



Arnold S. Zwicke
GUADALUPE COUNTY SHERIFF'S OFFICE

APPLICATION AND BACKGROUND PACKET
for the Sheriff's Office, Adult Detention Center & Animal Control

Instructions

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection

1. Your Application shall be printed legibly in blue or black ink, or may be typed. Answer all questions truthfully and accurately
2. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. Omissions or falsifications will result in disqualification.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application WILL NOT BE CONSIDERED FOR EMPLOYMENT. Your application will be evaluated on completeness and neatness.
9. All documents requested must be submitted with the application.

THESE DOCUMENTS MUST BE HAND DELIVERED WITH THE APPLICATION.
COPIES WILL BE MADE BY OUR OFFICE STAFF AND HANDED BACK TO YOU:

- Original High School Diploma, GED or certified high school transcript and Sealed original Certified College Transcripts (if applicable)
- Original and valid Texas Driver's License
- Original certified copy of your Birth Certificate
- Original Social Security Card
- Current wallet size color photograph, not more than 30 calendar days old
- The Waive and Authorization of Release of Records Information Form (Attached) MUST BE NOTARIZED
- Copy of current proof of automobile liability insurance
- Copy of all certificates of training applicable to the position for which you are applying (if applicable)
- Copy of your Texas Peace Officer Certificate and License (if applicable)
- Military Discharge papers showing type of discharge granted (if applicable)

Applications will not be considered if all required documents are not included

PLEASE NOTE: OUR OFFICE IS NOT RESPONSIBLE FOR NOTARIZING YOUR FORM.

Position you are applying for:

Date of application:

Referral Source (check all that apply):

- Advertisement
- Employee
- Relative
- Government
- Private Employment Agency
- Government Employment Agency
- Other _____

Have you reviewed the job description for the position you are applying for? Yes No

If yes, are you able to perform the functions of the job as described? Yes No

Date available for work: _____ **Type of position desired?** Full Time Part Time

Which of the following are you willing to do if required? Work Nights Work Weekends Work Holidays Overtime
 Rotating Shifts 10 hour Shifts 12 hour Shifts

Are you a relative of any Guadalupe County elected official or employee? Yes No

If yes, describe the relationship: _____

Applicant Qualification

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for employment with the Guadalupe County Sheriff's Office.

Please Initial:

- _____ I am a citizen of the United States of America
- _____ I have earned a high school diploma or a GED
- _____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony
- _____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state or while serving in the military.
- _____ I have never had a military court martial and/or Article 15 that resulted in a dishonorable or bad conduct discharge.

DISQUALIFICATION

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

NOTE TO APPLICANT:

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the Human Resources Department.

IT IS MANDATORY FOR THIS APPLICATION TO BE COMPLETELY FILLED OUT. FAILURE TO COMPLETE APPLICATION WILL RESULT IN NON-CONSIDERATION.

Initial this page to indicate that you have provided complete and accurate information: _____

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Home Telephone No.	Work Telephone No.	Cellular No.	
Date of Birth	Social Security No.	Pager No.	
		Driver License No. & State	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____

List ALL E-Mail Addresses (S) _____

Initial this page to indicate that you have provided complete and accurate information: _____

MARITAL & FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

If you have been separated, divorced, or widowed, provide details below:

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Date of Marriage _____
 City & State _____
 Separated _____ Date _____
 Divorced _____ Date _____
 Widowed _____ Date _____
 Annulled _____ Date _____
 Court or State issued _____
 Ex-spouse's Name _____
 Date of Birth _____
 Telephone No. _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Initial this page to indicate that you have provided complete and accurate information: _____

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year. **Include military assignments. (No TDY's)**

From	To	Address	City	State & Zip code

Initial this page to indicate that you have provided complete and accurate information: _____

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PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees of Guadalupe County with whom you are acquainted:

_____	_____
_____	_____
_____	_____

Initial this page to indicate that you have provided complete and accurate information: _____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
 If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes ___ No ___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

Initial this page to indicate that you have provided complete and accurate information: _____

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes _____ No _____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? ("Family violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? ("Assault" means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes _____ No _____

Initial this page to indicate that you have provided complete and accurate information: _____

FAMILY AND RELATIVES' ARRESTS

Have members of your immediate family or close relatives have ever been arrested?

Yes _____ No _____ If yes, complete the following table:

Name/Relationship	Charge/Offense	Outcome	Year	Agency

FINANCIAL HISTORY

Your current net monthly income _____

Spouse's current net monthly income _____

Source

Amount

Frequency

Do you have any accounts with a financial institution? Yes ___ No ___

Name(s) of financial institution(s) _____

Type(s) of account(s) _____

Identify any person or entity to whom you are indebted, and the extent of your indebtedness. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Monthly Payment	Approx Balance

Initial this page to indicate that you have provided complete and accurate information: _____

CREDIT INFORMATION

Have you **ever** filed bankruptcy personally or on behalf of a business? Yes _____ No _____

If "Yes" to above, indicate type _____

Have you **ever** had any personal or real property repossessed or foreclosed? Yes _____ No _____

Have you **ever** failed to pay Federal, state, or other taxes? Yes _____ No _____

Have you **ever** failed to file a tax return, when required by law? Yes _____ No _____

Have you **ever** had a lien placed against your property for failing to pay taxes or other debts? Yes _____ No _____

Have you **ever** had a judgment entered against you? Yes _____ No _____

Have you **ever** defaulted on any type of loan? Yes _____ No _____

Have you **ever** had bills or debts turned over to a collection agency? Yes _____ No _____

Have you **ever** had any credit account suspended, charged off, or cancelled for failure to pay? Yes _____ No _____

Have you **ever** written a check that was later returned for Non-Sufficient Funds (NSF)? Yes _____ No _____

Have you **ever** been delinquent on court-imposed alimony or child support payments? Yes _____ No _____

Have you **ever** been disciplined regarding the use of a travel/credit card provided by an employer? Yes _____ No _____

Are you currently more than sixty (60) days delinquent on any debts? Yes _____ No _____

Have you **ever** applied for unemployment compensation? Yes _____ No _____ When? _____

Have you **ever** received unemployment compensation? Yes _____ No _____ When? _____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debts or payments.

Name of Creditor (e.g., Sears, Citi financial)	Type of Debt (e.g., student loan, automobile)	Number of Days Late	Reason

Initial this page to indicate that you have provided complete and accurate information: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

5. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

6. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

7. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

8. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

Initial this page to indicate that you have provided complete and accurate information: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ Date to _____ Date Highest Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ Date to _____ Date Current Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

Initial this page to indicate that you have provided complete and accurate information: _____

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

COMPUTER KNOWLEDGE

Do you have a working knowledge of computer operation systems? Yes No

If so, indicate which of the following operating systems you have working knowledge of: Windows Mac

Indicate the level of experience you have for the following:

Outlook	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Word	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Excel	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Access	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
PowerPoint	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Odyssey	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website Design	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None
Website Maintenance	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Beginner	<input type="checkbox"/> Very Little	<input type="checkbox"/> None

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law. Yes _____ No _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes____ No____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment?

If yes, explain:

Have you **ever** been employed by or applied with any other law enforcement agency? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Date Applied or Hired	Result

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

Initial this page to indicate that you have provided complete and accurate information: _____

GUADALUPE COUNTY SHERIFF'S OFFICE
SHERIFF ARNOLD ZWICKE

WAIVER AND AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I authorize you to furnish the Guadalupe County Sheriff's Office background investigator, or other duly accredited representative of the Guadalupe County Sheriff's Office conducting my background investigation, any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail businesses, military, state and federal agencies or other sources of information.

This information may include but is not limited to; my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, financial and credit information, and military service records; information of a confidential or privileged nature may be included. Your reply will be used to assist the Sheriff's Office in determining my qualifications and fitness for the position I am seeking with the Guadalupe County Sheriff's Office. This includes individuals identified by the Guadalupe County Sheriff's Office representative, who might have information about my suitability for employment.

I further authorize you to release arrests, detentions, field citations, field interview cards, officers records, jail/custody booking records, traffic citations and traffic accident information, district attorney records, county attorney records, court records and reports, probation and parole reports and records, laboratory reports and results, and any other criminal justice records, reports, Social Media Sites or information source. This inquiry is in accordance with the applicable State Code, and local ordinances.

I have read and understand my rights under Title 5, United States Code, Section 552A, the Privacy Act of 1974, and waive those rights with the understanding that the information furnished will be used by the Guadalupe County Sheriff's Office in conjunction with the employment process. Additionally, I understand that information obtained by the Guadalupe County Sheriff's Office may be made accessible to other law enforcement agencies if a proper waiver is provided. This waiver and release applies to information covered by Title 5 as well as information not covered by that statute.

I hereby release the Guadalupe County Sheriff's Office, you, your organization, and your office's agents and employees and others from any liability or damage which may result from furnishing the information requested, including any liability pursuant to any state or local code or ordinance, or any similar laws.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for a period of two (2) years from the date signed, or upon termination of my affiliation with Guadalupe County Sheriff's Office.

Table with 3 columns: Signature, Full Name (type or print), Date Signed; Other Names Used, Social Security Number, Date of Birth; Current Address, Home Telephone Number.

SUBSCRIBED AND SWORN TO BEFORE ME ON THE _____ DAY OF _____, _____

NOTARY PUBLIC STATE OF TEXAS

Initial this page to indicate that you have provided complete and accurate information: _____

CERTIFICATION

93. I hereby certify that I have personally completed and initialed each page of this form and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature of Applicant

_____/_____/_____
Date

Sworn to and subscribed before me, this the _____ day of _____, _____.

Notary public in and for, State of _____

My commission expired ____/____/____

Printed Name of Notary

Notary Seal or Stamp

Signature of Notary

Applicant: Do not write on this page. For Office use only.

Interview Results

Interviewer	Date	Comments

Test Results

Tests Administered	Date	Score	Rating	Comments and Interpretation

Reference Check

Results of Reference Check

Employer 1	
Employer 2	
Employer 3	
Employer 4	
Personal Reference 1	
Personal Reference 2	
Personal Reference 3	

Department Head _____ Date _____

Initial this page to indicate that you have provided complete and accurate information: _____