

**Service Isn't Just Something We Do. . .**



**It's The Reason We Exist!**

**Roger Duncan, Sheriff**  
**6 Staudt Street      Boerne, Texas 78003**  
**(830) 249-9721      Fox (830) 249-8027**  
**[kendallcountysheriff.com](http://kendallcountysheriff.com)**

## INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your personal history statement. It is essential that all information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be typed or printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter *N/A* in the space provided.
3. Avoid error by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses including current zip codes. If you are not sure of an address, check it by personal verification. The internet or your local library may have a directory service or copies of local phone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications may result in disqualification.
7. Copies of the following forms and documents are required (if applicable)

Birth Certificate

Drivers License

College Transcripts

Law Enforcement Academy Certificate or Diploma.

Peace Officer License (if currently commissioned).

Prior military applicants – DD Form 214 (certificate of release or discharge from active duty).

# Kendall County Sheriff's Office Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_ City State Zip

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

\_\_\_\_\_ e-mail address

Date of Birth: \_\_\_\_\_ Are you legally eligible for employment in this country? \_\_\_Yes \_\_\_No  
Month / Day / Year

Nickname(s), Maiden Name, or Other Names by Which You Have Been Known:

\_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City County State

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Tattoos or Other Distinguishing Marks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position Desired: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Ever Worked For Kendall County Before? \_\_\_Yes \_\_\_No

If yes, what Department? \_\_\_\_\_ When? \_\_\_\_\_

Former Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**EDUCATION**

High School

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ GED? \_\_\_\_\_

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_ GED? \_\_\_\_\_

College

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Hours: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Hours: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

Professional School

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Hours: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

Courses Studied: \_\_\_\_\_

Name and Location: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Hours: \_\_\_\_\_ Did You Graduate? \_\_\_\_\_

Courses Studied: \_\_\_\_\_

General

Summarize Any Special Training, Skills, Licenses, and/or Certificates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FORMER EMPLOYERS**

Are You Employed Now? \_\_\_\_ Yes \_\_\_\_ No

If So, May We Inquire Of Your Present Employer? \_\_\_\_ Yes \_\_\_\_ No

If not, Why?

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Beginning with your present or most recent job, list all employment since the age of 16, including part-time, temporary, or seasonal employment. Include all period of unemployment.

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_  
Month Year Month Year

Beginning Weekly Salary: \_\_\_\_\_ Ending Weekly Salary: \_\_\_\_\_

Job Title and Description of Duties: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_ May We Contact Your Supervisor? \_\_\_\_\_ Phone No: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

MILITARY RECORD:

Have you served in the U. S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No

Date of service from: \_\_\_\_\_ Date of service to: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit Designation: \_\_\_\_\_

Military Service Number: \_\_\_\_\_ Highest Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? \_\_\_\_ Yes \_\_\_\_ No

CHARGE	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you received a discharge other than honorable, give complete details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SPECIAL QUALIFICATIONS & SKILLS:

List any special licenses you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

\_\_\_\_\_  
\_\_\_\_\_

List any specialized machinery or equipment which you can operate.

\_\_\_\_\_  
\_\_\_\_\_

List any other special skills or qualifications you may possess.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ARRESTS. DETENTIONS. LITIGATION. DISCIPLINARY ACTION:**

Have you ever been arrested, detained by police, or summoned into court including domestic violence offenses, but excluding traffic violations?  Yes  No

If yes, complete the following:

Offense Charged	Police Agency City & State	Date	Disposition of Case
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been involved as a party in civil litigation?  Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever received, or been subject to, any disciplinary action by a law enforcement supervisor, law enforcement agency, or any other previous employer?  Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever failed to make probation with a law enforcement agency?  Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



MARITAL & FAMILY HISTORY:

Are you?

\_\_\_\_ Single    \_\_\_\_ Engaged    \_\_\_\_ Married    \_\_\_\_ Separated    \_\_\_\_ Divorced    \_\_\_\_ Widowed

If Engaged:

Name of Finance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If Married:

Date: \_\_\_\_\_ City & State: \_\_\_\_\_

Spouse's Name/Maiden Name: \_\_\_\_\_

If Ever Separated, Divorced, or Widowed:

State Which:    (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Date of Marriage: (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

City & State:    (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Spouse's Name: (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_  
(Maiden Name)

Present Address: (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Phone:    (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Date of:    (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Where Issued: (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Alimony/Child Support Amount: (1) \_\_\_\_\_    (2) \_\_\_\_\_    (3) \_\_\_\_\_

Up-to-date on payments: (1) \_\_\_\_\_ Yes \_\_\_\_\_ No    (2) \_\_\_\_\_ Yes \_\_\_\_\_ No    (3) \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain: (1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

(3) \_\_\_\_\_

\_\_\_\_\_

List all children related to you or your spouse (natural, stepchildren, adopted, and foster children).

Name	Relation	Date of Birth	Address	Supported By Whom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other dependents

Name	Address	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____

List other relatives in the following order: Father, Mother (include Maiden Name), Brother(s) and Sister(s).  
If deceased, so indicate.

Name	Address	Phone #	Relation	Age
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FINANCIAL HISTORY: Sources of Income**

Currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Present salary or wages? \$ \_\_\_\_\_

Do you have income from any source other than your principal occupation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, How much? \_\_\_\_\_ How often? \_\_\_\_\_

The source? \_\_\_\_\_



REFERENCES: List five persons who have known you for at least one year and well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Business Address: \_\_\_\_\_



Do you have objections to taking direction, supervision, or disciplinary action from any officer who may be senior to you in rank, yet junior to you in time of service?

\_\_\_\_\_YES \_\_\_\_\_No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

Have you ever made application for employment with this or any other law enforcement or related agency?

\_\_\_\_\_YES \_\_\_\_\_No

If so, give agency, date(s), and status of application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any incidents in your life, or details, not mentioned herein which may influence this office's evaluation of your suitability for employment as a deputy sheriff or detention officer?

\_\_\_\_\_YES \_\_\_\_\_No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any functions that you would not be able to perform or could not perform without an accommodation for employment as a deputy sheriff or detention officer?

\_\_\_\_\_YES \_\_\_\_\_No

If yes, explain in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\* VOLUNTARY AFFIRMATIVE ACTION INFORMATION \*\*\*  
KENDALL COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment, advancement opportunities, and access to services for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, or any other classification protected by law. As an employer with an Equal Opportunity Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is OPTIONAL. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

NAME \_\_\_\_\_  
LAST FIRST M.I.

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: MALE  FEMALE

CHECK ALL THAT APPLY: DISABLED  VETERAN  VIET-NAM ERA VETERAN

YOUR RACE/ETHNIC GROUP – CHECK ONE:

AMERICAN INDIAN \_\_\_\_\_, (Indicate Tribal Affiliation) \_\_\_\_\_

ASIAN OR PACIFIC ISLANDER \_\_\_\_\_ BLACK (Non-Hispanic) \_\_\_\_\_ ALASKAN NATIVE \_\_\_\_\_

HISPANIC \_\_\_\_\_ WHITE (Non-Hispanic) \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

WHAT INFLUENCED YOU TO APPLY FOR EMPLOYMENT WITH THE KENDALL COUNTY? (CHECK ONE)

FRIEND/RELATIVE \_\_\_\_\_ NEWS MEDIA AD \_\_\_\_\_ PRIVATE EMPLOYMENT AGENCY \_\_\_\_\_

KENDALL COUNTY'S WEBSITE \_\_\_\_\_ STATE EMPLOYMENT REFERRAL \_\_\_\_\_

OTHER (Please Specify)

\_\_\_\_\_

\*\*\* NOT FOR INTERVIEW PURPOSES – TO BE FILED SEPARATELY \*\*\*

## CERTIFICATION AND ACKNOWLEDGEMENT

I certify that all of the information submitted by me on this application is true and complete. I understand that if any of the information provided by me to officials or employees of the Kendall County Sheriff's Office in order to obtain employment is false, incomplete or misleading, my application for employment may be rejected, and if I am employed with Kendall County Sheriff's Office when the false, incomplete or misleading information is discovered, my employment may be terminated. I also understand that this employment application is a government record and that making a false entry in a government record is a criminal offense. \_\_\_\_\_(initials)

I further understand and acknowledge that if I am employed by Kendall County Sheriff's Office my employment is at will and that I serve at the pleasure of the Sheriff of Kendall County. \_\_\_\_\_(initials)

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. \_\_\_\_\_(initials)

I understand and agree that I maybe required to take a physical examination and/or drug test. I agree to consent to take such test(s) at such time as designated by the County and to release Kendall County or employees from any claim arising in connection with the use of such test(s). I also agree, if a conditional offer of employment has been made, that I will allow Kendall County to perform a check on previous work related injuries. \_\_\_\_\_(initials)

I expressly authorize, without reservation, Kendall County, its officers, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or during the job interview. \_\_\_\_\_(initials)

The job I am applying for requires a criminal or comprehensive background check, and I hereby consent to the criminal and/or comprehensive background check. I understand that failure to consent to such background checks could result in my application not being considered. \_\_\_\_\_(initials)

I understand the purpose of obtaining this information is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Kendall County Sheriff's Office to consider in determining my suitability for employment by that office. \_\_\_\_\_(initials)

I hereby waive any and all rights and claims that I may have regarding Kendall County, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. \_\_\_\_\_(initials)

I understand that Kendall County does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. \_\_\_\_\_(initials)

I understand that this application remains current for six (6) months. At the conclusion of that time, if I have not heard from Kendall County Sheriff's Office and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States. \_\_\_\_\_(initials)

I do hereby state that I fully understand the hazards and potential risks associated with employment at the Sheriff's Office. To the best of my knowledge, there is nothing that would restrict my ability from performing the job-related functions. I further state that I understand the job-related functions, and that any questions I had concerning them were answered thoroughly and to my satisfaction prior to my signing this application. \_\_\_\_\_(initials)

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. \_\_\_\_\_(initials)

Applicant's Printed Full Name: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ County, in the State of \_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Kendall County Sheriff's Office and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

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 official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ County, in the State of \_\_\_\_\_ .

Signature of Notary Public: \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_