



Bossier Parish Sheriff's Office

Post Office Box 850
Benton, Louisiana 71006-0850

Application for Employment Instructional Information Sheet

This sheet has been prepared as an aid in executing the application for employment with the Bossier Parish Sheriff's Office. If there are questions that are not applicable to you, please indicate this fact with the notation "N/A" in the appropriate space. Do not leave any areas blank.

If additional space is needed for any section or question, or if you wish to provide additional information, attach page(s) of the same size to this application and indicate which question you are answering.

The application must be clear and legible. This application should be typed or printed in black ink. Attach to page one, either a black-and-white or color photograph of yourself only.

Please understand that it may be several weeks before a final decision is made regarding your employment, during which time a full background investigation will be performed.

Common Areas of Omission

Please be sure to include maiden names, middle names, addresses, dates, *etc.* If you are unable to furnish complete information, give sufficient explanation. An incomplete application will delay a decision on your employment. Please note that willfully withholding information or making false statements on this application will be basis for rejection by, or dismissal from, the Bossier Parish Sheriff's Office.

Documents

You will need to furnish the following documents or copies with your application if applicable:

- High school diploma or equivalent
- Birth certificate – true and correct copy
- Military discharge papers – DD-214
- College diploma
- Driver's license (photocopy)
- Other certifications – P.O.S.T., specialized training, etc.
- Social Security card

When you have completed the application in full, sign and return the application by mail to:

Bossier Parish Sheriff's Office
P.O. Box 850
Benton, LA 71006-0850

Or in person at:

Bossier Parish Sheriff's Office
204 Burt Blvd
Benton, LA 71006

All applicants will be given careful, fair, and equal consideration. You will be notified if and when an interview with the Sheriff, or his representative, is required.



Julian C. Whittington
Sheriff

Bossier Parish Sheriff's Office

P.O. Box 850 • Benton, Louisiana 71006-0850
Telephone (318) 965-2203

Application for Employment

This application must be typed or
neatly printed in black ink.

Attach
Photo
Here

DATE OF APPLICATION _____

POSITION APPLYING FOR		
<input type="checkbox"/> PATROL	<input type="checkbox"/> CORRECTIONS	<input type="checkbox"/> COMMUNICATIONS
<input type="checkbox"/> RESERVE DUTY	<input type="checkbox"/> CLERICAL	<input type="checkbox"/> OTHER _____

I. PERSONAL DATA

NAME	SEX	HEIGHT	WEIGHT	HAIR COLOR
MAIDEN NAME	DATE OF BIRTH		AGE	EYE COLOR
PLACE OF BIRTH <small>(CITY / STATE)</small>	SOC. SEC. NO.		DRIVER'S LICENSE NO / STATE	
PHYSICAL ADDRESS <small>(STREET / CITY / STATE / ZIP)</small>				
MAILING ADDRESS <small>(IF NOT THE SAME AS ABOVE)</small>				
HOME TELEPHONE NO.			OTHER TELEPHONE NO.	
NICKNAME(S)			ALIASES	

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NATURALIZED, ATTACH A COPY OF CERTIFICATE

LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS:

FROM	DATES	TO	STREET ADDRESS	CITY	STATE
MONTH/YR	MONTH/YR	MONTH/YR			

HAVE YOU EVER RESIDED OUTSIDE OF THE STATE OF LOUISIANA OR OF THE UNITED STATES? YES NO
IF "YES" GIVE LOCATION(S) AND DATE(S).

II. MARITAL STATUS

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED ENGAGED
 IF ENGAGED, PROVIDE INFORMATION ABOUT PROSPECTIVE SPOUSE UNDER SPOUSE CATEGORIES

SPOUSE'S FULL NAME (FIRST / MIDDLE / NAME)	SPOUSE'S MAIDEN NAME	NO. YEARS MARRIED
SPOUSE'S SOC. SEC. NO.	OCCUPATION OF SPOUSE	
SPOUSE'S DATE OF BIRTH	PLACE OF EMPLOYMENT	
BUSINESS TELEPHONE NO.	HOW LONG EMPLOYED	

NO. OF DEPENDENTS	LIST NAME(S) OF DEPENDENT(S) AND / OR CHILDREN BELOW:
NAME	DATE OF BIRTH
ADDRESS	RELATIONSHIP
NAME	DATE OF BIRTH
ADDRESS	RELATIONSHIP
NAME	DATE OF BIRTH
ADDRESS	RELATIONSHIP
NAME	DATE OF BIRTH
ADDRESS	RELATIONSHIP

LIST NAME(S), ADDRESS(ES), DATE(S) OF BIRTH, AND RELATIONSHIP OF ANY OTHER PERSON(S) RESIDING IN YOUR RESIDENCE, PRESENTLY OR WITHIN THE LAST YEAR, OTHER THAN THOSE LISTED ABOVE, WHETHER A RELATIVE OR NOT.

HAVE YOU BEEN MARRIED PREVIOUSLY? YES NO IF "YES," LIST CURRENT AND MAIDEN NAME(S) OF PREVIOUS SPOUSE(S) AS WELL AS DATE(S) AND LOCATION(S) OF PREVIOUS MARRIAGE(S)

III. RELATIVES

FATHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
MOTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S FATHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S MOTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE

III. RELATIVES (CONTINUED)

SPOUSE'S BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S BROTHER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
SPOUSE'S SISTER'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
STEPCHILD'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
STEPCHILD'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
STEPCHILD'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE
STEPCHILD'S NAME	DATE OF BIRTH	OCCUPATION
ADDRESS		PHONE

IV. FINANCIAL INFORMATION

HAVE YOU EVER HAD YOUR WAGES GARNISHED? YES NO IF "YES," EXPLAIN:

HAS (HAVE) THERE EVER BEEN ANY CIVIL JUDGEMENT(S) AGAINST YOU? YES NO IF "YES," EXPLAIN:

HAVE YOU EVER FILED BANKRUPTCY? YES NO IF "YES," EXPLAIN:

V. LEGAL INFORMATION

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION? YES NO IF "YES," GIVE DATE, PLACE, COURT, NAME OF PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION.

ARE YOU CURRENTLY PAYING ALIMONY AND/OR CHILD SUPPORT? YES NO IF "YES," EXPLAIN IN FULL, STATING WHETHER OR NOT YOU ARE PAYING BOTH ALIMONY AND CHILD SUPPORT, OR JUST ONE OF THE TWO. ALSO, INCLUDE YOUR MONTHLY PAYMENTS.

IF THE ANSWER TO THE ABOVE IS "YES," PLEASE STATE WHETHER OR NOT YOU ARE DELINQUENT IN ANY OF THESE PAYMENTS. YES NO IF DELINQUENT, STATE HOW MANY MONTHS DELINQUENT, TOTAL AMOUNT PAST DUE, AND REASON FOR DELINQUENCY.

VI. EDUCATIONAL BACKGROUND

HIGH SCHOOL:

DID YOU GRADUATE? YES NO IF "YES," LIST DATE OF GRADUATION AND SCHOOL:

NAME OF SCHOOL, CITY/STATE	DATE: FROM / TO
NAME OF SCHOOL, CITY/STATE	DATE: FROM / TO

COLLEGE AND/OR UNIVERSITY:

NAME OF INSTITUTION, CITY/STATE	DATE: FROM / TO
NAME OF INSTITUTION, CITY/STATE	DATE: FROM / TO
NAME OF INSTITUTION, CITY/STATE	DATE: FROM / TO

DID YOU GRADUATE? YES NO IF "YES," LIST DEGREE OBTAINED. IF "NO," LIST FIELD OF STUDY:

OTHER (INCLUDING G.E.D. CERTIFICATE, PROFESSIONAL TRAINING SCHOOLS AND SEMINARS) SPECIFY LENGTH OF TRAINING.

NAME	DATE: FROM / TO
NAME	DATE: FROM / TO
NAME	DATE: FROM / TO
NAME	DATE: FROM / TO

SOCIAL, FRATERNAL, AND CIVIC ORGANIZATIONS OF WHICH YOU ARE A MEMBER OR HAVE BEEN A MEMBER WITHIN THE LAST TEN YEARS.

WERE YOU EVER SUSPENDED, EXPELLED, OR ASKED TO WITHDRAW FROM ANY EDUCATIONAL INSTITUTION? YES NO
IF "YES," EXPLAIN:

LIST ANY FOREIGN LANGUAGES YOU SPEAK, READ, OR UNDERSTAND AND INDICATE PROFICIENCY.

LIST OFFICE AND OTHER EQUIPMENT OR MACHINERY YOU CAN OPERATE AND PROFICIENCY OF SAME.

VII. MILITARY HISTORY

BRANCH OF SERVICE		DATE: FROM / TO
TYPE OF DISCHARGE, IF OTHER THAN HONORABLE, EXPLAIN:		
SERVICE NUMBER	HIGHEST RANK ATTAINED	
LIST RESERVE OR NATIONAL GUARD STATUS		
WHILE IN THE ARMED SERVICES, WERE YOU SUBJECT TO ANY DISCIPLINARY ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN:		
LIST SPECIFIC MILITARY JOBS AND LENGTH OF TIME IN EACH:		
ARE YOU PRESENTLY REGISTERED FOR SELECTIVE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," WHERE:		
HAVE YOU EVER BEEN REJECTED FOR ENLISTMENT, REENLISTMENT, OR INDUCTION INTO ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN AND GIVE BRANCH OF SERVICE AND DATE(S).		

VIII. EMPLOYMENT HISTORY

BEGINNING WITH YOUR PRESENT EMPLOYER, LIST IN REVERSE CHRONOLOGICAL ORDER; EXCLUDE NONE.

COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	JOB DUTIES / TITLE
REASON FOR LEAVING		
WILL INQUIRIES TO YOUR PRESENT EMPLOYER ENDANGER YOUR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	JOB DUTIES / TITLE
REASON FOR LEAVING		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	JOB DUTIES / TITLE
REASON FOR LEAVING		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	JOB DUTIES / TITLE
REASON FOR LEAVING		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	JOB DUTIES / TITLE
REASON FOR LEAVING		

VIII. EMPLOYMENT HISTORY (CONTINUED)

COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	ZIP CODE
JOB DUTIES / TITLE		
REASON FOR LEAVING		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	ZIP CODE
JOB DUTIES / TITLE		
REASON FOR LEAVING		
COMPANY NAME		DATE: FROM / TO
ADDRESS		SALARY PER MO.
TELEPHONE NO.	SUPERVISOR'S NAME	ZIP CODE
JOB DUTIES / TITLE		
REASON FOR LEAVING		
IF YOU HAVE HAD EMPLOYMENT OTHER THAN WHAT YOU LISTED IN THE PROVIDED SPACES, LIST ON AN ADDITIONAL PAGE. <input type="checkbox"/> ADDITIONAL INFORMATION REGARDING EMPLOYMENT ATTACHED.		
EXPLAIN ANY LAPSE OF TIME BETWEEN EMPLOYMENT:		
LIST ANY COMPANY(IES) OR BUSINESS(ES) YOU PRESENTLY OWN OR IN WHICH YOU HOLD A FINANCIAL INTEREST:		
WERE YOU EVER SUBJECT TO ANY DISCIPLINARY ACTION OR PROCEEDINGS IN CONNECTION WITH ANY EMPLOYMENT?		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN:		
HAVE YOU EVER BEEN DISMISSED FROM ANY EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," EXPLAIN:		

IX. LAW ENFORCEMENT EMPLOYMENT

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH A LAW ENFORCEMENT ORGANIZATION IN THE PAST?

YES NO IF "YES," FOR WHAT POSITION DID YOU APPLY?

WHICH AGENCY?

REASON NOT EMPLOYED (IF APPLICABLE)

WHEN WAS THE APPLICATION FILED?

ARE YOU LOUISIANA P.O.S.T. CERTIFIED? YES NO IF "YES," LIST LOCATION OF TESTING.

IF YOU HAVE PRIOR LAW ENFORCEMENT EXPERIENCE – LIST ASSIGNMENTS – ANY SCHOOLS AND / OR TRAINING – OR SOCIAL SKILLS

X. ARREST(S) AND SUMMONS(ES)

HAVE YOU EVER BEEN ARRESTED OR RECEIVED A SUMMONS BY ANY LAW ENFORCEMENT AGENCY? YES NO

IF "YES," COMPLETE THE FOLLOWING, INCLUDING CHARGES REFUSED, NOLLE PROSEQUI, DISMISSED

CONVICTION(S), AND FINES PAID

MO/YEAR	CHARGE/VIOLATION	CITY/STATE	DISPOSITION

COMMENTS, IF DESIRED, ON FACTS PERTAINING TO ARREST AND/OR CONVICTIONS.

HAVE YOU RECEIVED ANY TRAFFIC CITATIONS IN THE PAST FIVE (5) YEARS? YES NO

MO/YEAR	CHARGE/VIOLATION	CITY/STATE	DISPOSITION

X. ARREST(S) AND SUMMONS(ES) (CONTINUED)

LIST ANY MEMBER(S) OF YOUR FAMILY THAT HAS (HAVE) BEEN ARRESTED. FAMILY SHALL BE CONSIDERED PARENTS, SIBLINGS, STEP-SIBLINGS, SPOUSES, CHILDREN & THEIR SPOUSES, OR ANY OTHER RELATIVE RESIDING WITH YOU.

MO/YEAR	RELATIONSHIP	DOB	CITY/STATE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CITY/STATE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CITY/STATE	DISPOSITION
MO/YEAR	RELATIONSHIP	DOB	CITY/STATE	DISPOSITION

XI. BOSSIER REFERENCES

GIVE NAME(S) OF ANY RELATIVES THAT ARE EMPLOYED BY THE BOSSIER PARISH SHERIFF'S OFFICE.

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

XII. PERSONAL REFERENCES

GIVE NAME(S) OF PERSONAL REFERENCE(S), NOT RELATIVES.

NAME	ADDRESS	
OCCUPATION	TELEPHONE NO.	YEARS KNOWN
NAME	ADDRESS	
OCCUPATION	TELEPHONE NO.	YEARS KNOWN
NAME	ADDRESS	
OCCUPATION	TELEPHONE NO.	YEARS KNOWN

XIII. DRIVER'S LICENSE AND VEHICLE INFORMATION

HAS YOUR DRIVER'S LICENSE EVER BEEN DENIED, SUSPENDED, OR REVOKED?

YES NO IF "YES," EXPLAIN:

DRIVER'S LICENSE NUMBER/STATE

XIII. DRIVER'S LICENSE AND VEHICLE INFORMATION (CONTINUED)

DO YOU OWN A MOTOR VEHICLE? YES NO IF "YES," COMPLETE THE FOLLOWING INFORMATION:

REGISTERED OWNER'S NAME

ADDRESS OF OWNER

YEAR	MAKE OF VEHICLE	VEHICLE MODEL	LICENSE NO./YEAR	STATE
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ADDRESS OF OWNER

REGISTERED OWNER'S NAME

YEAR	MAKE OF VEHICLE	VEHICLE MODEL	LICENSE NO./YEAR	STATE
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XIV. MISCELLANEOUS INFORMATION

ARE YOU PREJUDICED TOWARD ANY PARTICULAR RACE, COLOR, CREED OR ORGANIZATION? YES NO

IF "YES," EXPLAIN:

HAVE YOU EVER BRIBED OR ATTEMPTED TO BRIBE A LAW ENFORCEMENT OFFICER? YES NO IF "YES," EXPLAIN:

HAVE YOU EVER ACCEPTED A BRIBE? YES NO IF "YES," EXPLAIN:

HAVE YOU EVER COMMITTED PERJURY? YES NO IF "YES," EXPLAIN:

HAVE YOU EVER COMMITTED A CRIME FOR WHICH YOU WERE NEVER ARRESTED? YES NO

IF "YES," EXPLAIN:

XIV. MISCELLANEOUS INFORMATION (CONTINUED)

HAVE YOU BEEN TRUTHFUL IN ALL THE INFORMATION YOU HAVE PROVIDED IN THIS APPLICATION? YES NO

DO YOU UNDERSTAND THAT YOU ARE REQUIRED TO SUBMIT TO A POLYGRAPH EXAMINATION PRIOR TO AND DURING EMPLOYMENT WITH THE BOSSIER SHERIFF'S OFFICE? YES

DO YOU UNDERSTAND THAT YOU ARE REQUIRED TO SUBMIT A DNA SAMPLE AS REQUIRED BY LOUISIANA LAW, WHICH MAY BE USED FOR ANY PURPOSE AUTHORIZED BY LAW AND WHICH MAY BE KEPT ON FILE WITH THE BOSSIER SHERIFF'S OFFICE? YES

DID YOU EVER TRY, USE, OR SMOKE MARIJUANA OR ANY OTHER ILLEGAL DRUG? YES NO
IF "YES," EXPLAIN AND INDICATE DATE OF LAST USE:

HAVE YOU EVER BEEN INVOLVED IN THE USE, PURCHASE, POSSESSION, DISTRIBUTION OR SALE OF CONTROLLED DANGEROUS SUBSTANCES EXCEPT AS PRESCRIBED BY A LICENSED PHYSICIAN? YES NO IF "YES," EXPLAIN:

HAVE YOU EVER BEEN ASKED TO RESIGN FROM A JOB? YES NO IF "YES," EXPLAIN:

IS THERE ANYTHING IN YOUR PERSONAL LIFE THAT COULD EMBARRASS THE BOSSIER PARISH SHERIFF'S OFFICE?
 YES NO IF "YES," EXPLAIN:

DO YOU UNDERSTAND THAT YOU MAY BE REQUIRED TO SUBMIT TO DRUG TESTING PRIOR TO AND DURING EMPLOYMENT WITH THE BOSSIER PARISH SHERIFF'S OFFICE? YES

XIV. MISCELLANEOUS INFORMATION (CONTINUED)

EARLIEST DATE AVAILABLE FOR EMPLOYMENT:

As indicated by my initials below, I understand and agree that if I leave the department during the course of my P.O.S.T. training or within two (2) years of completion of my P.O.S.T. training, I will be required to reimburse the department for the cost of my P.O.S.T. training as defined in the "Acknowledgment of Indebtedness and Agreement to Repay," which I agree to enter prior to commencing my employment.

_____ Initials

XVI. ACKNOWLEDGEMENT

Purpose

The principal purpose of the employment application form is to collect information needed to determine qualifications, suitability, and availability of applicants for employment with the Bossier Parish Sheriff's Office. Your completed application may be used to examine, rate, and/or assess your qualifications; and to contact you concerning availability and/or for an interview. All or part of your Bossier Parish Sheriff's Office application form may be disclosed outside the department to the following:

- 1) Federal, State and Local agencies if you express an interest in and availability for such employment consideration.
- 2) Appropriate Federal, State and Local law enforcement agencies charged with the responsibility of investigating a violation or potential violation of the law.

Authority

The Sheriff and/or his designee exercise(s) authority to take final action in matters pertaining to employment, direction, and general administration of personnel in the Bossier Parish Sheriff's Office.

Oath

I understand that, law enforcement involves shift work including 12-hour shifts; in view of which, I must be completely available for such assignments as the need might arise. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for rejection by, or dismissal from, the Bossier Parish Sheriff's Office. I agree to these conditions, and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

You are hereby authorized to make any investigations of my personal and financial records through any investigative agency or bureau of your choice. In making this application for employment, I understand that an investigative report may be made, whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. I understand that if I am a successful candidate for employment, I will be required to take a physical examination. I further understand that any appointment issued to me by the Bossier Parish Sheriff's Office may be revoked at any time, with or without cause, by the Sheriff.

I ACKNOWLEDGE THAT I AM APPLYING FOR A POSITION OF PUBLIC SERVICE AND TRUST AND THEREFORE MANY OF THE EXPECTATIONS OF PRIVACY ENJOYED BY ORDINARY CITIZENS IN PRIVATE EMPLOYMENT MAY NOT BE APPROPRIATE FOR THIS JOB, AND I KNOWINGLY WAIVE THESE RIGHTS TO PRIVACY IN ORDER TO APPLY FOR THIS POSITION. YES

WAIVER OF MEDICAL PRIVACY:
I AUTHORIZE THE DEPARTMENT TO REQUEST MEDICAL RECORDS FROM ANY HEALTH CARE PROVIDER IN CONNECTION WITH THE APPLICATION OR EMPLOYMENT. YES

PRINT FULL NAME

SIGNATURE OF APPLICANT (APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING)

DATE

