



## City of Euharlee Employment Opportunity

FLSA STATUS: NON-EXEMPT      STARTING SALARY: \$16.08/hr. plus benefits

Job Title: Certified Police Officer

**Job Summary:** This is general law enforcement work, responsible for protecting life and property and enforcing laws and ordinances. Work involves personal danger, independent judgment, and discretion in difficult or unusual situations. Duties include routine patrol work and responding to emergency calls, citizen complaints, and alarms. Work also involves educating the public on basic safety and crime prevention.

### Major Duties:

- Patrols the City to enforce laws and ordinances and protect life and property; monitors commercial and residential areas for signs of criminal activity, patrols for suspicious persons or vehicles.
- Enforces traffic and parking laws through the issuance of citations and warnings; routinely inspects roadways, bridges, and traffic signals and signs to find and report any hazardous conditions.
- Responds to calls for assistance such as domestic disputes, burglaries, auto accidents, assaults, and other complaints of crimes.
- Enforces Federal, State, and Local laws by performing warrant, felony, or misdemeanor arrests; implements physical confrontation when necessary; protects the civil rights of persons in custody.
- Investigates traffic accidents by establishing point of impact, interviewing witnesses, and collecting, preserving, and packaging evidence; detects drunk drivers and performs sobriety evaluations; books DUI suspects.
- Serves as first-responder to provide aid and assistance to victims of traffic and other accidents, assists fire and emergency medical services in treating and transporting victims.
- Prepares and maintains a wide variety of departmental records and reports in compliance with departmental and legal policies and procedures; prepares and files thorough written case reports.
- Gives advice on laws, ordinances, and general information to the public; renders advice on domestic disturbances, assists citizens in need.
- Maintains assigned uniform, vehicle, and equipment in accordance with departmental policy and procedures.
- Coordinates activities and exchanges information with officers in other law enforcement agencies as necessary.
- Presents evidence and testimony in courts of law; assists in prosecuting felony and misdemeanor cases.
- Maintains order in crowds and provides security for other public gatherings.
- Assists stranded motorists, directs traffic when necessary; escorts special processions; transports prisoners to jail.

- Participates in departmental training programs.

### **Job Title: Certified Police Officer (continued)**

- Serves and executes criminal and traffic warrants on felony and misdemeanor suspects.
- May serve in a variety of duty assignments including K-9, Community Outreach, and Station Duty.
- Perform other duties as required.

#### **Knowledge Required by the Position:**

- Knowledge of the criminal justice system at the municipal, state, and federal levels.
- Knowledge of all aspects of police work, including modern crime prevention, investigation techniques, criminal identification, apprehension, detention, rules of evidence, traffic control and safety, and record keeping.
- Knowledge of or the ability to learn the geography of the City and the location of important buildings and areas.
- Knowledge of accident, domestic violence, and gang investigation.
- Skill in effective, clear and persuasive oral and written communications with individuals and groups.
- Skill in the use of personal computers.
- Skill in resolving conflicts and gaining cooperation among competing interest groups.
- Skill in the use of firearms.
- Ability to analyze situations and to take quick, effective, and reasonable courses of action given due regard to the surrounding hazards and circumstances of each situation.
- Ability to exercise sound judgment in evaluating situations and making decisions.
- Ability to establish and maintain effective relationships with subordinate employees, City officials, citizens and community groups.
- Ability to drive and operate the department's assigned vehicles and equipment in a safe and efficient manner.
- Ability to operate a law enforcement vehicle during both the day and night, in emergency situations involving speeds in excess of posted limits, in congested traffic and in unsafe road conditions caused by factors such as fog, smoke, rain, ice and snow.
- Ability to work routinely under highly stressful conditions including life-threatening situations.

**Supervisory Controls:** Work is performed under the general supervision of the assigned by higher ranking officer.

**Guidelines:** Guidelines include state and federal laws, traffic laws, local ordinances, and departmental policies and procedures. These guidelines are clear and specific, but require some interpretation in application. Work requires independent judgment and discretion in difficult or unusual situations.

**Complexity:** Work requires the exercise of independent thinking within the limits of guidelines, policies, standards, and precedents. Work involves personal danger.

## **Job Title: Certified Police Officer (continued)**

**Scope and Effect:** The purpose of this position is to protect life and property and enforce federal and state laws and local ordinances. Successful performance contributes to the safety and well-being of citizens and promotes the efficient and effective operation of the department.

**Personal Contacts:** Contacts are typically with co-workers, members of the court system, attorneys, judges, medical personnel, members of the general public, and law enforcement officers from other agencies.

**Purpose of Contacts:** Contacts are typically to exchange information, provide services and resolve problems.

**Physical Demands:** The work is typically performed with the employee intermittently sitting, standing, walking, running, bending, crouching or stooping. The employee must occasionally lift light or heavy objects, use equipment requiring a high degree of dexterity, are able to distinguish between shades of color, and use the physical force necessary to arrest and restrain persons.

**Work Environment:** The work is performed indoors, in a vehicle, and outdoors. The employee is exposed to occasional inclement weather, infectious diseases, irritating chemicals, and life-threatening situations. The work may require the use of protective equipment such as masks or gloves.

**Supervisory and Management Responsibility:** This position has no supervisory responsibilities.

### **Minimum Qualifications:**

High school diploma or GED; Associates degree or two years of related college coursework or other specialized police related training preferred; POST (Peace Officer Standards and Training Council) basic mandated certification; possession of a valid State of Georgia driver's license (Class C) and a satisfactory Motor Vehicle Record (MVR); equivalent combination of education and experience.

The City of Euharlee is an Equal Opportunity Employer.

***All applicants must complete a City of Euharlee employment application. Interested applicants can pick up an application in person at 30 Burge's Mill Road Euharlee, GA, 30145 or fill out the following application below.***

Closing Date: Open Until Filled

# City of Euharlee

## Police Officer Application

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**INSTRUCTIONS:**

Fill out this application completely and accurately. If you complete your application properly, it may increase your chances of employment. All statements in your application are subject to verification. **Incorrect statement(s) will bar or remove you from employment.** If writing space provided is inadequate, use the continuation sheet at the end of this application and identify additional information by question number. Use the term "DNA" ("Does Not Apply") if the question does not apply.

1. Name (Last) (First) (Middle)			2. List any other names, aliases you have used or been known by. (Include maiden name if applicable.)				
3. Home Address (No. Street, City, State, Zip Code & County)			4. Home Phone	5. Social Security No.			
6. With whom do you live with at the above address? List full names and addresses.							
7. Date of Birth		8. Place of Birth (City, State, Zip Code)			9. Sex	10. Height	
Month	Day	Year				Feet	Inches
11. Weight		12. Age	13. Color of Eyes		14. Color of Hair		
15. List any scars, blemishes, deformities, amputations, tattoos, etc. that you may have.							
16. Are you a U.S. citizen? If "yes"							
			If Naturalized, give particulars				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Native Born	<input type="checkbox"/> Naturalized				
17. List every member of your immediate family who is living. Include Father, Mother, Sister, Brothers.							
Name		Relationship		Address		Occupation	

**Medical History**

18. Do you use or have you ever used prescribed and/or non-prescribed narcotics? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give full details.
19. Do you use or have you ever used illegally controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give full details.
20. Do you use or have you ever used alcohol habitually? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give full details.

### Medical History (Continued)

21. Have you ever been in consultation with a doctor or psychiatrist or been treated for a nervous or mental disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
22. Have you ever had any type of epileptic seizure, blackout or fainting spell? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", give doctors name address and date.	
23. Do you wear eyeglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Do you wear contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. List all illnesses, operations and medical treatment you have had (including childhood illnesses)		
Ailment	Approximate Date(s)	Treatment

### Social Status

26. Are you single? <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
27. Are you living with your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain.		
28. Give the following information regarding marriage or marriages:			
Date	Where	Wife's Maiden Name	
29. If a marriage to which you were a party was ever dissolved, fill out the following:			
	(Explain)	To whom was action granted?	
Separated			
Divorced			
Annulled			
30. Are you paying alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:		
31. If divorced, list the name(s) of your previous spouse(s) and where they reside:			
32. List below every child born to you, adopted by you and stepchildren:			
Name	Date of Birth	Place of Birth	Where does the child live and with whom?
33. Are you now supporting all children born to you, adopted by you and stepchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", explain fully:		

### Social Status (Continued)

34. Have you ever been named as the natural father in a paternity proceeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:
35. Are you paying child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:

### Education

36. List the various schools you have attended and other requested information.					
Name and address of school (include City, State and Zip Code)	No. of Years Completed	Date(s) Attended	Graduate		Average Grade
			Yes	No	
Grammar School(s)					
High Schools					
College or University					
Extension or Correspondence Courses					
37. Junior College, Colleges or Universities	Full Time	Part Time	Subjects Taken		Degree(s) Attained
			Major	Minor	
38. Were you ever expelled or suspended from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:				
39. List any other formal education beyond High School you have, including special training courses.					
40. List any professional licenses or certificates you hold or have held.					

### Driving History

41. Can you operate an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	42. Do you possess a valid operators or chauffeurs license in the state of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", date of expiration	Drivers License No.
43. Have you ever been refused an operators or chauffeurs license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		Have you ever had an operators or chauffeurs license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Was your license ever suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		
45. Has your license ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain		

### Residences

46. List your addresses for the last ten years, starting with present address.

From (MM/YYYY)	To (MM/YYYY)	Address of Residence	City, State & Zip Code

47. Do you own or are you buying your own home? <input type="checkbox"/> Yes <input type="checkbox"/> No	48. Do you own or are you buying real estate? <input type="checkbox"/> Yes <input type="checkbox"/> No	other    If "Yes", give location
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### Military Service

49. Have you ever served in any military organization of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", which branch?				
50. What is your service serial no.?	51. Highest rank held?	52. Rank at discharge?			
53. Give date and location of entrance to active duty		54. List period(s) of active service:			
City	State	From (Date)	To (Date)		
55. Give date and location of discharge		56. What type of discharge did you receive (honorable, medical, dishonorable, honorable conditions). <u>Be Exact.</u>			
City	State				
57. Do you or have you ever received a government disability pension? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", explain			
58. If you are a non-vet, list the following:		Local Board No.	Address, City, State, Zip Code		
59. List all draft classifications you have had. (1-4, 4-F etc.)					
60. Were you ever convicted at a Court-Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Explain			
61. Are you now, or were you ever a member of the United States Reserve Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes"			
		<input type="checkbox"/> Active <input type="checkbox"/> Inactive			
		Branch	Unit	Rank	
		From	To		
Address (include City, State, Zip Code)					
62. Are you now, or were you ever a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", what state?			
		Regiment			
		Unit			
		Rank	Type of Discharge	From	To
63. List any disciplinary action taken against you in the National Guard or Reserve unit?					



### Criminal History

64. Have you ever been convicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	By Whom (Police Agency)	Crime Charged	Disposition of Case
If "Yes", explain				
65. Have you ever been placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
66. Have you ever been required to pay a fine in excess of \$25.00? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
67. Have you ever been reported as a missing person or as a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain details, including jurisdiction dates and outcome:			
68. Have you ever been the victim of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this crime reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you were a "victim", explain:		
69. Have you ever been fingerprinted by a police agency other than for arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain:			
	Agency	Date	Purpose	
72. List all traffic citations you have received:				
Location (City)	Approximate Date	Nature of Violation	Disposition of case	
71. Are there any pending warrants, traffic or otherwise, now pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

### Employment History

72. Have you ever taken a civil service exam? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency	Approximate Date of Exam	Position on List	Status
73. Are you now on any eligibility list? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			
74. Were you ever placed on a civil service list and not hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain			

### Employment History (continued)

75. Were you ever rejected for any civil service position. <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
76. Have you ever submitted an application for appointment to another police department? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>																
77. Have you ever been a law enforcement officer or held a similar position? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: left; padding: 2px;">If "Yes"</th> </tr> <tr> <th style="width: 40%; padding: 2px;">Position</th> <th style="width: 20%; padding: 2px;">Date (From)</th> <th style="width: 20%; padding: 2px;">(To)</th> <th style="width: 20%; padding: 2px;">Location</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	If "Yes"				Position	Date (From)	(To)	Location								
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Position	Date (From)	(To)	Location														
78. Have you ever received unemployment insurance or other federal, state or local benefits or assistance. <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; padding: 2px;">Type</th> <th style="width: 25%; padding: 2px;">Local Office</th> <th style="width: 40%; padding: 2px;">Address</th> <th style="width: 10%; padding: 2px;">For How long</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Type	Local Office	Address	For How long												
Type	Local Office	Address	For How long														
79. Were you ever discharged or forced to resign for any of the following; misconduct, unsatisfactory service or while under investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain, include <u>names and addresses of employers.</u>																
80. Are you now or have you ever been engaged in any business as an owner, partner or corporate member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", explain																
81. List all jobs you have held for the last ten years, including periods of unemployment. Put your present or most recent job first. Include military service in proper time sequence and temporary or part time jobs.																	
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### Employment History (continued)

	Supervisor Name and Title	From (Date)	To (Date)	Salary per month	Exact title or position
	Explain your duties:				Reason for leaving
6.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month	Exact title or position
	Explain your duties:				Reason for leaving
7.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month	Exact title or position
	Explain your duties:				Reason for leaving
8.	Employer Name	Phone Number	Address		Type of Business
	Supervisor Name and Title	From (Date)	To (Date)	Salary per month	Exact title or position
	Explain your duties:				Reason for leaving

82. Indicate by number, any of the employers listed above whom you do not wish us to contact.

83. Explain your reason for applying for this position:

### Credit History

84. Have you ever been sued?	If "Yes", explain
85. Have you ever filed for bankruptcy?	If "Yes", explain

### Acquaintances

86. List the name of three adults (friends, fellow students or co-workers) that are not related to you nor former employers or references. The names listed should be persons with whom you have seen frequently during the past year.

1.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
2.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	
3.	Name	Address			Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	In what capacity to you know this person?	

### References

87. List below the names of five adults who are not related to you nor former employees, who have known you for a period (preferably) more than five years. All person listed will be asked to appraise your character, ability, experience, personality and other qualities.

1.	Name	Address		Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?
2.	Name	Address		Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?
3.	Name	Address		Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?
4.	Name	Address		Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?
5.	Name	Address		Home Phone
	Business Address	Business, Occupation or Profession	Business Phone	Number of years known?

### Emergency Contact Information

Name	Address	Home Phone	Business Phone	Relationship

I hereby certify that there are no willful misrepresentations or falsifications in this questionnaire and all my answers are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

