Office of the Sheriff

Labette County
718 5th Street
Oswego, KS 67356



Darren R. Eichinger

Sheriff
Gregory S. Haraughty

Undersheriff

LABETTE COUNTY SHERIFF'S OFFICE

APPLICATION FOR EMPLOYMENT

Position applying for:	For Office Use:
Sheriff's Deputy	Date Received:
Corrections Officer	Interview (Y/N):
Civilian Support Staff	Interview Date:

IMPORTANT INSTRUCTIONS

It is Labette County's policy to investigate the criminal history record and driving record history on final candidates for all County positions (including contract and volunteer positions). This release form will not be considered part of your volunteer/employment application and will be filed separately.

The information that you provide in this questionnaire will be used in determining your suitability for a position with Labette County Sheriff's Office. As you complete this form, please keep the following in mind:

- All statements are subject to verification and any negative information will be evaluated fairly. Applicants will be disqualified for intentionally altering/misrepresenting the facts or omitting an incident that would not have otherwise disqualified them.
- Provide complete and accurate information. If you omit or try to conceal any pertinent information you will be disqualified. If you are unsure if something is pertinent, include it in the appropriate section of this document.
- Account for all periods in your background. You will be asked to provide a work history, and you
 are required to account for all time periods in-between jobs.
- List all arrest and convictions even if you received a pardon or had your record expunged. Again, if you are unsure if something is pertinent, include it in the appropriate section of this document. A felony conviction is an automatic disqualification. A felony arrest, misdemeanor arrest, misdemeanor conviction is not, in and of itself, an absolute bar to employment, and other factors will be taken into consideration when making a final hiring decision.
- Be sure to provide complete and legible information about items requested. Your Personal History Statement will be evaluated for completeness and legibility. In instances where information requested is incomplete or illegible, applicants may be disqualified. This document will only be accepted in its original form.
- Digital signatures will not be accepted. All signature must be a 'wet' original signature, and notarized if applicable.
- This document will be strictly confidential, and it is the exclusive property of the Labette County Sheriff's Office. By signing this document, you acknowledge that you will not receive and are not entitled to know the contents of the confidential reports received. You further understand that these reports are privileged.
- Any information, derogatory or otherwise, may be shared with other law enforcement agencies conducting background investigations.

Understanding and Acknowledgement

WHEN SUBMITTING YOUR COMPLETED PACKET, YOU MUST INCLUDE THE REQUIRED COPIES OF THE FOLLOWING DOCUMENTS.

- Social Security Card
- Valid Driver's License
- High School Transcripts, Diploma or GED
- Certified College Transcripts
- Military Discharge; DD214 (Must show type of discharge)

I certify that I have read the above information and understand that I am required to provide accurate and complete information. Furthermore, I understand that providing false or misleading information could result in my disqualification from the hiring process, or termination from employment and can be reported to the Kansas Commission on Peace Officers' Standards and Training.

I hereby authorize Labette County to conduct a criminal record investigation and driving record investigation using the information I have provided. I release Labette County, its officers, employees, successors and assigns from any liability that may result from the conduct of such investigation, in order to facilitate such an investigation. I am willing to provide the necessary information.

Signature:	 Date: _	
Full Name:		

LABETTE COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

Personal information

First Name	Middle Name	?		Last Name
Other names used: (including m	naiden)			<u> </u>
First Name	Middle Name	?		Last Name
Contact information:				
Home Phone	Cell Phone			Business Phone
Identifying information:	L			
Date of Birth	Social Securi	ity Number		Driver's License Number / State
Driver's License Number / State	Driver's Lice	n another state? If yes, pro License Number / State		Driver's License Number / State
List all emails, social media acc not used, place 'N/A'; if used an			-	atforms you maintain. If list and provide the information.
Social Media: Handle:		Source:	Email ad	dress:
Facebook		Gmail		
Instagram		Yahoo		
Twitter		Outlook		
LinkedIn		icloud		
TikToc		AOL		
Handshake				
BeReal				
SnapChat				
		Websites (p	rovide full u	rl):
			-	

Personal Address History

Street Address	City	State	Zip
S. 66. 116. 655	e.i.y		2.0
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to			
		I	
Street Address	City	State	Zip
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to			
Street Address	City	State	7in
Street Address	City	State	Zip
Dates lived there: Month/Year	Month/Year Provide name of neighbor		ntact information
to	-W (G		4
		l	_
Street Address	City	State	Zip
D 1 11 16 17		27 . 11	
Dates lived there: Month/Year	Provide name of neighbor	Neighbor coi	ntact information
to			
Street Address	City	State	Zip
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to			
G			a.
Street Address	City	State	Zip
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to	, , , , , , ,		
Street Address	City	State	Zip
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to			
Street Address	City	State	Zip
Dates lived there: Month/Year	Provide name of neighbor	Neighbor con	ntact information
to			

Experience and Employment

Beginning with your most current employment, regardless of length, list every self-employment, parttime jobs, full-time jobs, temporary work, volunteer work, and internships, including military service. If you have periods of unemployment, list those periods in sequential order. If you run out of space, use the general information page to list additional employers.

the general information	page to fist addition	ai employers.			
Objections to Contact:					
Do you object to our con If you have any objection	• • •		• (/1	being employed?	
Employment History:					
Date of Employment: From To Month/Year Month/Year	Name of Employer		Work Phone	Salary / Wage	
to	Address: (Street, City,	State, Zip Code)			
Employment Length:	Work Schedule (Days,	Nights, 9-5 etc)			
Present Employer: (Y/N)	(N) Job Title/Position: Reason for leaving:				
Describe your current dutie			Type Full Time Part Time	of Employment Seasonal / Temp Volunteer / Intern	
Supervisors Name:	Supervisor Phone	: Co-Wo	rker Name:	Co-Worker Phone:	
Date of Employment: From To Month/Year Month/Year	Name of Employer		Work Phone	Salary / Wage	
to	Address: (Street, City,	State, Zip Code)			
Employment Length:	Work Schedule (Days,	Nights, 9-5 etc)			
Present Employer: (Y / N)	Job Title/Position:		Reason for leaving:		
Describe your current dutie	es:		Type Full Time Part Time	of Employment Seasonal / Temp Volunteer / Intern	
Supervisors Name:	Supervisor Phone	: Co-Wo	rker Name:	Co-Worker Phone:	

Date of Employment:	Name of Employer	Work Phone	Salary / Wage			
From To Month/Year Month/Year						
Month/Tear Month/Tear	Address: (Street, City, State, Zip	Code)				
to						
Employment Length:	Work Schedule (Days, Nights, 9	-5 etc)				
	() / () /	,				
Present Employer: (Y / N)	Job Title/Position:	Reason for leaving:				
Describe your current dutie	es:		<u>f</u> Employment			
		Full Time	Seasonal / Temp			
		Part Time	Volunteer / Intern			
Supervisors Name:	Supervisor Phone:	Co-Worker Name:	Co-Worker Phone:			
Date of Employment:	Name of Employer	Work Phone	Salary / Wage			
From To		, , , , , , , , , , , , , , , , , , ,	ammy , , ugt			
Month/Year Month/Year	Address: (Street City State 7ix	(Codo)				
to	Address: (Street, City, State, Zip Code)					
Employment Length:	Work Schedule (Days, Nights, 9	(5 ata.)				
Employment Length.	work schedule (Days, Nights, 9	-5 etc)				
Present Employer: (Y / N)	Job Title/Position:	Reason for leaving:				
Tresent Employer. (1711)	Job Tille/Tosillon.	Reason for reaving.				
Describe your current dutie	6.	Type (of Employment			
Beserve your enrem anne		Full Time	Seasonal / Temp			
		Part Time	Volunteer / Intern			
Supervisors Name:	Supervisor Phone:	Co-Worker Name:	Co-Worker Phone:			
Date of Employment:	Name of Employer	Work Phone	Salary / Wage			
From To	Trame of Employer	Work I none	Sutury / Wage			
Month/Year Month/Year	411 (9,					
to	Address: (Street, City, State, Zip	(Code)				
F 1 1 1	W 1 C 1 1 1 /D N: 1 . 0					
Employment Length:	Work Schedule (Days, Nights, 9	-3 etc)				
Durant Frank (V / M)	I-l-Tid-/Did	D				
Present Employer: (Y / N)	Job Title/Position:	Reason for leaving:				
Describe your current dutie	52.	Type o	of Employment			
,		Full Time	Seasonal / Temp			
		Part Time	Volunteer / Intern			
Supervisors Name:	Supervisor Phone:	Co-Worker Name:	Co-Worker Phone:			

Have you ever held emplo	yment under another name?		Yes NO
If yes, list the names used,	, the employer, and the dates of employmen	ıt.	
Name used	Employer	From Month/Year	To Month/Year
Have you <u>ever</u> been termin in lieu of termination?	nated (fired) or asked to resign from a job o	or position	Yes NO
	ent, and list the following information, giving eneral information section at the end of this	•	space is needed,
Dates:	Employer:		
Details:			
Dates:	Employer:		
Details:			
medical or earned vacation If yes. start with most rece	tended work absences for any reason other n? (Leave of absence, suspensions, layoffs, ent, and list the following information, giving eneral information section at the end of this	etc.) ng details. If more s	Yes NO
Dates:	Employer:		
Details:			
Dates:	Employer:		
Details:			

Have you <u>ever</u> been investigated by your employer or supervisor for improper on the conduct, illegal activities, sexual harassment, or equal employment violations?							
	most recent, and list the following information, giving details. If monder the general information section at the end of this application.	re spa	ace is	s needed,			
Dates:	Employer:						
Details and Results	s of the Investigation:						
Dates:	Employer:						
Details and Results	s of the Investigation:						
reprimand, or ver	een suspended by an employer, or received a formal written rbal, warning, or verbal counseling?		Yes	□ NO			
Dates:	Employer:						
Details and Results	s of the Investigation:						
Dates:	Employer:						
Details and Results	s of the Investigation:						
Dates:	Employer:						
Details and Results	s of the Investigation:						

Personal and Professional References

Personal References: Include three personal references.

Dates Known: From To Month/Year Month/Year	Name of Reference	Contact Phone Number
to	Address: (Street, City, State, Zip Code)	•
Years Known:	Email Address:	
Dates Known: From To Month/Year Month/Year	Name of Reference	Contact Phone Number
to	Address: (Street, City, State, Zip Code)	·
Years Known:	Email Address:	
Dates Known: From To Month/Year Month/Year	Name of Reference	Contact Phone Number
to	Address: (Street, City, State, Zip Code)	·
Years Known:	Email Address:	
Professional Reference:	Include two professional references.	
D #	Lu an a	
Dates Known: From To Month/Year Month/Year	Name of Reference	Contact Phone Number
to	Address: (Street, City, State, Zip Code)	
Years Known:	Email Address:	
	<u> </u>	
Dates Known: From To Month/Year Month/Year	Name of Reference	Contact Phone Number
to	Address: (Street, City, State, Zip Code)	1
Years Known:	Email Address:	

addresses. All agencies must be listed regardless of the outcome or current status. If more space is	App	lications with	oth	er Law E	nfoi	rcement Ager	ıcie	S		
censored, suspended, revoked, or any disciplinary action taken against it? If yes, list every agency you have ever applied with. Start with the most recent. Give complete, accurate addresses. All agencies must be listed regardless of the outcome or current status. If more space is needed, print the agency addendum and attach it to this packet. Name of Agency: Date Applied:										
addresses. All agencies must be listed regardless of the outcome or current status. If more space is needed, print the agency addendum and attach it to this packet. Name of Agency:										
Address of Agency: Background Investigator's Name	addre	If yes, list every agency you have <u>ever</u> applied with. Start with the most recent. Give complete, accurate addresses. All agencies must be listed regardless of the outcome or current status. If more space is needed, print the agency addendum and attach it to this packet.								
Background Investigator's Name Use the section below to mark how far in the hiring process you completed with this agency: Submitted Application Took Written Exam Performed Personal History Background Investigation Conducted Background Personal History Polygraph Polygraph Polygraph Polygraph Polygraph Polygraph Polygraph Polygraph Position Applied for:	Name	e of Agency:						Date Applied:		
Use the section below to mark how far in the hiring process you completed with this agency: Submitted Application	Addr	ess of Agency:						Position Applied fo	or:	
Submitted Application Only Took Written Failed Written Exam Performed Oral Interview Failed Oral Interview Failed Oral Interview Failed Oral Interview Failed Oral Interview Performed a Polygraph Personal History Background Investigation Conducted Background Investigation Pending Performed a Polygraph Personal History Performed a Polygraph No Response from agency Withdrew application or declined Other: Explain Personal History Position Applied: Mame of Agency: Position Applied for: Phone Number Phone Number Phone Number Phone Number Phone Number Performed Only Performed Only Performed Only Personal History Background Investigation Conducted Background Investigation Pending Performed Oral Interview Performed Oral Interview Performed Oral Interview Polygraph Polyg	Back	ground Investigator's N	lame					Phone Number		
Placed on Eligibility List		Use the sect	ion be	low to mark how	far in	the hiring process you	и сот	pleted with this age	ncy:	
Personal History Investigation Conducted Investigation Pending Polygraph						Failed Written Exam				
Withdrew application or declined		Placed on Eligibility List								
Name of Agency: Date Applied:								Unknown status		
Address of Agency: Background Investigator's Name Use the section below to mark how far in the hiring process you completed with this agency: Submitted Application Only Failed Written Exam Performed Oral Interview Interview Placed on Eligibility List Submitted Personal History Background Investigation Conducted Investigation Pending Performed a Polygraph Disqualified due to polygraph Was not selected Hired / Conditional Job Offer was made Withdrew application or Other: Explain				Other: Explain						
Background Investigator's Name Use the section below to mark how far in the hiring process you completed with this agency: Submitted Application Only Took Written Exam Performed Oral Interview Failed Written Exam Oral Interview Placed on Eligibility List Submitted Personal History Background Investigation Conducted Investigation Pending Performed a Polygraph Disqualified due to polygraph Was not selected Hired / Conditional Job Offer was made Withdrew application or Other Explain	Name	e of Agency:						Date Applied:		
Use the section below to mark how far in the hiring process you completed with this agency: Submitted Application Only Took Written Exam Performed Oral Interview Interview Placed on Eligibility List Submitted Personal History Background Investigation Conducted Investigation Pending Performed a Polygraph Disqualified due to polygraph Was not selected Hired / Conditional Job Offer was made Withdrew application or Other: Explain	Addr	ess of Agency:						Position Applied fo	or:	
Submitted Application Only Failed Written Exam Performed Oral Interview Placed on Eligibility List Submitted Personal History Background Investigation Conducted Investigation Pending Performed a Polygraph Disqualified due to Personal History Hired / Conditional Job Offer was made Withdrew application or Other: Explain	Back	ground Investigator's N	lame					Phone Number		
Only Exam Paled written Exam Oral Interview Interview Interview Performed a Polygraph Disqualified due to polygraph Was not selected Was not selected Withdrew application or Other: Explain		Use the sect	ion bei	low to mark how	far in	the hiring process yo	и сот	pleted with this age	ncy:	
Parsonal History Investigation Conducted Investigation Pending Polygraph Disqualified due to polygraph Was not selected Offer was made Unknown status No Response from agency Withdrew application or Other: Explain						Failed Written Exam				
polygraph		Placed on Eligibility List						Background Investigation Pending		
I I Uner Explain		1		Was not selected				Unknown status		
				Other: Explain						

Military Service

Military discharge will be used when		nd of itself, an absolution	ute bar to	employn	nent, and oth	ner factors	
Have you registere	ed with Selective S	Service?				Yes	NO
Have you ever ser National Guard, or	•	of the United States	Armed Fo	orces,		Yes	NO
If yes, what is you	r current status:	Active	Rese	rve	Inactive	Disc	harged
Branch of Service	Occupation	Unit		Enlistme	ent Date	Discharge	
Highest Rank	Discharge Rank	CO/BN/BDE Comma	nder's Nam	e e	Phone N	lumber	
Type of Discharge	Separation Code	PSG/1SG/SGM/CS	M's Name		Phone N	lumber	
If your discharge v	vas not 'Honorabl	e', please explain:					
criminal activity w Were you ever red	while in the militar duced in pay grade	military or non-mility or National Guard or been the subject in the military or N	or Reserv	ves?	у [Yes Yes	NO NO
If you answered ye	es, to either of two	proceeding question	ns, please	explain:			
Approximate Date:	Investigated for	<i>y</i> :		0	utcome / Dispo	osition	
Duty Assignments	:						
Location:	Primary D	uty Assignment		From	Month/Year	To Month	h/Year

Education

During the background invest contacted. A review of your se			-			_		-
Levels of Education complete	d:							
☐ High School Diploma☐ Some College Education		_	sociate's deg chelor's Deg	-		Iaster's l octorate	_	
High School:	City / State		Graduate		From Mon	th/Year	To I	Month/Year
University	Major	To	otal Credits		gree rned	Fron Month/Y		To Month/Year
Have you ever attended a trad	e, vocational, or	busine	ss school?				Ye	s NO
Trade School	Course		Total Credits		gree rned	From Month/Year		To Month/Year
Do you possess other training to the position in which are yo	_		ions which a	are a	pplicable		Ye	s NO
Certification	Date	C	ertification				Date	е

Criminal History

·			
A felony conviction or domestic violence conviction is an automatic disc	qualification.		
A felony arrest, misdemeanor arrest, misdemeanor conviction is not, in a employment, and other factors will be taken into consideration when ma			
Either as an adult or a juvenile, have you ever been arrested or charged of indicted with a criminal act?	or Yes NO		
Include charges that were dismissed, dropped, reduced, deferred from pr criminal act. If yes, provide the following information.	rosecution or expunged with a		
Name of Law Enforcement Agency:	Date arrested or charged:		
Original Criminal Offense(s) / Arrest Charge(s):	Misdemeanor or Felony:		
Disposition of the arrest, charge or conviction	:		
Guilty Not Guilty Diversion Dismiss			
Name of Law Enforcement Agency:	Date arrested or charged:		
Original Criminal Offense(s) / Arrest Charge(s):	Misdemeanor or Felony:		
Disposition of the arrest, charge or conviction	:		
Guilty Diversion Dismiss	sed Plea to lesser offense		
Name of Law Enforcement Agency:	Date arrested or charged:		
Original Criminal Offense(s) / Arrest Charge(s):	Misdemeanor or Felony:		
Disposition of the arrest, charge or conviction	u.		
Guilty Not Guilty Diversion Dismiss	sed Plea to lesser offense		
Name of Law Enforcement Agency:	Date arrested or charged:		
Original Criminal Offense(s) / Arrest Charge(s):	Misdemeanor or Felony:		
Disposition of the arrest, charge or conviction:			
Guilty Not Guilty Diversion Dismiss	ed Plea to lesser offense		

Illegal Drugs/Narcotics and Prescriptions Usage

Complete with respect to any use you have had with the following illegal drugs or narcotics. Mark the appropriate box, even if NEVER USED.

Marijuana Hashish PCP Angel Dust KHAT Peyote	Date First Used		Max Times Used	
Hashish PCP Angel Dust KHAT Peyote				
PCP Angel Dust KHAT Peyote				
Angel Dust KHAT Peyote				
KHAT Peyote				
Mescaline				
Mushrooms				
Heroin				
Cocaine				
Quaaludes				
Uppers				
Downers				
Tranquilizers				
Amphetamines				
Ecstasy (XTC)				
Preludin				
Speed				
Inhalants				
Methamphetamine				
Opium				
Steroids				
LSD				
Methadone				
List any type of illegal drug not prescribed for you (Hyo		` ' •	have used, to include	prescription drugs
Have you ever manufacture of illegal drug or narcotic?	ed, bought, sold, d	istributed or given	away any type	Yes NO
Have you ever manufacture prescription drug prescribe prescription?	_	_	-	Yes NO

Financial / Legal Matter		
Have you ever been a party in a civil lawsuit (e.g. small claims action, dissolutions, child custody, paternity support etc.)	Yes	NO NO
Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to another party?	Yes	NO NO
Have you or spouse/partner ever been referred to child protective service agency?	Yes	NO NO
Have you ever been the subject of an emergency protective order or restraining order?	Yes	NO NO
Have you ever fraudulently received welfare, unemployment compensation, workers compensations or other state or federal assistance?	Yes	NO NO
Have you ever been required to repay any welfare payments, unemployment compensation, workers compensations or other state or federal assistance	Yes	NO NO
Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?	Yes	NO NO
Have any of your bills ever been turned over to a collection agency?	Yes	NO NO
Have you ever had any purchased goods repossessed?	Yes	□ NO
Have your wages ever been garnished?	Yes	NO NO
Have you ever been delinquent on income or other tax payments?	Yes	NO NO
Have you ever failed to file income tax or cheated/lied on an income tax form? Have you ever had an employment bond refused?	Yes Yes	NO NO
Have you defaulted on (failed to pay) a loan?	Yes	NO NO
Have you ever failed to make or been late on a court-ordered payment	Yes	NO NO
Have you ever written three or more bad checks in a one-year period?	Yes	NO NO

Office of the Sheriff

Labette County 718 5th Street Oswego, KS 67356



Darren R. Eichinger

Sheriff
Gregory S. Haraughty

Undersheriff

AUTHORITY TO RELEASE INFORMATION LAW ENFORCEMENT SUITABILITY BACKGROUND REQUEST

Voluntary consent is granted and I hereby authorize any Law Enforcement Officer or other authorized representative of the Labette County Sheriff's Office bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to application for employment, employment history, military history, tenant history or educational records including, but not limited to, transcripts, academic achievement, attendance, athletic, personal history and disciplinary records. This release also allows you to release law enforcement or criminal records or any information from a law enforcement agency. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Labette County Sheriff's Office.

I hereby release you as the custodian of such records and any school, college, university, or other educational institution, law enforcement agency, consumer reporting agency, military organization or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information, or any attempt to amply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

First Name		Middle Name		Last Name		
Date of Birth		Social Security Number		Driver's License Number / State		
Street Address		City		State	Zip	
Home Phone		Cell Phone		Business Phone		
State of)	Subscribed	and sworn to,	or affirmed	l before me,	
County of)	On this	day of		of this year,	
Signature of Ap	plicant					
<u>.</u>	Signature of Notar	ry				

Office of the Sheriff

Labette County 718 5th Street Oswego, KS 67356



Darren R. Eichinger

Sheriff
Gregory S. Haraughty

Undersheriff

AUTHORITY TO RELEASE INFORMATION PRISON RAPE ELIMINATION ACT SUITABILITY SCREENING

In accordance with the Prison Rape Elimination Act (PREA) Standard 115.17 prohibits this agency from hiring, promoting, or contracting with anyone (that will have direct contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. The standard requires the agency to conduct criminal background checks, conduct a check of the state's child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information. Information obtained through this investigation will be used to determine my suitability for employment. It is the policy of the Labette County Sheriff's Office which operates and maintains administrative, operational and physical control of the Labette County Jail to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual assault/abuse, or any resignation during a pending investigation of an allegation of sexual assault/ abuse.

The applicant below has applied for employment with the Labette County Sheriff's Office. In accordance with PREA Standard 115.17, we are conducting a background check to determine if applicant has had any employment history of engaging in sexual assault, abuse, harassment, either criminally or administratively with your facility. Please provide any, and all records, if the above applicant has any such history or not.

First Name		Middle Name		Last Name		
Date of Birth	of Birth			Driver's License Number / State		
Street Address		City		State	Zip	
Home Phone		Cell Phone	Phone Business Phone		ne	
State of)	Subscribed	and sworn to,	or affirmed	l before me,	
County of)	On this	day of		of this year,	·
Signature of Applicant						
Signature of	of Notary	y				