

# ***OSSIAN POLICE DEPARTMENT***

## **PERSONAL HISTORY STATEMENT**



Name: \_\_\_\_\_

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

# INSTRUCTIONS

## Read These Instructions Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing the Personal History Statement in order to fully and adequately evaluate applicants. It is essential the information be **accurate** and **complete** in all aspects. It will be used as the basis for a background investigation that, among other factors, will determine your eligibility for employment. You **MUST** complete **BOTH** the Town of Ossian Application and the Personal History Statement.

1. Your Personal History Statement should be hand-printed in black ink or typed.  
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 errors by being prepared before beginning. Be sure your information is correct and in proper sequence **before** you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers.  
If you are not sure of an address or telephone number, check it by personal verification.
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 page number and question on the attached sheets.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification from consideration or removal as a Police Officer with the Town of Ossian.
7. Upon completing the Personal History Statement, re-check each sections to ensure that all information requested is complete, accurate and in the proper sequence and N/A is entered where appropriate.
8. The AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER must be notarized. If personally delivering your application packet, we will be able to notarize this document for you. Otherwise, you will need to have this document notarized prior to submitting your packet for consideration.

# **OSSIAN POLICE DEPARTMENT**

## **PERSONAL HISTORY STATEMENT**

Position applied for \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Social security # \_\_\_\_\_  
Last First Middle

Other names you have used or have been known by, including aliases and nicknames \_\_\_\_\_

\_\_\_\_\_ Are you a U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Gender \_\_\_\_\_

Residence Address \_\_\_\_\_

Residence Telephone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Email \_\_\_\_\_ Social Media Sites You Have Joined (i.e. Twitter, Facebook, Instagram etc.) \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Alternate Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Restrictions \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Full Name (Married) \_\_\_\_\_ Maiden \_\_\_\_\_

Spouse's Phone Number \_\_\_\_\_ Spouse's Email \_\_\_\_\_

Spouse's Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Type \_\_\_\_\_ Restrictions \_\_\_\_\_

Spouse's Employer (name & address) \_\_\_\_\_

Have you ever been separated from your spouse due to marital problems? \_\_\_\_\_

If yes, dates and circumstances \_\_\_\_\_

Children's Names

Date of Birth

Address

**Previous Residences:** List all residences for the past 10 years with the most recent address first. Include complete addresses (city, state & zip code)

From (Mo. - Yr.)	To (Mo. - Yr.)	Address	Relationship of person(s) you lived with:
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (Including Address) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Employer (Including Address) \_\_\_\_\_

List the name and addresses of **all** brothers, sisters, ex-spouses, father-in-law, mother-in-law, brother in-laws, sister in-laws, step brothers, step sisters, and step parents. (Please list in order requested above)

	<u>Relationship</u>	<u>Name (last, first, middle)</u>	<u>Phone #'s Cell, Home &amp; Work</u>
1.			
	<u>Complete Address</u>		<u>Email</u>

	<u>Relationship</u>	<u>Name (last, first, middle)</u>	<u>Phone #'s Cell, Home &amp; Work</u>
2.			
	<u>Complete Address</u>		<u>Email</u>

	<u>Relationship</u>	<u>Name (last, first, middle)</u>	<u>Phone #'s Cell, Home &amp; Work</u>
3.			
	<u>Complete Address</u>		<u>Email</u>

	<u>Relationship</u>	<u>Name (last, first, middle)</u>	<u>Phone #'s Cell, Home &amp; Work</u>
4.			
	<u>Complete Address</u>		<u>Email</u>

	<u>Relationship</u>	<u>Name (last, first, middle)</u>	<u>Phone #'s Cell, Home &amp; Work</u>
5.			
	<u>Complete Address</u>		<u>Email</u>

6. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

6. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

7. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

8. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

9. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

10. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

11. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

12. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

13. Relationship Name (last, first, middle) Phone #'s Cell, Home & Work  
Complete Address Email

**Education:**

Starting with grammar school please list the names and complete addresses of the following: Grammar School, Junior High /Middle School, High School, Trade or Vocational School, College or University that you attended.

<u>Name of School</u>	<u>Complete School Address</u>	<u>Dates Attended</u>	<u>Graduate (Yes - No)</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

List your highest level of education that you have obtained. List the number of college credits earned if no degree was obtained.

List any specialized police related training

**The following section is to completed by divorced applicants only.**

Name of former spouse Complete Current Address & Phone #

Where and when married

Where and when divorced (State, County and Date)

Who filed for divorce Reason

Legal grounds for divorce

Amount of alimony paid Amount of alimony received

Amount of child support paid Amount of child support received

Were you **ever** delinquent on **any** payments? If yes, explain circumstances

If ever delinquent, are you now current on all amounts due?

If no, explain why

## Work History:

Begin with your present or most recent employer and list your complete work history, including part-time employment. List all employment in chronological order including **complete address and phone numbers**. Account for any periods of unemployment.

Name, Address & Phone # of Employer	Dates Employed	Name of Supervisor
1. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
2. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
3. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
4. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
5. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
6. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____
Name, Address & Phone # of Employer		
7. _____		
Position Title _____	Position Responsibilities _____	
Reason For Leaving _____		
Final Wages \$ _____		Per _____

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 8. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 9. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 10. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 11. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 12. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 13. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Name, Address & Phone # of Employer** **Dates Employed** **Name of Supervisor**  
 14. \_\_\_\_\_  
 Position Title \_\_\_\_\_ Position Responsibilities \_\_\_\_\_  
 \_\_\_\_\_ Reason For Leaving \_\_\_\_\_  
 \_\_\_\_\_ Final Wages \$ \_\_\_\_\_ Per \_\_\_\_\_

**Attach Additional Pages As Needed**



**Have you ever been fired or asked to resign from any employer? \_\_\_\_\_ If Yes, Give employer name and number from above**

**Military Service:**

Have you ever served in the Armed Forces or National Guard? \_\_\_\_\_ Branch \_\_\_\_\_

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

Reserve Status \_\_\_\_\_

Did you ever receive any military disciplinary action? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Did you ever ask for or receive a deferment from military service? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Did you ever receive any pension or other benefit compensation from the government ? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Type of Discharge Received \_\_\_\_\_ **Please Attach An Official Copy of Your DD214**

**Indebtedness: Involving you and your spouse**

Creditor	Address	Type of Debt (Car Loan, Credit Card, Mortgage, etc.)	Original Debt Amount	Current Amount Due	Monthly Payment
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

Total amount of indebtedness \$ \_\_\_\_\_

Name and location of your bank \_\_\_\_\_ Type of Account \_\_\_\_\_

Name and location of your bank \_\_\_\_\_ Type of Account \_\_\_\_\_

Indicate whether you are presently: Own or are buying a home \_\_\_\_\_ Renting \_\_\_\_\_ If Renting, Name, address and phone no. of landlord \_\_\_\_\_

Are you currently living with parents or relatives? \_\_\_\_\_ If Yes, Name, address and phone no. of person(s) with whom you are living with \_\_\_\_\_

Year, make, model, license number & state of your present vehicle(s) you drive or own	Name of legal owner of vehicle
1. _____	_____
2. _____	_____
3. _____	_____

Have you or your spouse ever had your wages attached? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you or your spouse ever been a party to a small claims or other civil suit action? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Do you or your spouse have any civil action pending against you? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you or your spouse ever had a judgment rendered against you? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

If employed by the police department do you anticipate any income other than your police salary? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you or your spouse ever been refused a Life, Automobile, Health, or other insurance policy? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you or your spouse ever had an insurance policy canceled? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you ever been refused credit? \_\_\_\_\_ If Yes, When and by who \_\_\_\_\_

Have you ever had any of your property reposed? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you or your spouse ever filed for bankruptcy, or been declared bankrupt? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

**Criminal History: ATTACH ADDITIONAL PAGES AS NECESSARY**

Have you ever, as a juvenile or an adult, been **arrested or detained** (Besides Traffic Citation/Warning Stops) by a law enforcement agency? \_\_\_\_\_ If Yes, Provide Details & Law Enforcement Agency Name \_\_\_\_\_

Have you ever been **charged** with any criminal offense? \_\_\_\_\_ If Yes, Provide Date, Offense, and Law Enforcement Agency \_\_\_\_\_

Have you ever been **convicted** of any criminal offense (other than traffic offenses) \_\_\_\_\_ If Yes, Provide Date, Offense and Law Enforcement Agency Involved \_\_\_\_\_

Are you or have you ever been on **probation, parole or diversion agreement**? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you ever received a traffic citation (other than a parking ticket)? \_\_\_\_\_ If Yes, Complete the following:

Date	Issuing Law Enforcement Agency	Offense	Disposition (Paid Fine, Dismissed, etc.)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**References:** List three persons other than relatives or past employers who know you well enough to give current or former information about you.

Name	Address	Home Phone	Work Phone	Years Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

List your principle hobbies, recreation and social activities \_\_\_\_\_

List all clubs, societies or organizations of which you are, or have been, a member. Include dates of membership and location/address of chapter or organization. (You may exclude any organization which reflects your age, religion, handicap, sex, or national origin.)

**Personal Declarations:**

Do you use or consume alcoholic beverages? \_\_\_\_\_ If so, how often? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Has your use of alcohol ever effected your employment or work performance? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you ever consumed alcoholic beverages while on the job? (apart from company approved gatherings) \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you ever reported to work **under the influence** of alcohol? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you **ever** used marijuana or **any other drug** not prescribed to **YOU** by a physician? \_\_\_\_\_ If Yes, Indicated drug and the date when last used. \_\_\_\_\_

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Have you ever sold, **given or delivered legal or illegal drugs** or narcotics to anyone unauthorized to possess them? \_\_\_\_\_

If Yes, Explain \_\_\_\_\_

Have you ever received drugs or narcotics from anyone? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Do you have any beliefs or precepts that would prevent you from fully performing your duties including working weekends, evenings, nights and holidays? \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

[illegible]

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



(If additional space is needed, attach a 8 1/2 x 11 sheet of paper)

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

Date \_\_\_\_\_

## AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Ossian Police Department and Town of Ossian, whether the said records are of a public, private, or confidential nature.

The intent of the authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); employment and pre-employment records (including background reports, efficiency ratings, complaints or grievances filed by or against me); and the records and recollections of attorneys at law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment the Ossian Police Department and the Town of Ossian. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Full Name (Print, Include Maiden Name)

\_\_\_\_\_  
Date of Birth

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

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

"I Do you solemnly swear  
that each and all the  
facts contained in this  
alleged instrument are the truth,  
the whole truth, and nothing but  
the truth, so help you God"

Before me, the undersigned, a  
Notary public for \_\_\_\_\_ County,  
State of Indiana, personally appeared  
\_\_\_\_\_ and he/she being  
duly sworn by me upon his/her oath, says that the  
facts in the foregoing instrument are true, accurate  
and complete. Signed and sealed this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_

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



# THE TOWN OF OSSIAN

## Application For Full Time Employment

IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION,  
MAKE YOUR REQUEST AT THIS TIME.

We consider applicants for all positions without regard to race, color, religion, national origin, age, sex, marital or veteran status, handicap, disability or any other legally protected status.

**(PLEASE PRINT)**

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Circle the correct answer:

If you are under 18, can you furnish a valid work permit?      yes      no

Have you ever filed an application with us before?      yes      no  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?      yes      no  
If yes, give date \_\_\_\_\_

Are you currently employed?      yes      no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?      yes      no  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?      yes      no

Will you work overtime?      yes      no

Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment.

yes

no

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
We are an equal opportunity employer.

**EDUCATION (Please do not list dates.)**

	High School	Post Secondary Education	Certificates, Licenses, Degrees
School Name Location	_____ _____ _____	_____ _____ _____	_____ _____ _____
Years Complete	9 10 11 12	1 2 3 4	
Describe Course of Study:			
Describe any specialized training, skill, apprenticeship, extra-curricular activities:			
Describe any honors you have received:			
State any additional information you feel may be helpful in considering your application.			

**List professional, trade, business or civic activities and offices held:**

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.*

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**REFERENCES:**

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever had any job-related training  
in the United States military?

yes                      no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you perform the duties and responsibility, with or without reasonable  
accommodation, of the position you are applying for?

yes                      no

If the answer to this question is yes, you may be asked to describe or demonstrate how you would perform this function, with or without an accommodation.

Can you meet the attendance requirements of the  
position you are applying for?

yes                      no

**SPECIAL SKILLS AND QUALIFICATIONS:**

Summarize special job-related skills and qualifications acquired from employment or  
other experience: \_\_\_\_\_

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References may be required to evaluate applicant's qualifications.

## EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed
----------	----------------

Address
---------

Telephone Number(s)	Hourly rate/Salary Starting/Final
---------------------	-----------------------------------

Job Title	Supervisor
-----------	------------

Reason for Leaving
--------------------

Employer	Dates Employed
----------	----------------

Address
---------

Telephone Number(s)	Hourly rate/Salary Starting/Final
---------------------	-----------------------------------

Job Title	Supervisor
-----------	------------

Reason for Leaving
--------------------

Employer	Dates Employed
----------	----------------

Address
---------

Telephone Number(s)	Hourly rate/Salary Starting/Final
---------------------	-----------------------------------

Job Title	Supervisor
-----------	------------

Reason for Leaving
--------------------

Employer	Dates Employed
----------	----------------

Address
---------

Telephone Number(s)	Hourly Rate/Salary include Starting/Final
---------------------	---

Job Title	Supervisor
-----------	------------

Reason for Leaving
--------------------

If you need additional space, please continue on a separate sheet of paper

Acceptance of an application or resume does not constitute an offer of employment.

## APPLICANT'S STATEMENT

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The Town of Ossian is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that prior to being offered employment, I may be required to complete necessary employment testing. In the event I have a disability which will affect my ability to complete the testing, I will request (**prior to the administration of the test**) that a reasonable accommodation be made.

Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. I understand that I may be required to provide medical documentation concerning the need for the accommodation.

This application for employment shall be considered active for a period of time not to exceed 90 days. Applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time and submit a new application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

**VOLUNTARY AFFIRMATIVE ACTION INFORMATION**  
**COMPLETION OF THIS INFORMATION IS VOLUNTARY**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

In an effort 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 OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

Date	Applicant's Name			
<hr/>				
Address	Number & Street	City	State	Zip Code
<hr/>				
Telephone Number(s)			Social Security Number	
<hr/>			<hr/>	

**Referral Source:**

☐ Advertisement      ☐ Employee      ☐ Relative      ☐ Walk In      ☐ School  
☐ Private Employment Agency      ☐ Government Employment Agency

Position applied for: \_\_\_\_\_

Check One ☐ Male      ☐ Female

Check One of the Following: (Ethnic Origin)

☐ White      ☐ Hispanic      ☐ Asian/ Pacific Islander      ☐ Other  
☐ Black      ☐ American Indian/Alaskan Native

**IF YOU SO WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:**

☐ Vietnam Era Veteran      ☐ Disabled Veteran      ☐ Handicapped/Disabled Individual

TO BE COMPLETED BY APPLICANT - NOT FOR INTERVIEW PURPOSES -  
TO BE FILED SEPARATELY FROM APPLICATION.

THIS INFORMATION IS USED TO SATISFY THE AFFIRMATIVE ACTION REQUIREMENTS AND  
OTHERS NECESSITATED BY FEDERAL LAW OR REGULATIONS.