

Facility Information

APPLICANT WRITTEN STATEMENT

EMP



Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address of Applicant's Service _____

INSTRUCTIONS: All questions must be answered completely and to the best of your knowledge. Please print legibly. Answers left blank may result in the rejection of the application.

Fingerprint Registration Number: _____

Full Name

First Name _____

Middle Name No Middle Name

Last Name _____

Aliases

(birth name, married name(s), nick names)

Date of Birth (month, day, year)

____/____/____

Social Security Number None

Place of Birth (city, state, country)

____, ____/____

Primary Language

Current Physical Address

Address _____

Address (optional) _____

City _____ State _____ Zip _____

Mailing Address Same as physical

Address _____

Address (optional) _____

City _____ State _____ Zip _____

Contact Information

Primary Phone Number

Home Mobile Work Other

Secondary Phone Number (optional)

Home Mobile Work Other

Previous Addresses (past five years, most recent first, and include number, street, city, state, zip code.) If you need more space, use a separate sheet of paper.

Address	City	State	Zip

Current Marital Status (circle one): Single Married Separated Divorced Widowed

Current Spouse/Significant Other

First _____ Middle _____ Last _____ Date of Birth (month, day, year) ____/____/____ Social Security Number ____-____-____

Full Name(s) and Date(s) of Birth of: Birth Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past five years (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who have previously lived with you (within the past five years) (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /
			/ /

Names and Places of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

Employment History (past ten years, include dates of employment / explain gaps in employment) (If you need more space, use a separate sheet of paper)

Employer	Start Date	End Date	Explain Break in Employment

IF YOU DO NOT UNDERSTAND THESE QUESTIONS, PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM!

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. **NOTE: Failure to provide this information may lead to denial of your application.**

____ **Yes**, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member (Provide details).

____ **No**, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? **NOTE: Failure to provide this information may lead to denial of your application.**

____ **Yes**, I have been charged with, arrested for, or convicted of a crime (Provide an explanation and disposition).

____ **No**, I have never been charged with, arrested for, or convicted of a crime.

I understand that information submitted will be used to conduct an FBI supported background check and I, _____, hereby affirm under penalty of perjury that all the answers given on this statement are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any falsehoods, omissions, or intentionally misleading answers will be grounds for denial of my application. If I do not understand any of the questions, I will seek help and ask for more information.

SIGNATURE: _____

DATE: _____