FOR
CHRISTIAN V FUENTES

Christian V Fuentes
SIGNATURE

RECEIVE
JAN 10 2013
PERSONNE



TEXAS HOUSE OF REPRESENTATIVES

Prior State Employment



Social Security No.: _____

Name: Fuentes Christian ✓
(Last) (First) (Initial)

Please indicate below whether you have previously been employed by a state agency or state institution of higher education.

State Employment History (Including Higher Education)

☒ ~~None~~, I have not previously been employed by a state agency or state higher education institution.

Name of Agency or University

Location

Start Date

End Date

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever retired from state government? If so, please list the agency and your retirement date.

☒ No, I have not previously retired from state government.

Name of Agency or University

Date of Retirement

_____	_____
_____	_____

I certify that the above information is correct. My signature also allows other state agencies to release information pertaining to dates of employment, salary, leave balances, etc.

Christian V. Fuentes
Employee Signature

1/10/13
Date

RECEIVE
JAN 10 2013
PERSONNEL

Workers' Compensation Network Acknowledgement

I have received information that tells me how to get health care under workers' compensation insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network.
2. I may ask my HMO primary care physician to agree to serve as my treating doctor.
3. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
4. The insurance carrier will pay the treating doctor and other network providers.
5. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.

Christian Vanessa Fuentes
(Signature)

01/10/13
(Date)

Christian Vanessa Fuentes
(Printed Name)

RECEIVED
JAN 10 2013
PERSONNEL

TEXAS HOUSE OF REPRESENTATIVES
Acknowledgment and Receipt

I, Christian V. Fuentes, affirm the following:
(print name)

1. I acknowledge receipt of the House of Representatives Personnel Manual on Policies and Procedures and understand that it is not a contract of employment and the information provided may need to be changed by the House from time to time. In lieu of a hard copy, I understand the Personnel Manual on Policies and Procedures has been made available online to each employee on the House Administration website.
2. I acknowledge that the Committee on House Administration has given me a copy of the following:
 - Nepotism
 - Subchapter L. Property Accounting, Government Code, Sec. 403.271-Sec. 403.278
3. I am not related within the third degree by consanguinity (blood relationship) or second degree by affinity (relationship by marriage) to a member of the legislature (House or Senate), House Business Office or Legislative Operations.
4. I have received a copy of the following sections of the Government Code:
 - Section 556.004, titled *Prohibited Acts of Agencies and Individuals*
 - Section 556.005, titled *Employment of Lobbyist*
 - Section 556.0055, titled *Restrictions on Lobbying Expenditures*
 - Section 556.006, titled *Legislative Lobbying*
 - Section 556.007, titled *Termination of Employment*
 - Section 556.008, titled *Compensation Prohibition*
 - Section 572.051, titled *Standards of Conduct*
5. I have received a copy of *The Employees Retirement System of Texas Summary Notice of Privacy Practices*.
6. I have received a copy of the *Notice of Election of Exemption Under the Health Insurance Portability and Accountability Act of 1996*.
7. I have received a copy of the information regarding Automatic 401(k) Enrollment.
8. I have received information regarding the worker's compensation notice to new employees.
9. I acknowledge that I have received a copy of the Texas House of Representatives Drug Free Workplace Policy.
 - I also acknowledge that the provisions of the policy are a part of the terms and conditions of my employment and that I agree to abide by them.
10. I fully understand that I must comply with the requirements of these policies.

Christian V. Fuentes
Signature

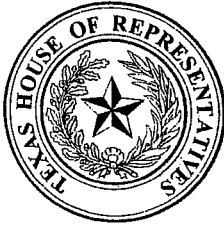
01/10/13
Date

RECEIVED

JAN 10 2013

This signed statement will be placed in the employee's personnel file.

PERSONNEL



STATE OF TEXAS
HOUSE OF REPRESENTATIVES
Badge Request

ID #5564696
(xfer from member Ac
to Comm.

Payroll/Personnel, P. O. Box 2910, Austin, TX 78768-2910, (512) 463-0865, (512) 463-8132 FAX, JHR Room 210

Requestor Name: Amelia Schmidt harnagel

Date of Request: 2/20/2013

Office Details

Office: 83rd - Criminal Jurisprudence

Account #: 007305

Contact Phone #: (512) 463-0768

Employee Details (Please present valid identification along with this form at the time of processing)

First Name: Vanessa

Middle Initial: _____

Last Name: Fuentes

Fuentes

Driver's License #: _____

Date of Birth: Christian

Social Security #: _____

Card Type: ☒ New Employee Card ☒ Replacement Card ☐ Intern Expiration Date: _____

Reason for requesting a replacement card: _____

Needs to switch from Rep's office to Committee office. _____

Card Access and Authorization

Add Delete

Walk-in Purchasing/Supply Privileges ☒ ☐

Fax/Photocopy Usage Privileges ☒ ☐

Building Access ☒ ☐

Member/Committee Chair Signature: Abel Herrero

Date: 2/20/13

Member/Committee Chair Printed Name: Rep. Abel Herrero, chair

I understand that I will not allow anyone to use the card assigned to me. I understand building security monitors use of all access cards and my card will be confiscated if it is being used by anyone other than me. I will immediately contact both my employer and the Payroll/Personnel Department if my card is lost or stolen.

Vanessa Fuentes
Signature

2/13/13
Date

Please report any lost or stolen cards immediately to:

Payroll/Personnel Department

John H. Reagan Building

Room 210

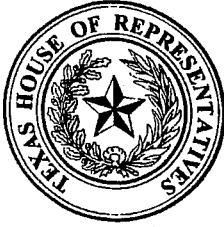
Austin, TX 78701

(512) 463-0865

RECEIVED

FEB 21 2013

PERSONNEL



STATE OF TEXAS
HOUSE OF REPRESENTATIVES
 Badge Request

Payroll/Personnel, P. O. Box 2910, Austin, TX 78768-2910, (512) 463-0865, (512) 463-8132 FAX, JHR Room 210

Requestor Name: _____ Date of Request: _____

Office Details

Office: Rep. Herrera 0462 Account #: 5759
 Contact Phone #: 512-463-0462

Employee Details (Please present valid identification along with this form at the time of processing)

First Name: Christian Middle Initial: V Last Name: Fuentes
 Driver's License #: _____ Date of Birth: _____ Social Security #: _____

Card Type: ☒ New Employee Card ☐ Replacement Card ☐ Intern Expiration Date: _____

Reason for requesting a replacement card: _____

Card Access and Authorization

	Add	Delete
Walk-in Purchasing/Supply Privileges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fax/Photocopy Usage Privileges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building Access	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Member/Committee Chair Signature: Abel Herrera Date: 1/10/13
 Member/Committee Chair Printed Name: Abel HERRERO

I understand that I will not allow anyone to use the card assigned to me. I understand building security monitors use of all access cards and my card will be confiscated if it is being used by anyone other than me. I will immediately contact both my employer and the Payroll/Personnel Department if my card is lost or stolen.

Christian Vann Fux 1/10/13
 Signature Date

Please report any lost or stolen cards immediately to:

Payroll/Personnel Department
 John H. Reagan Building
 Room 210
 Austin, TX 78701
 (512) 463-0865

3800 9200 Senate

RECEIVE
 JAN 10 2013
PERSONNEL