

## APPLICATION FOR EMPLOYMENT

It is this facilities policy to provide equal opportunities without regard to race, color, religion, sex, national origin, age or disability.

Applicant Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SS# \_\_\_\_\_ Are you at least 18 years old? YES NO

Position Applying For: \_\_\_\_\_  
Full Time Part Time Pool Part Time Per Visit Evenings Shift: Day Night W/E

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_ If you are not a U.S. citizen have you the legal right to remain permanently in the U.S.? \_\_\_\_\_

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during working hours? YES NO

Have you been convicted of a crime excluding misdemeanors and traffic offences and/or released from confinement following a conviction for any criminal offense within the past 7(seven) years? YES NO

Are you presently charged with any violation of the law other than traffic violations? Yes NO  
 If yes, please give date, place and nature of each such conviction \_\_\_\_\_

Are you presently charged with any violation of the law other than traffic violation? YES NO If yes please give date, place and nature of each such conviction \_\_\_\_\_

### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To		

List professional licenses you possess. Indicate type of licence, number and state.

List any membership in professional organizations, honors or activities which you feel would enhance your application, excluding those that indicate race, color, religion, sex, national origin or disability.

List language spoke other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

In Case of emergency notify: \_\_\_\_\_

NAME \_\_\_\_\_

### WORK HISTORY

Attach an additional listing other work experience pertinent to the position for which you are applying if the space below is insufficient

Company Name:	Complete Address City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started:	Type of Business: _ Full Time _ Part Time _ Per Visit	Salary:	Reason for leaving:
Date Left:			OK to contact Supervisor _ Yes    _ No

Describe your job title, responsibilities and accomplishment:

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Company Name:	Complete Address City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started:	Type of Business: _ Full Time _ Part Time _ Per Visit	Salary:	Reason for leaving:
Date Left:			OK to contact Supervisor _ Yes    _ No

Describe your job title, responsibilities and accomplishment:

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Company Name:	Complete Address City/State/Zip:	Phone Number:	Supervisor's Name:
Date Started:	Type of Business: _ Full Time _ Part Time _ Per Visit	Salary:	Reason for leaving:
Date Left:			OK to contact Supervisor _ Yes    _ No

Describe your job title, responsibilities and accomplishment:

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**HOME HEALTHCARE REFERENCE REQUEST**

Date \_\_\_\_\_ Check method of gathering reference data: \_\_\_ Verbal \_\_\_ Mail

Name of person giving reference: \_\_\_\_\_ Facility: \_\_\_\_\_

The individual named below is applying for a position as: \_\_\_\_\_ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance \_\_\_\_\_  
(Name of Company Representative)

**APPLICANT RELEASE**

Applicant \_\_\_\_\_  
Last First Middle Maiden

Position Held \_\_\_\_\_

Social Security # \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

I hereby release all liability the company or person completing this form and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damage from the disclosure of this information

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

1) Please confirm the applicant's employment: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

2) Please comment on the applicant's attributes using the following scale:  
4=Excellent 5=Good 2=Fair 1=Poor N/A=Not applicable  
Quality of Work \_\_\_\_\_  
Knowledge & Skills \_\_\_\_\_  
Reliability & Attendance \_\_\_\_\_  
Cooperation \_\_\_\_\_  
Supervisory ability & capacity \_\_\_\_\_  
Grooming \_\_\_\_\_

3) Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_

4) Please indicate any special considerations necessary when giving assignments to this individual: \_\_\_\_\_

5) Is applicant eligible for rehire? \_\_\_ YES \_\_\_ NO If no, why not? \_\_\_\_\_

Please attach any additional comments. \_\_\_\_\_

Signature \_\_\_\_\_ Position /Title \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL CARE REFERENCE REQUEST**

Date \_\_\_\_\_ Check method of gathering reference data: \_\_\_ Verbal \_\_\_ Mail

Name of person giving reference: \_\_\_\_\_ Facility: \_\_\_\_\_

The individual named below is applying for a position as: \_\_\_\_\_ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance \_\_\_\_\_  
(Name of Company Representative)

**APPLICANT RELEASE**

Applicant \_\_\_\_\_  
Last First Middle Maiden

Position Held \_\_\_\_\_

Social Security # \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

I hereby release all liability the company or person completing this form and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damage from the disclosure of this information

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

- 1) Please confirm the applicant's employment: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date
- 2) Please comment on the applicant's attributes using the following scale:  
4=Excellent 5=Good 2=Fair 1=Poor N/A=Not applicable  
Quality of Work \_\_\_\_\_  
Knowledge & Skills \_\_\_\_\_  
Reliability & Attendance \_\_\_\_\_  
Cooperation \_\_\_\_\_  
Supervisory ability & capacity \_\_\_\_\_  
Grooming \_\_\_\_\_
- 3) Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_
- 4) Please indicate any special considerations necessary when giving assignments to this individual: \_\_\_\_\_
- 5) Is applicant eligible for rehire? \_\_\_ YES \_\_\_ NO If no, why not? \_\_\_\_\_

Please attach any additional comments.

\_\_\_\_\_  
Signature Position /Title Date

NAME \_\_\_\_\_

Personal References:(name, phone, relationship) \_\_\_\_\_

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

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered, and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by this facility, my employment will be for no definite term and either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by written contract of employment which is specified as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Register/Placement Office of all educational institutions attended to release official copy of my transcript and, if available, facility appraisals. I also authorize any appropriate licencing board to release full information concerning my license status and my license history.

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

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	_____ References	If Hired:	Position:	Start Date:
	Checked	Salary:	FT/PT/Per Visit:	

# Provisional Employment Form

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(L)(2), which requires a written statement from the applicant affirming and agreeing to the following:

1. The applicant is not disqualified from employment, an independent contract, or clinical privileges, based on the disqualifying criteria defined in subsection D of [Title 63 O.S. Section 1-1947];
2. The applicant agrees that, if the information in the registry screening and criminal history record check conducted under this section does not confirm the individual's statements under subparagraph a of this paragraph, his or her employment, independent contract, or clinical privileges shall be terminated by the employer as required under subsection D of [Title 63 O.S. Section 1-1947] unless and until the individual appeals and can provide that the information is incorrect;
3. That the applicant understands that the conditions described in paragraphs 1 and 2 may result in the termination of employment, independent contract, or clinical privileges, and that those conditions are good cause for termination; and
4. The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Where an individual is employed as a conditional employee, or has a conditional independent contract, or is granted conditional clinical privileges and the criminal history does not confirm the individual's statements under paragraph 1 above, the employer shall terminate the individual's employment, independent contract, or clinical privileges, as required by subsection E of [Title 63 O.S. Section 1-1947].

**A signed copy of this form OR AN EQUIVALENT STATEMENT  
must be kept in the Human Resource file of the employee.**

## **BEFORE BEGINNING PROVISIONAL EMPLOYMENT**

**THE EMPLOYER MUST COMPLETE THE REGISTRY SCREENINGS IN OK-SCREEN**

**THE EMPLOYER MUST REQUEST AUTHORIZATION TO FINGERPRINT  
OR JOIN A PENDING DETERMINATION**

**THE APPLICANT MUST SIGN A STATEMENT  
AFFIRMING THE CONDITIONS FOR PROVISIONAL EMPLOYMENT**

# Provisional Employment Form – Page 2

PLEASE INITIAL EACH ITEM.

- \_\_\_\_\_ I have not failed to comply with all federal, state and municipal laws as applicable to my professional license, certification, permit or employment class, as established by the authority having jurisdiction for my professional license, certification, permit, or employment class;
- \_\_\_\_\_ I am not subject to an exclusion as described under Title 42 of the United States Code, Section 1320a-7;
- \_\_\_\_\_ I am not currently the subject of a substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United State Code, Section 1935i-3(g)(1)(c) or 1396r(g)(1)(c), or Section 1-1950.7 or 1-1951 Title 63 of Oklahoma Statutes.
- \_\_\_\_\_ I am not entered on the community services worker registry pursuant to Section 1025.3 of Title 56 of the Oklahoma Statutes.
- \_\_\_\_\_ I am not recorded on the Child Care Restricted Registry pursuant to Section 405.3 of Title 10 of the Oklahoma Statutes.
- \_\_\_\_\_ I am not registered pursuant to the Sex Offenders Registration Act, the Mary Rippy Violent Crime Offenders Registration Act, or registered on another state's sex offender registry;

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(L)(2), by my signature below I affirm and agree to the following:

- a. I am not disqualified based on the disqualifying criteria listed above,
- b. I agree that, if the information in the registry screening and criminal history record check confirms that I am disqualified based on disqualifying criteria listed above, my employment, independent contract, or clinical privileges will be terminated unless and until I have appealed the determination and can provide that the information is incorrect, and
- c. I understand that false statements about disqualifying criteria will result in the termination of my employment, independent contract, or clinical privileges, and that those conditions are good cause for termination.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(N), The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

Pursuant to Oklahoma law at Title 63 O.S. Section 1-1947(O), *an individual who knowingly provides false information regarding his or her identity, criminal convictions, or substantiated findings on a statement described in subparagraph a of paragraph 2 of subsection L of this section is guilty of a misdemeanor punishable by a fine of not less than One Hundred Dollars (\$100.00) nor more than Three Hundred Dollars (\$300.00), imprisonment in the county jail for not more than thirty (30) days, or by both such fine and imprisonment.*

My signature acknowledges that I have read, understand and accept the terms and conditions outlined on this form.

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Date

**Employment Disqualifiers in the Long Term Care Security Act**  
**Title 63 O.S. Section 1-1945 et. seq.**

Pursuant to Title 63 of the Oklahoma Statutes, Section 1-1947(D), an employer shall not employ, independently contract with, or grant clinical privileges to any individual who has direct patient access to service recipients of the employer, if one or more of the following are met:

- Failure to comply with any federal, state or municipal laws applicable to your license, certificate, permit, or employment class as established by the authority having jurisdiction for your license, certificate, permit, or employment class.
- If you are identified on one of the following registries:
  - The exclusion list as described under Title 42 of the United States Code, Section 1320a-7
  - A substantiated finding of neglect, abuse, verbal abuse, misappropriation of property, maltreatment, or exploitation, by any state or federal agency pursuant to an investigation conducted in accordance with Title 42 of the United States Code, Sections 1395i-3(g)(1)(C) or 1396r(g)(1)(c), or Sections 1-1950.7 or 1-1951 of Title 63 of the Oklahoma Statutes
  - Oklahoma Community Services Worker Registry
  - Oklahoma Child Care Restricted Registry
  - Any State or National Sex Offender registry
  - Oklahoma Violent Offender registry

**The following criminal offenses apply to nurse aides, non-technical service workers, and those employment classes not otherwise licensed, certified or permitted for the purpose of employment with an employer subject to the Long Term Care Security Act:**

If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

If less than seven (7) years have elapsed since the completion of sentence\*, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person:

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

\*Pursuant to 63 O.S. § 1-1950.1(A)(5), "Completion of the sentence" means the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole.



# Consent and Release Form

## Crimes That May Block Your Employment

Long Term Care Security Act – Title 63 O.S. Section 1-1945 *et. seq.*

You must be fingerprinted to work with this employer. We will do a national background check and an arrest in any state is reviewed. Your fingerprints will be used to check the criminal history records of the FBI. The FBI will retain your fingerprints and associated information/biometrics and, while retained, your fingerprints will continue to be compared against other fingerprints submitted to, or retained by, the FBI.

If convicted for a crime listed below, you may not be able to work for nursing, assisted living, adult day care, and residential care facilities; homes for the developmentally disabled; group homes; home health and hospice agencies.

These crimes apply to nurse aides, activity, social services, kitchen, housekeeping, maintenance and other non-licensed jobs. Licensed boards define the crimes that apply to for licensed health care professionals. Tell this provider if you were fingerprinted for your license. Your arrest history will be monitored. If sentenced for any disqualifying crimes while employed you may lose your job.

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime:<sup>1</sup>

- a. abuse, neglect or financial exploitation of any person entrusted to the care or possession of such person,
- b. rape, incest or sodomy,
- c. child abuse,
- d. murder or attempted murder,
- e. manslaughter,
- f. kidnapping,
- g. aggravated assault and battery,
- h. assault and battery with a dangerous weapon, or
- i. arson in the first degree.

You will be found not eligible for a job with these employers if you were ever sentenced for one of the following crimes or a related crime and less than seven (7) years has passed since you completed the terms of your sentence, including any period of deferment:<sup>2</sup>

- a. assault,
- b. battery,
- c. indecent exposure and indecent exhibition, except where such offense disqualifies the applicant as a registered sex offender,
- d. pandering,
- e. burglary in the first or second degree,
- f. robbery in the first or second degree,
- g. robbery or attempted robbery with a dangerous weapon, or imitation firearm,
- h. arson in the second degree,
- i. unlawful manufacture, distribution, prescription, or dispensing of a Schedule I through V drug as defined by the Uniform Controlled Dangerous Substances Act,
- j. grand larceny, or
- k. petit larceny or shoplifting.

<sup>1</sup> If the results of a criminal history background check reveal that the subject person has been convicted of, pled guilty or no contest to, or received a deferred sentence for, a felony or misdemeanor offense for any of the following offenses in any state or federal jurisdiction, the employer shall not hire or contract with the person. [63 O.S. § 1-1950.1(C)(1)]

<sup>2</sup> If less than seven (7) years have elapsed since the completion of sentence\*, and the results of a criminal history check reveal that the subject person has been convicted of, or pled guilty or no contest to, a felony or misdemeanor offense for any of the following offenses, in any state or federal jurisdiction, the employer shall not hire or contract with the person [63 O.S. § 1-1950.1(C)(2)]

\* The law defines "Completion of the sentence" to mean the last day of the entire term of the incarceration imposed by the sentence including any term that is deferred, suspended or subject to parole [63 O.S. § 1-1950.1(A)(5)]

This form is provided as a courtesy for the use of employers. Other versions of this form may also be used for the purposes of Title 63 O.S. § 1-1947(H), which requires that an *applicant shall provide the employer a government photo identification of the applicant and written consent for the employer to conduct a registry screening and the Bureau [Okla. State Bureau of Investigation (OSBI)] to conduct a state and national criminal history record check under this section. The employer shall maintain the written consent and information regarding the individual's identification in their files for audit purposes.*

For the purposes of documenting the individual's identification, it is recommended a copy of the identification be maintained with the applicant's written consent.

**Employer must retain the signed applicant consent.**

**Instructions to Applicant:** Prior to employment with an employer subject to the Long Term Care Security Act [63 O.S. 1-1945 *et. seq.*], an applicant must consent to a check of state and/or national licensure, certification, abuse, exclusion and offender registries, and fingerprinting for a state and national criminal history records check as required. Applicants with an active employment history in OK-SCREEN or previously fingerprinted for a license, certification or permit in Oklahoma where the authority having jurisdiction for the license, certification, or permit employs electronic criminal history monitoring, may not require fingerprinting. With your written consent below, the employer will submit your information through the OK-SCREEN portal for checks against state and national registries. If cleared, and the employer wishes to proceed, you will be notified via email or telephone the employer has authorized you to schedule an appointment for fingerprinting. You will be responsible for a Ten Dollar (\$10) administrative processing fee at the time the appointment is scheduled unless the employer elects to pay the fee. You will have ten (10) calendar days to submit your fingerprints through an authorized collection site or your application shall be deemed withdrawn and your will be required to start the application process over. [63 O.S. § 1-1947(I)(4)]

**Declarations:** By signing this form I consent to registry screening and submission of my fingerprints to the Oklahoma State Bureau of Investigation (OSBI) for forwarding to the Federal Bureau of Investigation for the purpose of conducting a state and national criminal history records check pursuant to 63 O.S. § 1-1947(H). I understand that the results will be shared with the Oklahoma National Background Check Program (ONBCP) operated by the Oklahoma State Department of Health (OSDH).

I understand that if my criminal history record check results reveal information that prevents the Department from making a final determination of employment eligibility, I will be given notice and will have sixty (60) days to make any necessary corrections or additions for the Department to review. If I am unable to make corrections or additions to the record within the sixty (60) days, the Department shall deny eligibility based on the disqualifying results and shall notify me of my right to appeal. The notice shall include the reasons I was found not eligible for employment and a statement that I have a right to appeal the decision. [63 O.S. § 1-1947(K)]

I understand that should I be selected for employment, and as a condition of continued employment, I agree to report to the employer immediately upon being arraigned, indicted, convicted, or pleading guilty or nolo contendere to one or more of the criminal offenses applicable to my license, certification, permit or employment class; or upon being the subject of a substantiated finding on a registry as described in this *Consent and Release* and Title 63, Section 1-1947. I further understand that reporting of an arraignment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(Q)]

I understand the OSDH will store the records of an employer's enrolled employees, the results of the screening and criminal arrest records search, and an identifier issued by the OSBI for the purposes of receiving an automatic notification from the OSBI if a subsequent criminal arrest record submitted into the system matches a set of fingerprints previously submitted. Upon notification, the OSBI will immediately notify the Department and the Department will immediately notify the employee. Information in the database established under this subsection is confidential, is not subject to disclosure under the Oklahoma Open Records Act, and shall not be disclosed to any person except for purposes of this act or for law enforcement purposes. The employee shall promptly respond to Department inquiries regarding the status of an arraignment or indictment. Reporting of an arraignment or indictment under this subsection may be cause for leave without pay, placement under direct supervision, restriction from direct patient access, termination, or denial of employment. [63 O.S. § 1-1947(S)]

Pursuant to 63 O.S. § 1-1947(l)(1), the employer shall submit the applicant's name, any aliases, address, former states in which the applicant resided, social security number, and date of birth. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application. PLEASE PRINT CLEARLY:

This form requests this information for the purposes of a state and national criminal history records search.

These names must appear as recorded on your birth certificate or other official record.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_ Last Name: \_\_\_\_\_

What Other Aliases/Names Have You Used? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State and Country of Birth: \_\_\_\_\_

US Citizen  Y  N Race: \_\_\_\_\_ Gender:  M  F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home  Mobile

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current City/State/Zip: \_\_\_\_\_

In what other states have you lived after 17 years of age? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

My signature acknowledges that I have read, understand and accept the terms and conditions outlined in this form. I consent to registry screening and submission of my fingerprints to the OSBI for forwarding to the FBI. Both agencies will conduct a state and national criminal history records check and retain my fingerprints for comparison against other fingerprints submitted to, or retained by, the OSBI or FBI.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date