

LINCOLN COUNTY SHERIFF'S OFFICE LAW ENFORCEMENT EMPLOYMENT APPLICATION FORM

Employing Agency: _____ DATE: _____

A. INSTRUCTIONS

Application must be typewritten or **printed legibly** in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions.

B. POSITION APPLYING FOR

Job Title: _____

Are you applying for:
 F/T F/T Temp/Seasonal
 Reserve/Volunteer

What shifts will you work?
 Days Nights Any

NOTICE: During the Background Check, we will be contacting your present employer.

Available Start Date: _____

C. PERSONAL HISTORY

1. Full Name:

First

Middle

Last

2. Applicant's Current Address:

Address

City

County

State

Zip

() _____
Telephone Number

() _____
Message Number

Email: _____

Web Page: _____

Emergency Contact Name & Number: _____

Revision Date Oct. 11, 2009

Subsequent Updates at www.icrmp.org

Applicant Name: _____ (Print Legibly)

Other: List all other names you have used including circumstances and time periods you used them. (For example: maiden name, former name(s), alias (es), or nickname(s).

Name	Circumstance	Dates From Mo./Yr.	Dates To Mo./Yr.

4. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Place

Court Naturalization No.

5. Do you have or have you ever applied for a passport? Yes No Passport # _____

6. Can you perform the essential functions of this job with or without reasonable accommodation? Yes No

D. EDUCATION/TRAINING

High School or GED Name/Address	Dates Attended Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

*College/University Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To	Qtr.	Sem.		

Applicant Name: _____ (Print Legibly)

Major _____ Minor _____

Other Schools (Trade, Vocational, Business or Military):

Name/Address	Dates Attended Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

1. Describe any awards, honors, citations, positions held in school organizations, and any other special recognition you received while attending school that you would like us to know about:

2. Have you ever been suspended or expelled from school? Yes No

If yes, please explain.

3. List any foreign languages you can speak:

List any foreign languages you can read:

List any foreign languages you can write:

4. Indicate any law enforcement education/training (attach additional paper as necessary):

Name/Topic of Training	Certificate?	Date	Location of Training

Applicant Name: _____ (Print Legibly)

5. Has your law enforcement certification ever been suspended, revoked, relinquished or subject to discipline or investigation by POST or any other state's law enforcement certification agency? Yes No

If yes, explain.

_____ Date(s)

_____ Date(s)

_____ Date(s)

6. Describe any special abilities, interests, and hobbies including the degree of proficiency:

7. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

8. Indicate any special skills you possess and equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, breathalyzer, speed detection equipment, firearms):

9. Have you had any training/education with K-9's? Yes No

If yes, provide details:

E. TECHNOLOGY SKILLS

Check All Skills & Software Applications You Have Experience Using (any version):

- PC User Macintosh User Windows Microsoft Word Microsoft Access Microsoft Excel
 Microsoft Publisher Web Page Design/Maintenance E-Mail Internet Scanner Copier Fax
 Other: Please list _____

Professional Licenses or Certificates Held:

Applicant Name: _____ (Print Legibly)

F. EMPLOYMENT HISTORY

(List chronologically all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Reason for Leaving:

Next Employer:

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From:

To:

Final Rate of Pay:

Position Held:

Primary Duties:

Applicant Name: _____ (Print Legibly)

Reason for Leaving:

1. Have you ever been dismissed or asked to resign or had any disciplinary action taken against you from **any** employment or volunteer position you have held?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

2. Have you resigned or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?

Yes No

If YES, please give details, including dates, employer's name, and specifics:

3. Have you ever applied to or performed paid or unpaid services for a law enforcement agency not listed as an employer?

Yes No

If yes, please provide name of agency and date of application or service.

4. Do you or have you owned a business, or are you or were you a partner or corporate officer in any business or organization not listed previously as a current or former employer?

Yes No

If yes, please provide name and address of business, corporation or organization and describe your relationship or position, and nature of business.

Applicant Name: _____ (Print Legibly)

G. APPLICANTS WITH CURRENT OR PRIOR LAW ENFORCEMENT EXPERIENCE

1. Identify **ALL** complaints (however characterized) made against you by any member of the public.

Agency	Name of Complainant	Approximate Date	Disposition

2. Identify **ALL** complaints (however characterized) made against you by any law enforcement personnel (including supervisors or administrators)

Agency	Name of Complainant	Approximate Date	Disposition

3. Identify **ALL** claims or lawsuits (however characterized) filed against you or your employing agency based on allegations of negligent or wrongful acts or omissions by you.

Agency	Name of Plaintiff(s)	Approximate Date	Court Where Filed

Applicant Name: _____ (Print Legibly)

4. Identify **ALL** disciplinary action (however characterized) taken against you by a law enforcement employer.

Agency	Supervisor or Administrator Taking Action	Approximate Date	Basis and Form of Discipline

5. Identify **ALL** circumstances in which you have been requested or ordered to take a polygraph exam, CVSA or any other form of truth/deception technology.

Agency	Basis for Exam	Approximate Date	Outcome

H. DRIVING HISTORY

1. Are you a licensed Idaho automobile operator? Yes No License No.: _____
Date of Expiration: _____ Restrictions: _____

2. Do you hold or have you ever held an operator license in another state? Yes No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

3. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked?
 Yes No
If yes, please provide complete details including why license was revoked.

Applicant Name: _____ (Print Legibly)

4. Have you ever had automobile insurance refused, withdrawn, revoked, or required to obtain special risk insurance?

Yes No

If yes, please provide complete details.

I. MILITARY HISTORY

1. Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Service: _____ Highest Rank: _____

Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

2. Date and type of discharge: _____

3. Are you now or have you ever been a member of a reserve unit or the National Guard? Yes No

4. If yes state the branch of service, name and location of your unit:

5. Was any type of disciplinary action taken against you in the service? Yes No

If yes, please provide:

Date: _____ Place: _____

Nature of Offense: _____

Action Taken: _____

6. Have you ever served in the Armed Forces of a foreign country? Yes No

If yes, please specify countries and dates.

Applicant Name: _____ (Print Legibly)

VETERAN'S PREFERENCE

If you are **NOT** claiming Veteran's Preference, please initial here _____ and proceed to the next section.

Per Idaho Code, Title 65, Chapter 5, Employer will afford a preference to employment of veterans. In the event of equal qualifications and experience between candidates for an available position, a veteran who qualifies will be preferred. If claiming veteran's preference, please complete the information below and attach a copy of your DD-214 to this application.

(Reference Idaho Code, Title 65, Chapter 5, and 5 U.S.C. § 2108)

The term "**active duty**" means full-time duty in the Armed Forces, but NOT active duty for training.

Preference Eligible Veterans:

- I served on active duty in the armed forces of the United States for a period of more than one-hundred eighty (180) days and was honorably discharged.
- I have a service-connected disability of 10% or more.
- I am the spouse of an eligible disabled veteran, who has a service-connected disability.
- I am the widow or widower of an eligible veteran and have remained unmarried.
- I have attached a copy of my DD-214. Veteran's preference will not be considered without this document.

J. BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? Yes No
2. Are you now issued or have you ever been issued a license to engage in a business or profession? Yes No
3. Was any such license ever cancelled, relinquished, suspended or revoked? Yes No

If yes to question #1, #2 or #3, please provide details including name and address of business, the type of license or certificate, the agency that issued the license, effective date of license and license number.

Applicant Name: _____ (Print Legibly)

K. ORGANIZATION MEMBERSHIP

1. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which advocates or approves the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?

Yes No

If YES, including name of organization, dates of membership and location.

2. Have you ever made a financial or other material contribution to any organization of the type described in question #1 above?

Yes No

If YES, explain including name of organization, date(s) and location.

3. At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?

Yes No

If YES, explain including name of organization, dates and location.

Applicant Name: _____ (Print Legibly)

L. PERSONAL & PROFESSIONAL REFERENCES

1. **Personal References:** Please list the names of three (3) persons not related to you by blood or marriage)

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

2. **Professional References:** List names of three (3) professional references who have known you well for at least five (5) years and who are not related to you by blood or marriage.

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

Applicant Name: _____ (Print Legibly)

Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____
Complete Name		Home Address: _____
(Last,First,Middle)		City, State, & Zip: _____
Yrs. Known	Occupation	Home Phone: _____
		Business Address: _____
		City, State & Zip: _____
		Business Phone: _____

M. DOCUMENTS TO BE ATTACHED TO APPLICATION

1. Attach a certified copy of birth certificate.
2. Attach a certified copy of high school diploma or GED, college diploma or transcripts.
3. Attach a copy of military discharge(s).

N. OTHER REQUIREMENTS

When requested by this agency, applicant will be fingerprinted and shall be required to submit to a drug test and complete physical examination, as well as be required to complete the Background Information form and a polygraph examination.

Applicant Name: _____ (Print Legibly)

O. SIGNATURE & CERTIFICATION OF ACCURACY & NOTARY SEAL

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge, and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I, also, acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full

Print Named in Full

NOTARY

State of _____)
)ss.
County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires: _____, 20____.

(Official Seal)

Applicant Name: _____ (Print Legibly)

RELEASE OF INFORMATION

TO: _____ APPLICANT'S NAME: _____

DATE OF BIRTH: _____

OR Repository of Records SOCIAL SECURITY NO.: _____

NAME & ADDRESS OF EMPLOYING AGENCY REQUESTING BACKGROUND INFO:

I hereby authorize any authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to me including, but not limited to, achievement, attendance, personal history, disciplinary records, credit records, criminal history records, training records, and educational records. I specifically authorize all of my prior employer(s) to give their opinions about my prior work history, work ethic, whether or not they would rehire me and any other opinions that may be pertinent to my application for employment with the requesting agency.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and your employer, education institution, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel, including a photocopy of my DD 214, Report of Separation, to:

Signed this the _____ day of _____, 20____.

Signature in Full

PRINTED Signature in Full

NOTARY

State of _____)

:ss.

County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____
Residing in _____
My Commission Expires _____, 20____

(Official Seal)

Applicant Name: _____ (Print Legibly)

LAW ENFORCEMENT BACKGROUND INFORMATION

A. PERSONAL BACKGROUND INFORMATION

Employing Agency: _____ DATE: _____

1. Applicant's Social Security Number: _____ - _____ - _____

2. Place of Birth

Date of Birth	City	County	State	Country (if not the United States)
---------------	------	--------	-------	------------------------------------

3. If applying for detention officer/jailer position only, are you Male or Female

4. Height: _____ Weight: _____

5. Marital Status: Married Divorced Separated Widowed Never Married

6. Spouse or Significant Other's Name and Address (if different):

Name

Address

City	County	State	Zip
------	--------	-------	-----

7. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicant's)

Applicant Name: _____ (Print Legibly)

8. Former Spouse(s) or Significant Other(s) Name(s) and Address(s) (use additional sheets if necessary):

(1) Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

(2) Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

(3) Name _____

Address _____

City _____ County _____ State _____ Zip Code _____

9. Have you ever illegally experimented with or illegally used any narcotic or controlled substance such as, but not limited to (you MUST check a box for each substance):

YES NO

- Cannabinoids (e.g. marijuana, hashish)
- PCP or other hallucinogens
- Methaqualone
- Cocaine
- LSD
- Amphetamines
- Heroin
- Steroids
- Opiates
- Barbiturates
- Benzodiazepine
- Any synthetic narcotic, designer drugs, or any drug of a similar nature

If you checked any of the above, complete the following for each drug (use additional paper if necessary):

- a. Drug(s): _____
- b. How taken: _____
- c. Last time illegally experimented with or used: _____

Applicant Name: _____ (Print Legibly)

10. Do you now or have you ever illegally obtained, possessed, supplied, or sold any narcotic or controlled substance such as, but not limited to (you MUST check a box for each substance):

YES NO

- Cannabinoids (e.g. marijuana, hashish)
- PCP or other hallucinogens
- Methaqualone
- Cocaine
- LSD
- Amphetamines
- Heroin
- Steroids
- Opiates
- Barbiturates
- Benzodiazepine
- Any synthetic narcotic, designer drugs, or any drug of a similar nature

If you checked any of the above, complete the following for each drug (use additional paper if necessary):

Number of times illegally obtained/possessed/supplied/sold: _____

First time illegally obtained/possessed/supplied/sold: _____

Last time illegally obtained/possessed/supplied/sold: _____

11. Do you now or have you ever abused or illegally obtained, possessed or sold any prescription drug?

Yes No

If yes, provide details, including drug, date, circumstance, and whether or not you have successfully completed a substance abuse treatment program, including dates.

12. Have you ever applied for and received Worker's Compensation benefits?

Yes No

If yes, please provide details, including employer name, nature of injury, date of injury, return to work date, and any current limitations relating to the injury that may affect your ability to perform the essential functions of the position. Use additional paper if necessary.

Applicant Name: _____ (Print Legibly)

B. RESIDENCES

Actual places of residence since age 18 – list chronologically all addresses, including residences while at school and in military. For college on-campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office. Do not leave any time period unaccounted for. Use additional paper if necessary.

Dates Mo./Yr.		Address	City	County	State
From	To				

C. ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice or summons to appear as a defendant, convicted, pled no contest, pled guilty to any criminal violation or citation, received a withheld judgment or equivalent or a prosecutor's probation, regardless if the record was sealed or the charge was later dismissed or expunged?
 Yes No
2. Have you ever received a citation or been charged with a traffic violation (exclude parking tickets)?
 Yes No
3. To your knowledge, has any member of your immediate family ever been convicted of any felony violations?
 Yes No

Applicant Name: _____ (Print Legibly)

If yes to questions 1-3 above, list all such matters even if not formally charged, made no court appearance, found not guilty, no contest, Alford plea, received a withheld judgment or equivalent to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral or payment of bond. (Include your juvenile record and records of your arrest(s) which have been sealed, if any.) Use additional paper if necessary.

Applicant Name	Date	City & State	Charge	Court Location	Disposition
Relative's Name	Date	City & State	Charge	Court Location	Disposition

Provide details for each response to questions 1-3. Use additional paper if necessary.

4. Do you currently have valid automobile insurance?

Yes No

Name of Company: _____

Applicant Name: _____ (Print Legibly)

5. Have you ever been involved in an automobile accident?

Yes No

If yes, please give details, including date(s), location, whether or not you were charged with a crime, and disposition of charge (use additional paper if necessary): _____

6. Have you or your spouse/significant other ever been a plaintiff or defendant in a court action? (Include any liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No

If you answered yes, give date, place or court, case number, names of involved parties, nature of action, and final disposition. Use additional paper if necessary.

7. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? Yes No

If yes, please provide details.

8. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? Yes No

If yes, please provide details.

9. Has law enforcement ever been called to your residence? Yes No

If yes, please provide details.

Applicant Name: _____ (Print Legibly)

10. Have you and/or your spouse/significant other ever been referred to Child Protective Services? Yes No

If yes, please provide details, including location, dates, facts and disposition.

11. Have you ever been a member of a gang? Yes No

If yes, please provide details, including name of gang(s), location and dates.

12. Have you ever had any contact with law enforcement, other than being pulled over for a minor traffic offense?

Yes No

If yes, please provide details.

Applicant Name: _____ (Print Legibly)

D. DOMESTIC VIOLENCE INFORMATION

1. Have you ever had a Domestic Violence Protection Order issued against you? Yes No
(Include both ex-parte Domestic Violence Protection Orders and those entered subsequent to a hearing.)

Date of Issuance: _____

State, County and Court of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

2. Under federal law, you may be disqualified to receive or possess a firearm if you meet any of the following conditions. Mark each question, either "yes" or "no."

YES NO

- Have you ever had a Domestic Violence Protection Order or other Protection Order issued against you?
- Are you currently under indictment or information in any court for a crime punishable by imprisonment for a term exceeding one year?
- Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.

NOTE: A "crime" punishable by imprisonment for a term exceeding one year, as discussed in above is defined in federal law so as to exclude misdemeanors in Idaho.

- Are you a fugitive from justice?
- Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?
- Have you been adjudicated mentally defective or have been involuntarily committed to a mental institution?
- Have you been discharged from the Armed Forces under dishonorable conditions?
- Are you illegally in the United States?
- Have you renounced your citizenship, having previously been a citizen of the United States?

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law?

Yes No

If yes, explain:

Applicant Name: _____ (Print Legibly)

3. Have you ever been convicted of a domestic violence misdemeanor under federal or state law arising out of an assault or battery involving the use or attempted use of physical force or threatened use of a deadly weapon, which was committed against a person that you were involved in a domestic relationship with? This includes:

- a. spouse;
- b. former spouse;
- c. a person who whom you have a child in common regardless of whether you had been married;
- d. a person with whom you were cohabiting, whether or not you were married or held yourselves out to be husband and wife;
- e. parent; or
- f. child or guardian of the child.

Yes No

Offense charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

E. CREDIT DATA

1. Are you behind on child support, alimony or tax (whether State or Federal) payments?

Yes No

If yes, specify each with an estimated amount in arrears:

2. Are you or your spouse/significant other indebted to anyone? Yes No

If yes, please list all debts where payment is past due, regardless of amount. Be sure to include student loans and charge accounts. Attach additional pages if necessary.

Creditor	Address	Amount Past Due	Loan or Account Number

Applicant Name: _____ (Print Legibly)

3. Have you, your spouse or significant other, or a company controlled by you filed for bankruptcy? Yes No,
Had a legal judgment rendered against you for a debt? Yes No,
Been subject to a tax lien? Yes No

If yes, to any of these questions, please provide details & use additional paper if necessary.

4. In the last five (5) years have you written a check on a closed account or written a check on an account with insufficient funds?
 Yes No

If yes, please explain

5. Have you ever spent money for an illegal purpose?

Yes No

If yes, please explain

6. Have you ever fraudulently received welfare, unemployment or workman's compensation benefits?

Yes No

If yes, please explain

Applicant Name: _____ (Print Legibly)

F. SIGNATURE & CERTIFICATION OF ACCURACY

I, _____, hereby certify that each and every statement made on this form is true and complete to the best of my knowledge and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document and, if employed by this Agency, I acknowledge that my failure to update this information may result in my discipline up to and including termination from employment. I understand that should an investigation disclose inaccurate, incomplete or misleading answers, my application may be rejected and my name removed from consideration for employment with Employer, and if employed, my termination from employment.

Signed this the _____ day of _____, 20____

Signature in Full _____

Print Named in Full _____

NOTARY

State of _____)

:ss.

County of _____)

On this ____ day of _____, 20____, before me, the undersigned notary public in and for said State, personally appeared _____ or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this Statement first above written.

Notary Public in and for the State of _____

Residing in _____

My Commission Expires _____, 20____

(Official Seal)