

BACKGROUND INFORMATION:

Date of Birth Month: _____ Day: _____ Year: _____

Social Security Number _____ - _____ - _____

Driver's License Number _____

State Issued _____ Expiration _____

Have you ever been convicted of a crime other than minor traffic violations?

Yes _____ No _____

Are you bi-lingual? Yes _____ No _____

If Yes, what Language? _____

Do you have a disability? Yes _____ No _____

If yes, list special accommodations needed: _____

Emergency Contact Information

In case of emergency, person to contact:

Name _____

Relationship _____

Telephone (H) _____ (C) _____

Address _____

City, State, Zip Code _____

I declare under penalty of perjury that all statements on this enrollment form and attachments are true and complete to the best of my knowledge. I understand that false, misleading, or incomplete information shall be cause for disqualification.

Applicant Signature _____

Date _____