



# THE CITY OF HERINGTON, KANSAS

P.O. Box 31 • 17 North Broadway • Herington, KS 67449

Telephone: (785) 258-2271 FAX: (785) 258-3552

## EMPLOYMENT APPLICATION

### GENERAL INFORMATION

NAME (LAST - FIRST - MI):		POSITION APPLYING FOR:		DATE:
STREET ADDRESS:		CITY:	STATE & ZIP:	HOME PHONE #:
MAILING ADDRESS (DIFFERENT THAN STREET)		CITY:	STATE & ZIP:	CELLPHONE #:

### EDUCATION

HIGH SCHOOL:	ADDRESS:	CITY:	STATE & ZIP:	DIPLOMA?	YEAR GRADUATED?:
SCHOOL OR UNIVERSITY:	ADDRESS:	CITY:	STATE & ZIP:	DEGREE?	FIELD OF STUDY?:
SCHOOL OR UNIVERSITY:	ADDRESS:	CITY:	STATE & ZIP:	DEGREE?	FIELD OF STUDY?:
SCHOOL OR UNIVERSITY:	ADDRESS:	CITY:	STATE & ZIP:	DEGREE?	FIELD OF STUDY?:

### WORK HISTORY

EMPLOYER NAME:	EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
POSITION:	FROM:	TO:	SUPERVISOR'S NAME:	WORK PHONE #:
REASON FOR LEAVING:	BEGINNING WAGE:	ENDING WAGE:	CELLPHONE #:	
EMPLOYER NAME:	EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
POSITION:	FROM:	TO:	SUPERVISOR'S NAME:	WORK PHONE #:
REASON FOR LEAVING:	BEGINNING WAGE:	ENDING WAGE:	CELLPHONE #:	
EMPLOYER NAME:	EMPLOYER ADDRESS:	CITY:	STATE:	ZIP:
POSITION:	FROM:	TO:	SUPERVISOR'S NAME:	WORK PHONE #:
REASON FOR LEAVING:	BEGINNING WAGE:	ENDING WAGE:	CELLPHONE #:	

EMPLOYER NAME:		EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
POSITION:		FROM:	TO:	SUPERVISOR'S NAME:	WORK PHONE #:	
REASON FOR LEAVING:		BEGINNING WAGE:		ENDING WAGE:	CELLPHONE #:	
EMPLOYER NAME:		EMPLOYER ADDRESS:		CITY:	STATE:	ZIP:
POSITION:		FROM:	TO:	SUPERVISOR'S NAME:	WORK PHONE #:	
REASON FOR LEAVING:		BEGINNING WAGE:		ENDING WAGE:	CELLPHONE #:	

**REFERENCES**

NAME:	ADDRESS:	CITY:	STATE & ZIP:	YEARS KNOWN:	TELEPHONE #:
NAME:	ADDRESS:	CITY:	STATE & ZIP:	YEARS KNOWN:	TELEPHONE #:
NAME:	ADDRESS:	CITY:	STATE & ZIP:	YEARS KNOWN:	TELEPHONE #:

**LIST ANY SPECIAL SKILLS YOU POSSESS RELATED TO THE POSITION BEING APPLIED FOR**

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**OTHER PERTINENT INFORMATION ABOUT YOURSELF**

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By my signature; I swear or affirm that all foregoing statements are accurate, complete and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The City of Herington is an Equal Opportunity Employer and does not discriminate in regards to;  
Race, Religion, Color, Sex, National Origin or Ancestry.**

## LETTER OF UNDERSTANDING

I am applying for the position of police officer with the Herington Police Department. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation which consists of the following areas of concern, at a minimum:

- \* Review of my completed application
- \* Evaluation of a Johnson/Roberts Personal History Questionnaire
- \* Thorough criminal background check
- \* Thorough examination of prior employment

An evaluation of the results of this investigation will be done and a preliminary decision as to my potential suitability for employment will be made. I may at this point receive a conditional offer of employment which will be followed by the successful completion of all of the following tests:

- \* Drug screening test
- \* Medical examination
- \* Hearing and vision test
- \* Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Herington Police Department. I understand that the results of the tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A Hiring Board will evaluate all tests in light of the requirements of the job and will make a decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Herington Police Department. Only that I will be considered for a current position pursuant to the established rules and regulations of the Herington Police Department. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Herington Police Department.

**DO NOT contact this agency to check the status of your application.** Applicants will be notified if they have been disqualified or when the position has been filled. This is a lengthy process.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public \_\_\_\_\_

**CITY OF HERINGTON  
POLICE OFFICER APPLICATION**

**INSTRUCTIONS TO THE APPLICANT:**

The information you provide in this police officer application will be used to assist in determining your suitability for employment with the Herington Police Department. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Board. If the Board makes a favorable recommendation, you will be given a conditional offer of employment. This initial offer is conditional upon your successful completion of all tests required by this agency that includes a written test, a medical examination, a psychological evaluation and a drug screening test. Based on the results of this testing and upon review by the Hiring Review Board, you may then be offered a conditional offer of employment.

Keep in mind that:

1. The completion of this application is mandatory. Incomplete applications will not be considered.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
4. All time periods in your background, unless otherwise, specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency.

Please print your responses to this questionnaire in ink. Do not type on this form, and do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the waivers included in this packet carefully and have your signature notarized before returning them to our office.

The contents of the background investigation will be considered confidential and will be used only for investigating employment suitability with the Herington Police Department.

**There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction will be notified.**

When complete, return this application along with all attachments, to Herington City Hall, 17 N. Broadway Street, Herington, KS 67449, or in person. **Do not deliver or return completed applications to the Herington Police Department.**

Any questions that you may have regarding the completion of this packet may be addressed by contacting the Chief of Police.

I have read and completely understand the above statement.

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Signature of Applicant

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Date

**REQUIRED DOCUMENTS**

Attach copies, unless original is requested, of the following documents with your completed application. Failure to submit these documents will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- \_\_\_\_\_ 1. Signed and notarized release waivers.
- \_\_\_\_\_ 2. High school diploma or GED certificate.
- \_\_\_\_\_ 3. Transcripts from colleges or universities.
- \_\_\_\_\_ 4. Military discharge papers. Applicant must include discharge status - Long form.
- \_\_\_\_\_ 5. Citizenship or naturalization papers.
- \_\_\_\_\_ 6. Copy of your birth certificate. Must be clear and readable.
- \_\_\_\_\_ 7. Name change documents.
- \_\_\_\_\_ 8. Peace Officer Standards & Training certificate of graduation from a police academy.

**OPTIONAL DOCUMENTS**

- 1. Copies of other certificates, awards or commendations you would like considered. List:

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**PERSONAL INFORMATION**

The following information is required of you for verification and contact purposes:

1. Your name (please print in ink)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

List other names you have used or have been known by. Include maiden names, married or adopted names, or nicknames:

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

2. List the complete physical address of the residence where you live:

\_\_\_\_\_  
Number Street City State Zip Code

3. List telephone number (s) at which you can be contacted and the hours when you will be available at these numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_  
Month Day Year

5. Place of Birth (City and State or Country): \_\_\_\_\_  
U.S. citizenship is required for this position. Proof is required showing that you are a legal resident of this country.

6. Social Security Number: \_\_\_\_\_. In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained.

**RELATIVES, REFERENCES & ACQUAINTANCES**

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquires will be confined to job-relevant matters.

7. Please provide the appropriate information in the spaces below. If a category is not applicable, write in "N/A".

Name of your:	Address (city, state, zip)	Telephone Number
Father		
Mother		
Father-in-Law		
Mother-in-Law		
Spouse		
Former Spouse		
Brothers & Sisters		

List all children. Please indicate son or daughter and whether natural , adopted, etc.

Children	Natural, adopted, etc.	Address	Telephone



**REFERENCES**

8. List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name & Address	Telephone (home)	Telephone (work)	Years Known

**EDUCATION**

9. The Kansas Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces:

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I possess a GED

\_\_\_\_\_ I possess the following college degrees. Please include name of college and year attained:

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10. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location (city/state, zip)	Dates of Attendance

11. Have you ever been suspended or expelled from any high school or post-secondary school? Post-secondary schools include colleges and universities, graduate schools, business and vocational-technical schools.

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain. Include school, date and circumstance:

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**MILITARY SERVICE**

12. Have you ever served in the Armed Forces, National Guard or Reserves?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES" please provide the following information:

Branch of Service: \_\_\_\_\_ Service Number: \_\_\_\_\_

Dates of Service: from: \_\_\_\_\_ to: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

13. Have you registered with the Selective Service? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", when? \_\_\_\_\_

14. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please give details to include branch of service, when, where, circumstances, etc.

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**EMPLOYMENT**

15. List below present and all past employment beginning with your most recent. Work history: Beginning with your present or most recent job, list all employment in the last 10 years including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages as necessary.

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

Position Held Name, Address & Phone Number Of Company & Type of Business	From mo/yr	To mo/yr	Starting Salary (monthly)	Last Salary (monthly)	Reason for Leaving	Name of Supervisor

Briefly Describe the Work You Did:

16. Do you have any source of income that would create a conflict of interest if employed with the Herington Police Department?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain: \_\_\_\_\_

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17. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please provide details to include when, where and why:

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18. Within the last seven (7) years, have any of your bills ever been turned over to a collection agency?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms involved and circumstances:

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19. Within the last seven (7) years, have you ever purchased goods that were repossessed?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms involved and circumstances:

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20. Within the past seven (7) years, have your wages ever been garnished?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, firms involved and circumstances:

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21. Have you ever been delinquent on child support, income tax, or other tax payments?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please give details to include when, where and why:

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**LEGAL**

22. If you have ever been arrested, taken into custody, been issued a misdemeanor citation, or convicted of any crime, please provide the following information:

Date	Agency/Location	Charge	Disposition

23. As an adult, have you ever been placed on probation by any court?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please provide details to include when, where and why:

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24. Please list any other crimes you have committed, REGARDLESS of whether stopped, arrested and/or convicted, to include what, when, where, how and why:

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25. Are you now or have you ever been involved as a defendant in any civil court action?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", please provide details to include when, where, name of court and circumstances:

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**MOTOR VEHICLE OPERATION**

26. Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please provide the following information:

\_\_\_\_\_ State \_\_\_\_\_ Name as printed on driver's license \_\_\_\_\_  
 Driver's License Number

27. Please list other states where you have been licensed to operate a motor vehicle:

State	Name under which license was issued

28. Have you ever been refused a driver's license by any state? YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain when, where and why:

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29. Has your driver's license ever been suspended or revoked or placed on restriction? If "YES", please provide details to include when, where and under what circumstances:

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30. Please list all traffic citations you have received as an adult. Exclude parking citations.

Nature of Violation	Location (city, state)	Date	Disposition

31. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years:

Date	Location (city, state)	Investigating agency	Injury or non-injury

32. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here:

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33. Please list all vehicles registered to you and/or your spouse:

Year	Make	Model	License Number	Vehicle ID (vin)

34. Kansas law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Please list the current liability coverage that you have on your motor vehicles:

Company	Address	Policy number	Expiration date

35. Have you ever been refused auto insurance for any reason other than failure to pay a premium?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain and include the company name, date and reason:

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**GENERAL INFORMATION:**

36. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means 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", identify the organization and explain fully: \_\_\_\_\_

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37. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES \_\_\_\_\_ NO \_\_\_\_\_ Was the permit granted? \_\_\_\_\_ Date issued \_\_\_\_\_

Name of Law Enforcement Agency: \_\_\_\_\_

Purpose for permit: \_\_\_\_\_

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38. Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned?

YES \_\_\_\_\_ NO \_\_\_\_\_

39. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so?

YES \_\_\_\_\_ NO \_\_\_\_\_

40. Do you have anything in your background that may disqualify you from becoming a Law Enforcement Officer in the State of Kansas?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", please explain: \_\_\_\_\_  
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41. DRUG USE QUESTIONNAIRE

Drug	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					

Barbiturates, Hypnotics or "Downers"					
Amphetamines "Uppers"					
Methamphetamine					
LSD or Other Hallucinogens					
PCP (Angel Dust)					
Heroin or Other Opiates					
Steroids					
Pharmaceutical Drugs Not Prescribed to You					
Bath Salts/Potpourri					
Synthetic Illegal Drugs					

Questionnaire	Yes	No
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between or "done a favor for a friend" by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or "held" any illegal drug, narcotic or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

42. Explain any "Yes" answer to the "Drug Use Questionnaire" in detail below, to include when, where, what kind of drug, how taken and circumstances:

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43. Please complete this page **in your own handwriting.**

QUESTIONS: "Why do you want this job?" How do you think it will benefit you?"

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**OPTIONAL INFORMATION:**

44. List any identifying marks, scars, tattoos, burns or birthmarks:

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45. List organizations, clubs, professional societies or other associations of which you are, or have been, a member. Please include the name of the group, the city and state, and your present status or position in the group:

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## AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant: \_\_\_\_\_  
Please print your full name

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

As an applicant for a position with the Herington Police Department, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize the release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies, and all others, to furnish to the Herington Police Department any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within 90 days of the date of my signature.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER**

As an applicant to the Herington Police Department for the position of Police Officer, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation, to take every reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Herington Police Department and its officers, agents, or assigns, now and in the future, from any claim or damages in law of inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity (ies) of any person (s) and/or organization (s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

## CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Herington Police Department in this application for employment, as well as any other statements and information provided for my pre-employment background investigation or any other part of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception, will be cause for disqualification and rejection as a candidate for employment, without appeal. I further understand that these aforementioned misstatements, omissions, or deceptions are also grounds for termination after employment, without notice and without any right of appeal.

_____	_____
Signature of Applicant	Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application.

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and I am NOT in compliance with the order or a plan approved by the County Attorney (or other public agency), enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_