



# Montezuma County Sheriff's Office

Steven D. Nowlin – Sheriff

730 East Driscoll  
Cortez, Colorado 81321

Telephone 970/565-8452  
Fax 970/565-3731  
[www.montezumasheriff.org](http://www.montezumasheriff.org)

## 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<br>Office positions - Minimum age -18                           |
| Education:        | High School Graduate or G.E.D.<br>P.O.S.T. Certification for certified positions<br>(Unless exempted by the Sheriff) |
| Physical Fitness: | Certified Deputies and Detentions – Pass office<br>physical assessment   |
| Eyesight:         | 20/20 Corrected  |
| Citizenship:      | Must be eligible to work in the U.S. and able to communicate<br>effectively in written and spoken English            |
| Drivers License:  | Certified Deputies and Detentions – Must have a valid<br>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.

**MONTEZUMA COUNTY SHERIFF'S OFFICE**  
**APPLICATION and RELEASE AUTHORIZATION**

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" on page 12. 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:

- |                                      |     |    |   |     |    |
|--------------------------------------|-----|----|---|-----|----|
| a. Shift Work (Other than 8am - 5pm) | Yes | No | c. Rotating Shifts/Alternating Shifts       | Yes | No |
| b. Overtime/Work Holidays            | Yes | No | d. Work Schedules including Saturday/Sunday | Yes | No |

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)

From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
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Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number
From (Month/Year)	To (Month/Year)	Landlord Name
Address		Landlord Phone Number

### 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 \_\_\_\_\_

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Address, City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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

circumstances.

### WORK EXPERIENCE - CONTINUED

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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From (Month/Year) \_\_\_\_\_ To (Month/Year) \_\_\_\_\_ Employer Name \_\_\_\_\_

Address, City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Address, City, State \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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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 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.

Name of School	Complete Address	Dates Attended		Graduated	
		From	To	No	Yes

List all colleges or universities attended. Attach a copy of transcript for each.

Name and Location	Dates Attended		Major	Type of	Year Received
	From	To			

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.

Language	Reading			Speaking			Understanding			Writing		
	Fluent	Fair		Fluent	Fair		Fluent	Fair		Fluent	Fair	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

**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 \_\_\_\_\_

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**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:

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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:

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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)

State of Issue                      Class of License                      License Number                      Date of Issue                      Date of Expiration

\_\_\_\_\_

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:

**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:

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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:

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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: \_\_\_\_\_

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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.

DATE	VIOLATION	LOCATION	AGENCY

**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:

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**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:

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

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

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**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: \_\_\_\_\_



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 \_\_\_\_\_

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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 detainment, 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]