

rest	released / Shall not be released to the public upon request under the Texas Open Records Act. Failure to make a designation ults in information being available for public access. *
$\bigcirc$	May be released
	Shall not be released
8. Len	gth of Residency in El Paso County (Years/Months) *
38	Years/ 1 Month
9. Pho	one number *
0 Em:	ail address *
o. Em	an address
1. Dat	e of birth *
2. Do	you have property in El Paso County under your name? *
	Yes
	No
3. Are	your property taxes currently paid? *
	Yes
	No (please refer to next question)
4. If yo	ou answered No to the previous question please give a brief explanation. If you answered yes put n/a. *
-	
N/	A

Work and Education

15.	Place of Employment					
	Emergence Health Network					
16.	Business Address					
	201 E. Main, El Paso, TX 79928					
17.	Business Phone Number					
	915-887-3410					
18.	Fax Number					
19.	Professional Background					
	Data Analytics, Project Management, Public Sector Relations					
20.	Educational Background *					
	Masters in Public Administration					
21.	Please list previous volunteetion and/or community service you have participated in: *					
	Paso del Norte Behavioral Health El Paso Police Department Citizen					
	References  Please give three (3) personal  related to you (Name/Phone Number/Years known)					
	rease give tillee (5) personal					
22.	Reference One (1) *					
	Art Fierro; El Paso City Representa					
23.	Reference Two (2) *					
	Rene Hurtado, Chief of Staff, EHN					
24.	Reference Three (3) *					
	Enrique Mata, Executive Director – Paso del Norte Center, (915					

## Conclusion

	25. Are you aware of any matter that could be considered a conflict that should be disclosed before you are considered foe appointment? If so, please describe the matter: *		
	No		
26.	Applicant's digital signature *		
	Cindy Hernandez		
27.	Date *		
	12/20/2023	<b>:::</b>	