



15. SCARS, MARKS, TATTOOS, OTHER DISTINGUISHING MARKS \_\_\_\_\_

\_\_\_\_\_

**B. RESIDENCES** – LIST ALL THE ADDRESSES WHERE YOU HAVE LIVED SINCE YOU WERE EIGHTEEN (18) YEARS OLD, BEGINNING WITH YOUR PRESENT ADDRESS. LIST DATE BY MONTH AND YEAR. ATTACH AN EXTRA PAGE IF NECESSARY.

<u>FROM</u>	<u>TO</u>	<u>ADDRESS</u> (Include City and State)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. EXPERIENCE AND EMPLOYMENT** BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT HELD IN THE PAST TEN (10) YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL. ATTACH EXTRA PAGES IF NECESSARY.

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

\_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

**D. MILITARY HISTORY**

1. HAVE YOU SERVED IN THE U.S. ARMED FORCES?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. DATE OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

3. BRANCH OF SERVICE \_\_\_\_\_

4. MILITARY SERVICE NO. \_\_\_\_\_

5. MOS \_\_\_\_\_

6. UNIT DESIGNATION \_\_\_\_\_

7. HIGHEST RANK HELD \_\_\_\_\_

8. RANK HELD AT DISCHARGE \_\_\_\_\_

9. TYPE OF DISCHARGE \_\_\_\_\_

10. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY, INCLUDING COURT-MARTIAL, CAPTAIN'S MAST, ARTICLE 15, COMPANY PUNISHMENT, ETC.?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, GIVE COMPLETE DETAILS OF CHARGE(S) AND DISPOSITION(S)

\_\_\_\_\_

\_\_\_\_\_

11. IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE DETAILS. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. EDUCATIONAL HISTORY**

1. HIGH SCHOOL DATES ATTENDED GRADUATED  
ATTENDED FROM – TO YES NO  
(CITY & STATE)

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

2. COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

\_\_\_\_\_

CITY & STATE \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

CREDIT HOURS ATTEMPTED \_\_\_\_\_ CREDIT HOURS EARNED \_\_\_\_\_

DEGREE(S) EARNED \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

\_\_\_\_\_

CITY & STATE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

CREDIT HOURS ATTEMPTED \_\_\_\_\_ CREDIT HOURS EARNED \_\_\_\_\_

DEGREE(S) EARNED \_\_\_\_\_

COLLEGE OR UNIVERSITY ATTENDED \_\_\_\_\_

\_\_\_\_\_

CITY & STATE \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_

MAJOR/MINOR \_\_\_\_\_

CREDIT HOURS ATTEMPTED \_\_\_\_\_ CREDIT HOURS EARNED  
\_\_\_\_\_

DEGREE(S) EARNED \_\_\_\_\_

3. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.),  
DATES ATTENDED, AND CERTIFICATES EARNED

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**F. SPECIAL QUALIFICATIONS AND SKILLS**

1. LIST ANY SPECIAL LICENSE OR CERTIFICATION YOU HOLD. NOTE THE  
LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE AND EXPIRATION  
DATE.

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2. LIST ANY SPECIAL MACHINERY OR EQUIPMENT YOU CAN OPERATE.

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3. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, LIST YOUR DEGREE OF FLUENCY IN EACH AREA (EXCELLENT, GOOD, FAIR, POOR)

**LANGUAGE SPEAKING READING UNDERSTANDING WRITING**

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

**G. LEGAL**

1. HAVE YOU EVER BEEN CHARGED, ARRESTED, CONVICTED, DETAINED BY THE POLICE OR SUMMONED INTO COURT?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, COMPLETE THE FOLLOWING (INCLUDE JUVENILE AS WELL AS ADULT)

**CRIME DATE POLICE AGENCY/CITY & STATE DISPOSITION**

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

2. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN A CIVIL LITIGATION?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, GIVE DETAILS OF ALL LITIGATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. MOTOR VEHICLE OPERATION**

1. HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?

\_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, GIVE DATES AND FULL

EXPLANATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. LIST THE NAME AND TELEPHONE NUMBER OF YOUR AUTOMOBILE INSURANCE COMPANY \_\_\_\_\_

\_\_\_\_\_

3. LIST ALL OF THE TRAFFIC CITATIONS YOU HAVE RECEIVED. USE A SEPARATE PAGE TO LIST CITATIONS IF NECESSARY.

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. HAVE YOU EVER BEEN INVOLVED IN A TRAFFIC ACCIDENT AS A DRIVER?

\_\_\_\_\_ YES \_\_\_\_\_ NO

GIVE A BRIEF NARRATIVE ON EACH TRAFFIC ACCIDENT YOU HAVE BEEN INVOLVED IN AS A DRIVER (USE A SEPARATE SHEET OF PAPER).

**I. MARITAL STATUS**

1. \_\_\_\_\_ SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED

2. **IF MARRIED:**

DATE MARRIED \_\_\_\_\_ LOCATION \_\_\_\_\_

CITY & STATE \_\_\_\_\_

SPOUSE OR SIGNIFICANT OTHER INFORMATION:

NAME (WIFE'S MAIDEN NAME) \_\_\_\_\_

ADDRESS & TELEPHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

PARENT'S NAMES, ADDRESS & TELEPHONE NUMBERS \_\_\_\_\_

EMPLOYMENT AND WORK TELEPHONE NUMBER \_\_\_\_\_

3. IF SEPARATED, DIVORCED OR WIDOWED:

COMPLETE THE SPOUSE INFORMATION ABOVE.

SPOUSE'S PRESENT ADDRESS, TELEPHONE NUMBER \_\_\_\_\_

DATE OF SEPARATION, DIVORCE OR ANNULMENT \_\_\_\_\_

COURT & STATE \_\_\_\_\_

DATE OF SPOUSE'S DEATH \_\_\_\_\_

4. LIST ALL CHILDREN BELONGING TO YOU OR YOUR SPOUSE (NATURAL, STEP-CHILDREN, ADOPTED & FOSTER)

NAME	RELATION	DATE OF BIRTH	ADDRESS	SUPPORTED BY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. LIST ANY OTHER DEPENDANTS AND THEIR RELATIONSHIP

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER, BROTHERS, & SISTERS

NAME	ADDRESS & PHONE	RELATION	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**J. REFERENCES**

1. LIST FIVE (5) REFERENCES WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_

YEARS KNOWN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**K. FINANCIAL HISTORY**

1. WHAT IS YOUR PRESENT YEARLY BASE INCOME? \_\_\_\_\_

2. DO YOU HAVE INCOME FROM ANOTHER SOURCE? \_\_\_YES \_\_\_NO

IF YES, GIVE DETAILS AND THE AMOUNT \_\_\_\_\_

\_\_\_\_\_

3. LIST THE AMOUNT IN YOUR SAVINGS AND THE BANK'S ADDRESS AND PHONE NUMBER \_\_\_\_\_

4. LIST THE AMOUNT IN YOUR CHECKING AND THE BANK'S ADDRESS AND PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

5. LIST YOUR DEBTS: (INCLUDE CREDITOR NAME, ADDRESS, PHONE ACCOUNT NUMBER, REASON FOR DEBT, AMOUNT OWED, MONTHLY PAYMENT)

USE A SEPARATE SHEET OF PAPER IF NECESSARY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**L.     REQUIRED DOCUMENTS FROM APPLICANT**

1.     BIRTH CERTIFICATE
2.     MARRIAGE LICENSE
3.     DIVORCE DECREE
4.     DEATH CERTIFICATE (SPOUSE)
5.     DD 214 (MILITARY)
6.     DISCHARGE CERTIFICATE (MILITARY)
7.     HIGH SCHOOL DIPLOMA
8.     HIGH SCHOOL TRANSCRIPT
9.     G.E.D. DIPLOMA
10.    COLLEGE DIPLOMA (S)
11.    COLLEGE TRANSCRIPT
12.    CERTIFICATE(S)/LICENSE(S) FOR SPECIAL SKILLS OR QUALIFICATIONS
13.    DRIVER’S LICENSE
14.    SOCIAL SECURITY CARD

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application for employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Completed