



**High Springs Police Department**  
110 N.W. 2<sup>nd</sup> Avenue • P.O. Box 1008  
High Springs, Florida 32643/32655  
**Chief James Troiano**

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January 5, 2009/5/2009

Dear Applicant,

Thanks for having the interest and taking the time necessary in applying for a position with the City of High Springs Police Department (HSPD). The HSPD is a fast paced modern law enforcement agency consisting of thirteen full time Police Officers, two part time Police Officers, six reserve Police Officers, four full time Communication Operators, two part time Communication Operators, and one Administrative Assistant/Evidence Custodian/Records Manager.

The following information has been provided for your review and understanding. Please check which position you are applying for:

- MUNICIPAL POLICE OFFICER
- COMMUNICATIONS OPERATOR FULL TIME
- COMMUNICATIONS OPERATOR PART TIME

As of October 1, 2008, the beginning salary for a Police Officer is \$32,000.00 per year, and the beginning salary for a Communications Operator is \$24,294.00 per year. .

**Paid Holidays:**

Martin Luther King's Birthday	Veterans Day
New Year's Day	Thanksgiving Day & day after
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Labor Day	Employee Birthday

**Sick Leave:**

- 8 hours of sick leave is earned each month.

**Vacation Leave:**

- For the first year, vacation leave will be earned at 3.33 hours every second pay period of each month. 40 hours total.
- For years two to five, vacation leave will be earned at 8 hours every second pay period of each month. 96 hours total.

- For years six to ten, vacation leave will be earned at 10 hours every second pay period of each month. 120 hours total.
- For years eleven to twenty, vacation leave will be earned at 13.33 hours every second pay period of each month. 160 hours total.
- For plus Twenty Years, vacation leave will be earned at 16.66 hours every second pay period of each month. 200 hours total.

### **Insurance:**

The City furnishes employees with a major medical, surgical, hospitalization and group insurance plan. The City pays the entire amount of the premium for the employee (100%). Dependents coverage is at the expense of the employee (See below).

The City provides Dental, Vision, Life and Long-Term Disability insurance at no cost to the employee. Family coverage is optional for dental and vision (See below).

The City of High Springs provides the State of Florida retirement plan for employees.

### **Health-United Health Care**

- Employee – city paid
- Spouse - \$470.61 per month
- Children - \$355.01 per month
- Family - \$887.53 per month

### **Dental – Guardian**

- Employee – city paid
- Spouse – \$28.44 per month
- Children - \$40.97 per month
- Family - \$68.32 per month

### **Vision – Comp Benefits**

- Employee – city paid
- Plus One - \$4.33 per month
- Family - \$7.25 per month

### **Life Insurance (One Years Salary)**

- Employee Only – city paid

### **Long Term Disability**

- Employee Only – city paid

**Application Instructions:**

All statements in this application are subject to verification. Any applicant intentionally giving false information will be subject to disqualification. If a question does not apply to you, write "n/a" (not applicable). If the space provided is inadequate, please document the additional information on a separate sheet of paper (8 ½ x 11) and indicate the question you are responding to. More than one answer may be put on a sheet. This application form may be completed by typewriter or legibly printed in black or blue ink. When completing the application, please pay special attention to the following:

- All questions must be answered, or the application will not be processed.
- The Applicant's Certification page must be signed and witnessed. The Background Investigation Waiver must be completed, signed and notarized. Notary service is available at City Hall.
- On the Employment History and Reference sections, provide telephone numbers and complete mailing addresses, including zip codes. Please list all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (even if over 10 years ago.) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward.
- On the Confidential Employee History section, document any instances of usage of illegal drugs, i.e., inhalation, injection, any other form of ingestion of any illegal drug or any illegally obtained drug.
- All applicants who receive a conditional offer of employment must submit to a formal background investigation, polygraph and psychological examination, drug screening and physical, as well as a pre-hire physical agility test and any other tests deemed necessary for the position. The application process can take several months to complete. Once hired, each employee shall serve a one year probationary period.
- Legible copies of the following documents **MUST** be returned with the completed application:
  1. Driver License
  2. High School Diploma/GED, and/or college transcript
  3. Birth Certificate
  4. Social Security Card
  5. DD 214 (Military)
  6. Florida State Certification Exam Scores
  7. FDLE Law Enforcement Training

**Applicant Letter**  
**December 8, 2008**  
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8. Copy of Certifications
9. Current Photograph

- If your preliminary background check is found to be satisfactory, you will be contacted to schedule a time to go before the Employee Review Committee.
- All applicants who receive a conditional offer of employment must submit to a full background investigation, polygraph and psychological examination, drug screening and physical, as well as a pre-hire physical agility test and any other tests deemed necessary for the position. The application process can take several months to complete. Once hired, each employee shall serve a one year probationary period.

The HSPD requires all applicants to exhibit a professional appearance to the public while representing the city of High Springs. HSPD directives set standards for hair, clothing, uniforms, accessories and general appearance. Beards and visible tattoos are not allowed. A copy of these directives is available upon request.

The City of High Springs is an equal opportunity employer and prohibits discrimination against any person in recruitment, examination, appointment, assignment, training, transfer, promotion or any other personnel action because of political or religious opinions or affiliations, race, color, sex, marital status, national origin, sexual orientation, age or physical handicap.

If there is an opening at the time you return your application to the second floor human resources office at city hall, your application will be processed immediately. If there is no opening at the time, your application will be held until a position comes open, or for a period not to exceed one year. Once a position comes open within the specified time period, your application will be processed.

For more information on the High Springs Police Department, please visit us online at [www.highspringspd.com](http://www.highspringspd.com). If I can be of further assistance, please do not hesitate to contact me at 386-454-1415, or [jtroiano@highspringspd.com](mailto:jtroiano@highspringspd.com).

Sincerely,

James Troiano  
Chief of Police

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If naturalized, please provide: Date:\_\_\_\_\_ Place:\_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Widowed  Single

Spouse's Name and address:			
_____			
Last	First	MI	
_____			
Address	City	State	Zip

Please provide name and address of next of kin or other person to be contacted in case of emergency:

_____		_____	
Name	Relationship		
_____			
Address	City	State	Zip Code
_____			
( ) _____ - _____	( ) _____ - _____		
Home Phone	Business Phone		

If you have children, please provide the following information:

Legal Name and Age	Relationship to You

Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

_____			
Name			
_____			
Address	City	State	Zip Code
_____			
( ) _____ - _____	( ) _____ - _____		
Business Phone	Fax		

Can you speak, write or read a foreign language? If yes, please indicate the language: \_\_\_\_\_ and if you can:  Speak  Write  Read

Do you have or have you ever applied for a passport?  Yes  No

Passport No: \_\_\_\_\_

Other: List all other names you have used including circumstances and time periods you used them. (For example: former, maiden, birth name(s), alias(es), or nickname(s)).

Name	Circumstance

List any clubs, societies, civic or fraternal organizations to which you are or have been member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any sources of income other than your salary or the salary of your spouse?  Yes  No If so, specify each with an estimated annual amount: \_\_\_\_\_

**If you answer yes to any of the next 11 questions, please use an additional sheet to explain.**

Are you or your spouse indebted to anyone?  Yes  No If yes, please list all debts over \$500. Be sure to include student loans and charge accounts. Also, list any debt where payment is *past due*, regardless of amount.

Have you, your spouse, or a company controlled by you filed for bankruptcy?  Yes  No, or declared bankrupt?  Yes  No, or had a legal judgment rendered against you for a debt?  Yes  No. If you answered yes to any of these, please provide details on separate sheet.

Have you, your spouse, or ex-spouse ever had your wages attached?  Yes  No

Have you, your spouse, or ex-spouse ever been a party to a small claims or other court action?  Yes  No

Do you, your spouse, or ex-spouse have any immediate civil action pending?  Yes  No

Have you, your spouse, or ex-spouse ever had a judgment rendered against you?  Yes  No

Have you ever been refused a life, automobile, health, or other insurance policy?  Yes  No

Have you ever been refused credit?  Yes  No

Have you, your spouse, or ex-spouse ever had any property repossessed?  Yes  No

Have you ever been bonded or had a bond refused?  Yes  No

If employed by the High Springs Police Department, do you anticipate any income other than your police salary?  Yes  No If yes, please list:

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## EDUCATION/TRAINING

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate ?	Type of Diploma (HS/GED)
	From	To			

College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate ?	Type of Degree/ Major
	From	To			

**Other Schools (Law Enforcement, Trade, Vocational, Business or Military):**

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/ Certification
	From	To			

**EMPLOYMENT HISTORY**

Describe below all employment you have held during the past ten years, even if the company is closed. Please include information from any law enforcement agency that you have worked for (**even if over 10 years ago.**) Also, include self-employment, military, part-time, temporary, and volunteer work. Begin with your present or most recent employment and work backward. **If you were employed under a different name with any employer, indicate below.** Applicants may be required to furnish proof of experience claimed. Use a separate sheet or copy this form if necessary. May we contact your present employer? Yes  No  (If you state "no" and we offer you a job, we must contact your current employer at that time.)

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						

Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code and Phone No:</b>						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						
Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						

Name & Address of Employer	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason For Leaving
	From	To				
<b>Name:</b>						
<b>Address:</b>						
<b>City, State, Zip:</b>						
<b>Area Code &amp; Phone No:</b>						

**Please answer the following questions as they relate to all prior employers, even if more than ten years ago.**

Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance?  **Yes**       **No**

If yes, please provide details:

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Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held?  **Yes**     **No**    If yes, provide details.

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Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer?  **Yes**     **No**    If yes, please provide name of agency and dates of service:

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Do you have a close association or affiliation with a known felon?  Yes  No  
 If yes, please explain:

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## PERSONAL REFERENCE & ACQUAINTANCES

**Personal References:** Give three (3) references (not relatives or present employers) who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past three (3) years. If retired, give former occupation.

Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
Address: _____		
Street	City	State                      Zip
Home Phone: (     ) _____ - _____	Work Phone: (     ) _____ - _____	

Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
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Address: _____			
Street	City	State	Zip

Home Phone: (    ) _____ - _____	Work Phone: (    ) _____ - _____
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Name: _____ Last                      First                      MI	Relationship: _____	Occupation: _____
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Address: _____			
Street	City	State	Zip

Home Phone: (    ) _____ - _____	Work Phone: (    ) _____ - _____
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## RESIDENCES

List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state.

Dates (Mo./Yr.)		Street Address (If apartment complex, include complex name)	City	State & Zip Code
From	To			

## ARREST HISTORY/COURT DATA

In accordance with Florida State Statute 943.13, an applicant who has pled guilty or nolo contendere (no contest) to, or who was found to be guilty of any felony or misdemeanor involving perjury or false statement is **NOT** eligible for employment with the HSPD even if the sentence was suspended or adjudication was withheld by a court. The applicant must be of good moral character and have no felony or misdemeanor convictions involving moral character or false statements.

Have you ever been fingerprinted for any reason?  **Yes**  **No** If yes, please provide details:

Have you ever been arrested, cited, plead no contest, charged or received a notice of summons to appear for any offense?  **Yes**  **No** If yes, provide details in the table below.

<b>Agency Name/Location</b>	<b>Date</b>	<b>Charges</b>	<b>Disposition</b>

Have you ever been detained by a law enforcement officer for investigative purposes?  **Yes**  **No** If yes, provide details

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To your knowledge, have you ever been the subject or a suspect in any criminal investigation?  **Yes**  **No** If yes, provide details.

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Have you ever been a plaintiff or defendant in a court proceeding? Include divorces, small claims, evictions, foreclosures, child support, judgments, bankruptcies, etc.  **Yes**  **No** If yes, provide details.

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**DRIVING HISTORY**

During the past 3years, the applicant **must not** have accumulated more than 12 points on their license, or have a driving record that reflects repeated infractions and a flagrant disregard for the traffic laws. During the past 5 years, the applicant **must not** have had a license suspension, revocation for traffic violations, or a conviction of, or pled to “Driving under the Influence.”

**Any affirmative answer to any of the aforementioned is an immediate disqualifier for the applicant.**

Driver license No:\_\_\_\_\_ State:\_\_\_\_\_ Expiration:\_\_\_\_\_  
Restrictions:\_\_\_\_\_  
\_\_\_\_\_

Do you have or have you ever been issued a driver license in another state?  
 **Yes** or  **No** If yes, please provide state(s), license number, name used and approximate dates license(s) was/were issued.

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

Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked?  **Yes**  **No** If yes, provide details.

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

## MILITARY HISTORY

In accordance with FSS 943.13, any applicant dishonorably discharged from the United States Military is not eligible for employment with the HSPD.

Have you **ever** been a member of the United States Armed Forces?

**Yes**  **No** If yes, complete the portion below.

Branch:	Active Service: From: _____ To: _____
Highest Rank:	Type/Date of Discharge:
Reserve/National Guard Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Dates: From: _____ To: _____
Military Specialization/Duties:	

Are you registered for Selective Service?  **Yes**  **No** If yes, list your Selective Service Number: \_\_\_\_\_

Classification: \_\_\_\_\_

Date of Classification: \_\_\_\_\_

Address of Local Board: \_\_\_\_\_

**VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference. **Documentation substantiating your claim must be furnished at the time of application.**

1.  A veteran with a service – connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Department of Veterans Affairs and the Department of Defense.
  
2.  The spouse of a veteran who cannot qualify for employment because of a total and permanent service connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power.

3.  A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America.
4.  The un-married widow or widower of a veteran who died of a service – connected disability.
5.  The Armed Forces Expeditionary Medal, as well as the Global War on Terrorism Expeditionary Medal are qualifying for Veteran’s Preference, provided the individual is otherwise eligible.
6. Have you ever claimed and been employed using veteran’s preference?  
 Yes  No If “yes”, please provide the name of employer:

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**NOTE:** Under Florida Statute 295, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veteran’s preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veteran’s Affairs, Mary Grizzle Office Bldg, 11351 Ulmerton Road, Room 311-K, Largo, FL 33778 or [www.FloridaVets.org](http://www.FloridaVets.org).

# Confidential Employee History

## Drug Use Questionnaire

Other than your own prescriptions, have you ever used or had experience with any of the following substances, drugs, or narcotics? Any use, possession, experimentation, of marijuana in the past 12 months will be an immediate disqualifier for the applicant. Any use, possession, experimentation of any illegal drug or controlled substance other than marijuana in the past 5 years will be an immediate disqualifier for the applicant. Any sale or delivery of any illegal/controlled substance at any time is an immediate disqualifier for the applicant.

Have you ever used/sold? List used (U) or sold (S) in Yes Column. If no, put (X) in the No Column				Last time you used/sold? List number of years last used/sold?			List number of times used/sold?		
Substance	Yes	No	Past Year	1 to 10 years ago	More than 10 years ago	1 to 2 times	3 to 10 times	10 to 50 times	50 times or more
	Amphetamines (Uppers)								
Barbiturates (Downers)									
Cocaine									
Crack Cocaine									
Ecstasy (MDMA)									
GHB/GBL									
Hashish									
Heroin									
Inhalants/Whippets									
Marijuana (THC)									
Mushrooms									
Opium									
PCP/Angel Dust									
Quaaludes									
Rohypnol/Roofies									
Speedballs									
Steroids									
Others: Please list Below									

## Confidential Employee History – CON'T

Are you able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle, or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?

**Yes**  **No** If no, please explain:

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If your answer to the above is no, would you be able to perform these tasks with an accommodation?  **Yes**  **No**

If a test or examination is required for this position, would you be able to take this test or examination with an accommodation?  **Yes**  **No**

Explain what accommodation(s) you would need to perform these tasks or take the test or examination:

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Have you ever filed a claim for Worker's Compensation?  **Yes**  **No** If yes, please explain:

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Have you ever had an extended absence because of a personal illness?

**Yes**  **No** If yes, please explain:

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Approximately how many days have you lost from work or school due to an illness during the past 5 years? \_\_\_\_\_

**Confidential Employee History – CON'T**

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons who has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  **Yes**  **No** If yes, please explain:

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Have you ever made a financial or other material contribution to any organization of the type described above?  **Yes**  **No** If yes, please explain what you provided or facilitated to provide:

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At the time of your membership, participation, or contribution, did you know of any unlawful aims of the organization?  **Yes**  **No** If yes, please explain:

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In your own words, please describe why you want to be a High Springs Police Officer? No typing please!

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# APPLICANT CERTIFICATION

I understand that my employment with the HSPD will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant, or my dismissal from the HSPD. I agree to these conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I consent to a polygraph examination which includes, but is not limited to, questions related to criminal activity, finances, military, driver record, character, employment history, criminal and medical history. I fully understand that if my responses asked during the polygraph indicate that I have not truthfully answered any question on my application, I will be disqualified from employment.

I understand that this employment application shall become the property of the City of High Springs and the information received in response to the background examination are public records. I further understand that my employment will be contingent upon the results of a complete drug test, and that I may be required to take drug tests during the term of my employment with the HSPD.

I also understand that I may be required to furnish the High Springs Police Department a copy of my Income Tax Return for the year preceding this application and for each year during my employment.

I understand that the use of illegal drugs is not permitted and understand that the use of alcohol is not permitted, during work or duty time, whether paid or unpaid, unless specifically authorized by the Chief of Police to consume only alcohol in the performance of a specific mission or assignment.

I understand that my continued employment may be contingent upon: the results of medical and psychological examinations that I may be required to take during the term of my employment or appointment; and the maintenance of personal physical fitness, to the degree necessary, to satisfactorily perform the duties of my position or assignment with the HSPD.

I authorize the City of High Springs to deduct from my final paycheck and/or my leave pay out check the amount needed to cover the cost of any HSPD equipment not returned after my employment with the HSPD terminates.

If I fail to complete the required field training program or leave the agency before the first two years of employment is completed, I authorize the City of High Springs to collect any expenses utilized to process my application and complete any employment processes.

I understand that my employment will not result in an employment contract for any specific term.

I authorize any of the persons or organizations referenced in this application to furnish information, personal or otherwise, regarding my ability and fitness for employment with the HSPD, and I release all such parties from all liability for any damage that might result from furnishing such information to the HSPD.

I agree to conform to the policies of the City of High Springs and the Directives of the HSPD. I understand an investigation will be conducted on all of the information listed on this application.

## MUST BE SIGNED AND WITNESSED

\_\_\_\_\_  
Signature of applicant as usually written

\_\_\_\_\_  
Date

### **Witnessed by:**

Signature: \_\_\_\_\_

\_\_\_\_\_  
Date

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

***[Revised 12/2008]***



AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)



CJSTC 58

Incorporated by Reference in Rule 11B-27.0022(2)(b), F.A.C.

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER (Optional): \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: High Springs Police Department

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_ Date

Applicant's Address \_\_\_\_\_

AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his or her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission expires on \_\_\_\_\_, 20\_\_\_\_\_. Personally Known \_\_\_\_\_-or-

Produced Identification \_\_\_\_\_ Notary Public: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_