

NOTE: ANSWER QUESTIONS IN YOUR OWN HANDWRITING  
 CONFIDENTIAL  
 SUPPLEMENTAL EMPLOYMENT INFORMATION  
 CARROLL COUNTY SHERIFF'S OFFICE

DATE OF APPLICATION	POSITION APPLIED FOR:
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INSTRUCTIONS:

FILL OUT THIS QUESTIONNAIRE COMPLETELY AND ACCURATELY. ALL STATEMENTS IN YOUR QUESTIONNAIRE IS SUBJECT TO VERIFICATION. INCORRECT STATEMENTS MAY BAR YOU FROM EMPLOYMENT. IF SPACE PROVIDED IS INADEQUATE, ADD ADDITIONAL PAGES AND IDENTIFY INFORMATION BY NAME. DO NOT MISSTATE OR OMIT MATERIAL FACT SINCE THE STATEMENTS MADE ARE SUBJECT TO VERIFICATION. COMPLETE ALL SPACES PROVIDED.

LAST NAME:	FIRST NAME:	MIDDLE NAME:	MALE	FEMALE
ALIAS [ES]	NICKNAME [S]	MAIDEN NAME:	OTHER CHANGES IN NAME [indicate which]	
PRESENT ADDRESS [ STREET, CITY, STATE, ZIP CODE ]				
TELEPHONE NUMBER	RACE		SOCIAL SECURITY NUMBER	
DATE OF BIRTH	AGE		PLACE OF BIRTH [City, County, State ]	

ATTACH A PHOTOSTAT COPY OF BIRTH CERTIFICATE AND RECENT PHOTOGRAPH

HEIGHT	WEIGHT	COLOR EYES	COLOR OF HAIR	SCARS, TATTOOS, PHYSICAL DEFECTS
ARE YOU A US CITIZEN: YES <input type="checkbox"/> NO <input type="checkbox"/>			DO YOU WEAR EYE GLASSES: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE VISION:	
PHYSICAL DEFECTS IF ANY:  CONDITION OF HEALTH:			HAVE YOU TAKEN A PHYSICAL EXAMINATION RECENTLY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF SO WHEN DR. NAME	
HAVE YOU HAD ANY SERIOUS MAJOR ILLNESS IN THE PAST 5 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> EXPLAIN:				

NATURALIZED CERTIFICATE #	IF DERIVED, PARENT CERTIFICATE #	DATE, PLACE AND COURT:
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1. MARRIAGE STATUS

SINGLE	MARRIED	ENGAGED	SEPARATED	DIVORCED	WIDOWED
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NAME OF FIANCE' [If Applicable]

INFORMATION CONCERNING MARRIAGES: [LIST ALL MARRIAGES]

DATE MARRIED	WHERE PERFORMED	SPOUSE'S NAME [MAIDEN]

NAME AND PRESENT ADDRESS OF SPOUSE [S] IF DIVORCED OR SEPARATED

NAME	ADDRESS	DATE OF BIRTH

IF EVER SEPARATED, ANNULLED, DIVORCED, INDICATE BELOW THE FLOWING INFORMATION

SEPARATED, ANNULLED, DIVORCED {State Which}	DATE OF ORDER OR DECREE	BY WHOM	WHERE ISSUED COURT & STATE	OFFENDING PARTY AS DECREEED BY LAW	REASON

II. CHILDREN AND DEPENDENTS:

LIST ALL OF YOUR CHILDREN, INCLUDING STEPCHILDREN AND ADOPTED ONES, AND GIVE THE FOLLOWING INFORMATION

NAME	BIRTH		RESIDENCE ADDRESS WITH WHOM	SUPPORTED BY
	DATE	PLACE		

III. OTHER DEPENDENTS:

IF YOU CLAIM INCOME TAX EXEMPTIONS FOR SUPPORT OF DEPENDENTS OTHER THAN SPOUSE AND CHILDREN, PROVIDE FOLLOWING INFORMATION

NAME	ADDRESS	RELATIONSHIP	PERCENT SUPPORT PROVIDED

IV. FAMILY HISTORY:

LIST YOUR PARENT, BROTHERS AND SISTERS:

	NAME	ADDRESS	DATE OF BIRTH
FATHER			
MOTHER			
BRO/SIS			
BRO/SIS			

V. MILITARY INFORMATION:

HAVE YOU SERVED IN THE US ARMED FORCES? YES ☐ NO ☐ IF YES, ATTACH A PHOTOSTAT COPY OF DISCHARGE OR SEPARATED PAPERS.

WHILE IN THE MILITARY SERVICE, WERE YOU EVER ARRESTED FOR ANY OFFENSE, A DEFENDANT IN ANY TRIAL, OR RECEIVED ANY DISCIPLINARY ACTION? YES ☐ NO ☐

IF YES, GIVE DATE, PLACE, LAW ENFORCEMENT AUTHORITY OR TYPE OF COURT OR COURT MARTIAL, CHARGE AND ACTION TAKEN FOR EACH INCIDENT, USING SEPARATE SHEETS TO RECORD THE INFORMATION, IF NECESSARY.

ARE YOU PRESENTLY A MEMBER OF THE US RESERVE, NATIONAL OR STATE GUARD ORGANIZATION? YES ☐ NO ☐

GRADE AND SERVICE #	HIGHEST GRADE	SERVICE AND COMPONENT	
ORGANIZATION AND STATE OR UNIT, AND LOCATION		ACTIVE	INACTIVE
		STANDBY	DISCHARGED
TYPE OF DISCHARGE:		REASON FOR DISCHARGE:	

ATTACH A COPY OF DD-214

VI. JOBS:

LIST ALL JOBS YOU HAVE HELD IN THE LAST TEN YEARS. PUT YOUR PRESENT OR MOST RECENT JOB FIRST. IF YOU NEED MORE SPACE ATTACH ADDITIONAL SHEETS.

DATE EMPLOYED _____ DATE SEPARATED _____			TITLE OF PRESENT OR LAST POSITION	
FULL TIME			STARTING SALARY _____	ENDING SALARY _____
YEAR	MONTHS		NAME AND TITLE OF SUPERVISOR _____	
			NUMBER OF EMPLOYEES SUPERVISED BY YOU _____	
PART TIME	YEAR	MONTHS	EMPLOYER: _____	
			ADDRESS: _____	
			DUTIES: _____	
If Part time numbers of hours you work per week _____			REASON FOR LEAVING _____	

DATE EMPLOYED _____ DATE SEPARATED _____			TITLE OF PRESENT OR LAST POSITION _____		
FULL TIME			YEAR	MONTHS	
PART TIME			YEAR	MONTHS	
If Part time numbers of hours you work per week _____			STARTING SALARY _____ ENDING SALARY _____ NAME AND TITLE OF SUPERVISOR _____ NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ EMPLOYER: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING _____		

DATE EMPLOYED _____ DATE SEPARATED _____			TITLE OF PRESENT OR LAST POSITION _____		
FULL TIME			YEAR	MONTHS	
PART TIME			YEAR	MONTHS	
If Part time numbers of hours you work per week _____			STARTING SALARY _____ ENDING SALARY _____ NAME AND TITLE OF SUPERVISOR _____ NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ EMPLOYER: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING _____		

DATE EMPLOYED _____ DATE SEPARATED _____			TITLE OF PRESENT OR LAST POSITION _____		
FULL TIME			YEAR	MONTHS	
PART TIME			YEAR	MONTHS	
If Part time numbers of hours you work per week _____			STARTING SALARY _____ ENDING SALARY _____ NAME AND TITLE OF SUPERVISOR _____ NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ EMPLOYER: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING _____		

DATE EMPLOYED _____ DATE SEPARATED _____			TITLE OF PRESENT OR LAST POSITION _____		
FULL TIME			YEAR	MONTHS	
PART TIME			YEAR	MONTHS	
If Part time numbers of hours you work per week _____			STARTING SALARY _____ ENDING SALARY _____ NAME AND TITLE OF SUPERVISOR _____ NUMBER OF EMPLOYEES SUPERVISED BY YOU _____ EMPLOYER: _____ ADDRESS: _____ DUTIES: _____ REASON FOR LEAVING _____		

YES	NO	1. HAVE YOU EVER BEEN UNABLE TO HOLD A JOB BECAUSE OF:
		A. INABILITY TO PERFORM CERTAIN PHYSICAL MOTIONS?
		B. INABILITY TO ASSUME CERTAIN PHYSICAL POSITIONS?
		C. OTHER MEDICAL REASONS?
		2. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH?
		3. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY MENTIONED?
		4. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER MEDICAL DISORDERS?
		5. HAVE YOU EVER BEEN FORCED TO LEAVE A JOB BECAUSE OF ANY ILLNESS OR INJURY RECEIVED EITHER ON OR OFF THE JOB?
		6. HAVE YOU EVER BEEN ABSENT MORE THAN 7 CONSECUTIVE DAYS FROM WORK, SCHOOL, MILITARY DUTIES SINCE 16 YEARS OF AGE DUE TO ILLNESS OR INJURY?
		7. HAVE YOU EVER FILED A CLAIM OR WORKMAN'S COMPENSATION?

VII. PAST RESIDENCES:

LIST ALL ADDRESSES FOR THE PAST 5 YEARS STARTING WITH PRESENT ADDRESS:

STREET, ADDRESS, CITY AND STATE	FROM MONTH-YEAR	TO MONTH-YEAR

IF MORE SPACE IS NECESSARY, ATTACH ADDITIONAL SHEETS



HAVE YOU EVER MADE ANY PREVIOUS APPLICATIONS FOR ANY POSITION WITH THE CARROLL COUNTY SHERIFF'S DEPARTMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN? \_\_\_\_\_

WHAT POSITION \_\_\_\_\_

IF NOT ACCEPTED, WHAT WAS THE REASON? \_\_\_\_\_

IF NOW EMPLOYED WHY DO YOU DESIRE TO CHANGE? \_\_\_\_\_

HAVE YOU EVERY APPLIED WITH ANY POLICE DEPARTMENT OTHER THAN THE CARROLL COUNTY SHERIFF'S OFFICE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN \_\_\_\_\_

WHERE \_\_\_\_\_

IF NOT ACCEPTED, WHAT WAS THE REASON? \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_

SPOUSE'S EMPLOYMENT ADDRESS \_\_\_\_\_

HAS YOUR SPOUSE PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE CARROLL COUNTY SHERIFF'S DEPARTMENT? YES ☐ NO ☐

IF YES, GIVE APPROXIMATE DATE AND REASON APPLICATION WAS NOT ACCEPTED. \_\_\_\_\_

LIST BELOW THREE REFERENCES {NOT FORMER EMPLOYERS OR RELATIVES}.

NAME	ADDRESS	PHONE NO	NAME OF EMPLOYER
{1}			
{2}			
{3}			

# VIII. SCHOOLS:

IMPORTANT: A COPY OF HIGH SCHOOL AND ANY COLLEGE TRANSCRIPT MUST BE SUBMITTED WITH THIS APPLICATION.

NAME OF SCHOOL	STREET ADDRESS CITY AND STATE	ATTENDED		DID YOU GRADUATE
		FROM	TO	
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE UNIVERSITY				

IF MORE SPACE IS NECESSARY, ATTACH ADDITIONAL SHEETS

WHAT SCHOOL SUBJECTS WERE MOST DIFFICULT FOR YOU? \_\_\_\_\_

WHAT SCHOOL SUBJECT DID YOU LIKE MOST? \_\_\_\_\_

WERE YOU EVER EXPELLED OR SUSPENDED FROM ANY SCHOOL? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES GIVE DETAILS BELOW: \_\_\_\_\_

DID YOU GRADUATE FROM HIGH SCHOOL OR PASS A HIGH SCHOOL EQUIVALENCY TEST?  
YES \_\_\_\_\_ NO \_\_\_\_\_

LIST COLLEGE DEGREES RECEIVED AND MAJOR FIELD FOR EACH: \_\_\_\_\_

IX. ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY.  
ANY FALSIFICATION OR MISSTATEMENTS OF FACT MAY BE SUFFICIENT TO DISQUALIFY YOU. [EXCLUDE TRAFFIC VIOLATIONS].

HAVE YOU EVER BEEN ARRESTED OR DETAINED BY THE POLICE? YES ☐ NO ☐  
IF YES, GIVE DETAILS BELOW.

CRIME CHARGED WITH \_\_\_\_\_ POLICE AGENCY \_\_\_\_\_

DATE: \_\_\_\_\_ DISPOSITION OF CASE \_\_\_\_\_

CRIME CHARGED WITH \_\_\_\_\_ POLICE AGENCY \_\_\_\_\_

DATE: \_\_\_\_\_ DISPOSITION OF CASE \_\_\_\_\_

HAVE YOU EVER BEEN PLACED ON PROBATION? YES ☐ NO ☐  
IF YES, GIVE DETAILS BELOW, INCLUDING COURT AND PROBATION OFFICER.

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

HAVE YOU EVER BEEN REQUIRED TO PAY A CRIMINAL FINE IN EXCESS OF \$25.00?  
YES ☐ NO ☐  
IF YES GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU EVER BEEN REPORTED AS A MISSING PERSON OR AS A RUNAWAY?  
YES ☐ NO ☐  
IF YES, GIVE COMPLETE DETAILS, INCLUDING LOCATION, DATES AND OUTCOME.

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

IF YOU HAVE BEEN FINGERPRINTED BY A POLICE AGENCY OTHER THAN FOR AN ARREST,  
GIVE DETAILS BELOW. YOUR ANSWER WILL BE CHECKED WITH THE FBI AND OTHER  
AGENCIES.

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ PURPOSE \_\_\_\_\_

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ PURPOSE \_\_\_\_\_

HAS ANY MEMBER OF YOUR IMMEDIATE FAMILY EVER BEEN ARRESTED FOR OR  
CONVICTED OF A FELONY, CRIME? YES ☐ NO ☐  
IF YES, GIVE DETAILS BELOW.

NAME	RELATIONSHIP	CRIME COMMITTED	WHERE ARRESTED



LIST BELOW ANY CONVICTIONS FOR TRAFFIC VIOLATIONS:

LOCATION	APPROXIMATE DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION

IF MORE SPACE IS NECESSARY, ATTACH ADDITIONAL SHEETS

X. DRIVING HISTORY:

1. CAN YOU OPERATE A MOTOR VEHICLE? YES ☐ NO ☐
2. DO YOU POSSESS A VALID OPERATOR'S LICENSE FROM ANY STATE OTHER THAN ARKANSAS? YES ☐ NO ☐  
IF YES, OPERATOR'S LICENSE NUMBER \_\_\_\_\_
3. DO YOU POSSESS AN OPERATOR'S LICENSE ISSUED BY ANY STATE OTHER THAN ARKANSAS? YES ☐ NO ☐  
IF YES, GIVE STATE AND NUMBER \_\_\_\_\_
4. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED? YES ☐ NO ☐  
IF YES, STATE WHICH AND GIVE REASONS \_\_\_\_\_  
\_\_\_\_\_
5. WAS YOUR LICENSE EVER RESTORED? YES ☐ NO ☐  
WHEN? \_\_\_\_\_
6. HAVE YOU EVER BEEN REFUSED AN OPERATOR'S LICENSE BY ANY STATE? YES ☐ NO ☐  
IF YES, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. HAS A MOTOR VEHICLE BEING DRIVEN BY YOU EVER BEEN INVOLVED IN AN ACCIDENT? YES ☐ NO ☐  
IF YES, GIVE COMPLETE DETAILS FOR EACH ACCIDENT WHETHER COLLISION OR NON COLLISION:  
  
DATE \_\_\_\_\_ POLICE INVESTIGATED YES ☐ NO ☐  
LOCATION \_\_\_\_\_ CAUSE OF ACCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# AUTHORITY TO RELEASE PERSONAL INFORMATION

I, \_\_\_\_\_, HAVE MADE APPLICATION WITH THE CARROLL COUNTY SHERIFF'S OFFICE, BERRYVILLE, ARKANSAS. AND DESIRING IT TO BE INFORMED AS TO MY PREVIOUS RECORD AND CHARACTER, I HEREBY, AUTHORIZE THEM TO INVESTIGATE MY PAST RECORD AND TO ASCERTAIN ANY AND ALL INFORMATION WHICH MAY CONCERN MY RECORD AND CHARACTER, WHETHER SAME IS OF RECORD OR NOT AND RELEASE MY PRESENT AND PAST EMPLOYERS, REFERENCE, AND ALL PERSONS WHOMSOEVER, FROM ANY CHARGE, BECAUSE OF FURNISHING SAID INFORMATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_

.....

DO NOT WRITE BELOW IN THIS AREA

Date	Interviewed By	Job Suited For		
Approved By	Date Employed	Department	Job	Rate

Reason for Non Selection _____
_____
_____
_____
_____
_____

\_\_\_\_\_  
Sheriff's Signature

\_\_\_\_\_  
Date

REFERENCES:

LIST BELOW THE NAME OF SIX PERSONS, NOT RELATED TO YOU, AND NOT FORMER EMPLOYERS WHO HAVE KNOWN YOU INTIMATELY FOR A SUBSTANTIAL PERIOD, PREFERABLY MORE THAN FIVE YEARS. ALL PERSONS TO WHOM YOU REFER WILL BE ASKED TO APPRAISE YOUR CHARACTER, ABILITY, PERSONALITY, EXPERIENCE, AND OTHER QUALITIES. STREET ADDRESS MUST INCLUDE MAILING ADDRESS AND ZIP CODES.

1. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

2. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

3. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

4. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

5. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

6. NAME: \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE: \_\_\_\_\_

BUSINESS, OCCUPATION OR PROFESSION: \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_

### EMERGENCY CONTACTS

Who do we contact in case of an emergency: \_\_\_\_\_

Address \_\_\_\_\_

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

How is this person related to you? \_\_\_\_\_

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WHOMSOEVER, FROM ANY CHARGE, BECAUSE OF FURNISHING SAID INFORMATION.

SIGNATURE \_\_\_\_\_

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WITNESS \_\_\_\_\_

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SIGNATURE \_\_\_\_\_

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