Montezuma County Sheriff’s Office
Application for Employment

In filling out this application, you are taking a step towards a career with a great Organization that employs fantastic people. We believe in our people and their ability and willingness to provide quality law enforcement services to our community.

Basic Requirements

Age: Certified Deputies and Detentions - Minimum age - 21
Office positions - Minimum age - 18

Education: High School Graduate or G.E.D.
P.O.S.T. Certification for certified positions
(Unless exempted by the Sheriff)

Physical Fitness: Certified Deputies and Detentions – Pass office physical assessment

Eyesight: 20/20 Corrected

Citizenship: Must be eligible to work in the U.S. and able to communicate effectively in written and spoken English

Drivers License: Certified Deputies and Detentions – Must have a valid Colorado driver’s license by start date with office
Testing Requirements

The screening process for any position with the Montezuma County Sheriff’s Office may include the following:

- Oral board
- Credit history check
- Background check
- Drug screen

Certain positions may require the following:

- Written tests
- Psychological evaluation
- Medical examination
- Physical assessment / obstacle course

Disqualification Factors

Disqualification factors include but are not limited to:

- Current non-prescribed drug use
- Previous illegal drug use, criminal activity and/or convictions, depending on severity and time lapse
- Convictions that would preclude P.O.S.T. certification [for certified positions]

Include copies of the following with your application:

- Birth Certificate or Citizenship Papers
- Valid Driver’s License
- High School Diploma or G.E.D.
- Transcript of College Credits [if applicable]
- P.O.S.T. Certification [for certified positions]
- Military discharge papers [if applicable]
- Resume

It is the policy of the Montezuma County Sheriff’s Office to not discuss the reasons why applicants were not selected for hire. Applicants may be notified of their disqualification at any point in the selection process. If you receive such a notice it simply means you did not meet our standards at the time.
Complete all sections. If a question does not apply to you, insert N/A. If you need additional space to respond to any section, attach a separate sheet of paper. You are responsible for obtaining correct and complete addresses. All information is subject to verification. Any deliberate misstatements, misrepresentations or omissions by you are cause for permanent disqualification from employment consideration. Applicants may be disqualified from employment consideration if application is not fully completed according to instructions. This includes the completion and notarized signature portion of the "Authorization for Release of Information". Handwritten applications must be printed legibly in blue or black ink only.

Today's Date ____________________ Position(s) Applied For __________________________________________________________________________________

Full Legal Name ___________________________________________________________________________ DOB __________________

Alias (es), Nicknames, Maiden Names, Other __________________________________________________________________________________

Home Phone Number ___________________________ Alternate Phone Number __________________________________________________________________________________

Current Mailing Address __________________________________________________________________________________

Current Physical Address __________________________________________________________________________________

Are you a Colorado Resident? ________ Are you a US Citizen? ________ Date Available for work __________

Are you able to perform the essential functions of the position(s) for which you have applied? __________________________________________________________________________________

May we contact your present employer concerning your work performance? __________________________________________________________________________________

Have you ever worked for the County of Montezuma or the Town of Dolores? ________

If so, please list positions held and dates of employment __________________________________________________________________________________

One or more of the following may be required for employment. Your inability to satisfy these work schedules may limit further consideration of your application. Please indicate whether you are able to perform the following:

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>a. Shift Work (Other than 8am - 5pm)</td>
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<td>b. Overtime/Work Holidays</td>
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<td>c. Rotating Shifts/Alternating Shifts</td>
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<tr>
<td>d. Work Schedules including Saturday/Sunday</td>
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</table>

Fathers Name ___________________________________________________________________________ DOB __________________

Address ___________________________________________________________________________ Phone __________________

Mothers Name ___________________________________________________________________________ DOB __________________

Address ___________________________________________________________________________ Phone __________________

Spouse/Significant Other ___________________________________________________________________________ DOB __________________

Address ___________________________________________________________________________ Phone __________________

Roommate/Other ___________________________________________________________________________ DOB __________________

Address ___________________________________________________________________________ Phone __________________
**RESIDENCES**
List all residences you have had in the last ten (10) years, beginning with your present address.  
(Use additional sheets if necessary)

<table>
<thead>
<tr>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Landlord Name</th>
<th>Landlord Phone Number</th>
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<tr>
<td>Address</td>
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</table>
WORK EXPERIENCE

List all previous work experience you have obtained in the last ten (10) years beginning with your most recent; include part-time, temporary, seasonal employment and military service. Identify part-time jobs with "PT" and temporary jobs with "TEMP"; describe any gaps in employment due to school, unemployment, travel, etc. If your work history does not extend through ten year, clearly identify your first employer with 'FIRST JOB' in Employer Name field.

From (Month/Year) _____________ To (Month/Year) _____________ Employer Name ________________________________
Address, City, State ________________________________ Phone Number ________________________________
Job Title __________________ Description of Duties ____________________________
Salary __________________ Supervisor __________________ Reason for Leaving ________________________________

Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this employer? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.

____________________________________________________________

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Address, City, State ________________________________ Phone Number ________________________________
Job Title __________________ Description of Duties ____________________________
Salary __________________ Supervisor __________________ Reason for Leaving ________________________________

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**WORK EXPERIENCE - CONTINUED**

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<th>To (Month/Year)</th>
<th>Employer Name</th>
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<td>Salary</td>
<td>Supervisor</td>
<td>Reason for Leaving</td>
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<td>Salary</td>
<td>Supervisor</td>
<td>Reason for Leaving</td>
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Were you discharged, asked to resign, furloughed, put on inactive status, or subjected to disciplinary action while with this company? If yes, please explain circumstances.

Did you resign/quit after being informed your employer intended to discharge you for any reason? If yes, please explain the circumstances.
EDUCATION/SKILLS

Highest grade completed - ________________

List all high schools attended. If you have a GED, give number, location, and date. Attach copy of diploma or GED.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Complete Address</th>
<th>Dates Attended From</th>
<th>To</th>
<th>Graduated No</th>
<th>Yes</th>
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List all colleges or universities attended. Attach a copy of transcript for each.

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<tr>
<th>Name and Location</th>
<th>Dates Attended From</th>
<th>Major</th>
<th>Type of</th>
<th>Year Received</th>
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Special Qualifications: List relevant skills, training, college courses, and special schools (trade, vocational, business or military).

Foreign Language: List all foreign languages and your level of ability for each.

<table>
<thead>
<tr>
<th>Language</th>
<th>Reading Fluent</th>
<th>Fair</th>
<th>Speaking Fluent</th>
<th>Fair</th>
<th>Understanding Fluent</th>
<th>Fair</th>
<th>Writing Fluent</th>
<th>Fair</th>
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Are you a Colorado Certified Peace Officer: Yes ____ No ____ Certificate/PID ________________ Date ________________

Name and location of Academy:

Are you a State Certified Peace Officer in any other state? Yes ____ No ____ State ________________ Date ________________

Are you eligible to become Colorado POST certified: Yes _______ No _______

List current Colorado POST essential standards and last date qualified:

____________________________________________________________________________________________________________________________________________________________________________________________________________

[5]
MILITARY SERVICE

Please attach a copy of your DD Form 214 if available

Have you served in the US Armed Forces - Yes _____ No _____

Are you a member of the US Reserve or National Guard - Yes ____ No _____

Branch of Service _________________________________________________________

Were you ever subjected to a court-martial or any form of non-judicial discipline such as an Article 15? Yes ____ No _____

If yes, provide further information _______________________________________________________________

VOLUNTEER SERVICE

List all volunteer or community service

From (Month/Year) ___________ To (Month/Year) ___________ Employer Name ____________________________________________

Address, City, State __________________________________________________________________________ Phone Number ______________________________________________________________________

Job Title ___________ Description of Duties _____________________________________________________________

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes _____ No _____

If yes, provide an explanation:

______________________________________________________________________________________________

From (Month/Year) ___________ To (Month/Year) ___________ Employer Name ____________________________________________

Address, City, State __________________________________________________________________________ Phone Number ______________________________________________________________________

Job Title ___________ Description of Duties _____________________________________________________________

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes _____ No _____

If yes, provide an explanation:

______________________________________________________________________________________________

From (Month/Year) ___________ To (Month/Year) ___________ Employer Name ____________________________________________

Address, City, State __________________________________________________________________________ Phone Number ______________________________________________________________________

Job Title ___________ Description of Duties _____________________________________________________________

Were you ever discharged, asked to resign, or subjected to disciplinary action: Yes _____ No _____

If yes, provide an explanation:

______________________________________________________________________________________________
VEHICLE OPERATOR'S LICENSE INFORMATION

Provide the following information concerning your vehicle operator's license(s)

<table>
<thead>
<tr>
<th>State of Issue</th>
<th>Class of License</th>
<th>License Number</th>
<th>Date of Issue</th>
<th>Date of Expiration</th>
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Have you ever been denied auto insurance, or have you ever had a license suspended or revoked? Yes____ No _____
If yes, provide explanation:

______________________________________________________________________________________________

VEHICLE OPERATOR'S LICENSE INFORMATION - CONTINUED

Briefly describe any traffic accidents in which you were involved, giving approximate dates and locations (use a separate sheet of paper if needed):

______________________________________________________________________________________________

TRAFFIC AND CRIMINAL OFFENSE INFORMATION

Complete the following for each occurrence that you received a summons, ticket or infraction notice, that you were arrested and/or detained by law enforcement. Include all traffic citations and offenses, criminal offenses, and military disciplinary actions regardless of punishment. List occurrences both as an adult and as a juvenile. Use a separate sheet of paper of necessary.

Date __________________________ Police/Military Agency ____________________________
Location __________________________________________ Offense/Charge ______________________
Description __________________________________________________________________________

Date __________________________ Police/Military Agency ____________________________
Location __________________________________________ Offense/Charge ______________________
Description __________________________________________________________________________

Date __________________________ Police/Military Agency ____________________________
Location __________________________________________ Offense/Charge ______________________
Description __________________________________________________________________________

Have you ever been convicted of any crime that by its nature could be considered domestic violence? Yes____ No _____

Have you ever plead guilty to any offense of which the basis of the original charge involved domestic violence? Yes _____ No ______

Are you now or have you ever been subject to a court issued restraining order? Yes _____ No ______

If yes to any of the above, please provide an explanation below:

______________________________________________________________________________________________
AFFILIATIONS

Are you now or have you ever been a member or associate of a subversive or terrorist organization, association, movement or group which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the acts of force or violence, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes _____  No _____

If you answered yes, please explain fully your affiliations:

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Are you now or have you ever been a member or associate of any group referred to as a Militia?  Yes _____  No _____  If you answered yes, list:

_____________________________________________________________________________________________________

Have you ever taken a polygraph exam or Voice Stress Analysis?  Yes _____  No _____

Do you have any objections to taking a polygraph or Voice Stress Analysis?  Yes _____  No _____

Have you ever been a subject of a criminal investigation, charged with, arrested for, or convicted of any alcohol related driving offense (felony or misdemeanor)?  Yes _____  No _____

If Yes, Date: ____________________________________________ Location: ____________________________________________
Reason: _____________________________________________________________

List any and all misdemeanor and felony crimes that you have been charged with or convicted of, including deferred judgments, deferred prosecutions and plea agreements. Include the date, specific violation, location, and investigating agency.

<table>
<thead>
<tr>
<th>DATE</th>
<th>VIOLATION</th>
<th>LOCATION</th>
<th>AGENCY</th>
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DRUG OR NARCOTIC USE

( to include marijuana and prescription medication ):

List all drugs or narcotics used within the last five years:

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

Have you ever applied for and/or received a Medical Marijuana Card?  Yes _____  No _____

If Yes, when and reason:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever filed for bankruptcy?  Yes _____  No _____  If yes, please provide an explanation below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
LITIGATION INFORMATION

Have you ever been the plaintiff of or named in civil litigation, or received notice of claim or intent to be sued? Include any lawsuits or civil rights complaints against you while employed as a member of another policy agency? Yes _____ No _____

If you answered Yes, please explain fully below:
__________________________________________________________________________________________________________________________________________________________________________________________________________________________

Do you have any active applications on file with any other law enforcement agency? Yes _____ No _____ If yes, list below:
Date of Application Agency Address
__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Have you ever been denied employment by any other law enforcement agency? Yes _____ No _____ If yes, please list agency and reason:
__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

List any friends, relatives or acquaintances employed by the County of Montezuma and their relationship to you:
__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

PERSONAL REFERENCES:
List name, address and phone number of three (3) people who know you on either a personal or professional level. Do not use relatives, former employers, or supervisors.

NAME: __________________________ PHONE: __________________________
ADDRESS: __________________________

NAME: __________________________ PHONE: __________________________
ADDRESS: __________________________

NAME: __________________________ PHONE: __________________________
ADDRESS: __________________________

NAME: __________________________ PHONE: __________________________
ADDRESS: __________________________
Why are you seeking employment with the Montezuma County Sheriff's Office and why do you feel qualified for the positions for which you have applied?
An Equal Opportunity Employer
We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Please read each statement carefully before signing.

I affirm, under penalty of perjury, that all the information in this employment application is true and correct. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date. (Your Initials ______________)

I understand that the authorized release of information must be completed by me with my signature, notarized, and submitted with this application for employment before I may be considered. (Your Initials ______________)

I understand that if I am extended an offer of employment, it may be conditional upon my successfully passing a pre-employment background investigation, polygraph examination, physical examination, psychological examination (if applicable for the position) and drug screening. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. (Your Initials ______________)

I have read, understand, and by my signature, consent to these statements.

Signature _______________________________________________________________________

Date ____________________________________________________________________________

DO NOT WRITE BELOW THIS LINE

Date Received ______________________

APPROVAL / DISAPPROVAL

Sheriff ____________________________

Undersheriff ________________________

Other _____________________________
Montezuma County Sheriff's Office
730 East Driscoll Street
Cortez, Colorado 81321
Phone 970-565-8452    Fax 970-565-3731

AUTHORIZATION FOR RELEASE OF INFORMATION

CONCERNING THE APPLICATION OF ____________________________________________ (Applicant - print name)

As an applicant for employment with the Montezuma County Sheriff's Office, I am required to furnish the Montezuma County Sheriff, information concerning my moral, ethical, physical, educational, mental, medical, and financial qualifications.

With this in mind, I hereby authorize any agent(s) of the Montezuma County Sheriff's Office to investigate and receive any and all information about me. I do hereby authorize a review and complete disclosure of all records, or any part thereof concerning myself, whether said records are of public, private, or confidential nature. It is my specific intent to authorize full and complete access to records about my past history no matter how personal or confidential it may appear to be.

I consent and encourage your release of any and all public and private information that you may have concerning me, my character, my work record, my background and reputation, my military service records if any, my educational records and transcripts, my full financial disclosure and status, my criminal history if any, any records concerning my arrest or detention, any complaints or grievances filed against me, any work evaluations, the records or recollections of attorneys at law or any other counsel, my attendance records, any prior polygraph examinations, psychological examinations, medical examinations, and any internal affairs investigations to include discipline received, and any file or records which are deemed to be confidential and/or sealed.

I do hereby release all persons individually, any Federal, State, or Local government agency, any corporation, company, group, partnership, or whoever from any and all liability and damages from releasing any and all information requested to Montezuma County Sheriff's Office or his agent(s). I give express consent for you to release this information regardless of any agreement I may have made with you previously to the contrary. The Montezuma County Sheriff's Office will discontinue processing of my application if you refuse to disclose the information requested.

I understand that I have rights, guaranteed by law, to privacy with regards to the disclosure of records or information concerning me and I voluntarily, knowingly, and willingly waive those rights with the understanding that information furnished will be used by the Montezuma County Sheriff's Office in conjunction with future employment procedures.

I agree that any information provided by me, by others concerning me, or discovered during any background investigation concerning this application, is the sole property of the Montezuma County Sheriff's Office. Further, that it will not be released to anyone including me, except at the discretion of the Montezuma County Sheriff. I further understand that it is my responsibility to provide any records and information requested and that my failure to do so will result in my application for future employment to no longer be processed and that I will no longer be considered for future employment with the Montezuma County Sheriff's Office.

I agree to indemnify and hold harmless any person to whom this request is presented, his agents and employees, from any and all claims, damages, losses, and expenses, including attorney's fees, arising out of or by reason of complying with this request.
A photocopy or FAX copy of this release form will be valid as an original thereof, even though said photocopy or FAX copy does not contain an original writing of my signature.

I understand and agree that my signature below must be witnessed by a Notary Public and that, if I submit this release to the Montezuma County Sheriff's Office without the proper notary signature and seal, I will no longer be considered for future employment with the Montezuma County Sheriff's Office.

I understand this Authorization to Release Information and Waiver of Liability expires one (1) year from the date displayed with my notarized signature below.

__________________________________________  ____________________________  ____________________________
Applicant Signature                        Date of Birth                          Social Security Number

__________________________________________
Applicant Complete Address

__________________________________________
Home Phone Number

AUTHORIZATION MUST BE NOTARIZED

Subscribed and sworn to me this day ___of _______________________, __________.

By: ________________________________

__________________________________________
Notary Public

My Commission Expires: _____/_____/_____

State of ________________________________

County of ________________________________     [SEAL]