

Jackson County Sheriff's Office

DO YOU QUALIFY TO BECOME AN EMPLOYEE OF THE JACKSON COUNTY SHERIFF'S OFFICE?

To qualify for the position of Deputy Sheriff, full-time or auxiliary, you must meet the following requirements:

- Be at least 21 years of age at the time your application is submitted.
- Have a valid Ohio Driver's License.
- Have a high school diploma, GED or equivalent.
- Be able to read, write and speak the English language.
- Be a U.S. citizen.
- YOU MUST CURRENTLY BE OPOTA CERTIFIED.

Copies of the following documents are required:

- ✓ Birth Certificate
- ✓ High School Diploma or GED
- ✓ Driver's License
- ✓ Social Security Card
- ✓ OPOTA Certificate
- ✓ Military DD-214 (if applicable)

To qualify for the position of Corrections Officer, you must meet the following requirements:

- Be at least 18 years of age at the time your application is submitted.
- Have a valid Ohio Driver's License.
- Have a high school diploma, GED or equivalent.
- Be able to read, write and speak the English language.
- Be a U.S. citizen.

To qualify for the position of Dispatcher or Civilian employee, you must meet the following requirements:

- Be at least 18 years of age at the time your application is submitted.
- Have a valid Ohio Driver's License.
- Have a high school diploma, GED or equivalent.
- Be able to read, write and speak the English language.
- Be a U.S. citizen.

The application must be filled out in its entirety. Your resume, copies of letters, certificates, etc. may be attached to the application as supplements only. After completing your application, return it to the Sheriff's Office, 350 Portsmouth Street Jackson, Ohio and bring your social security card and driver's license, as you may be fingerprinted for BCI and FBI checks. You will need to submit your application only during normal business hours, 8 a.m. - 4 p.m., Monday - Friday. No electronic submissions.



Jackson County Sheriff's Office

Background/Removal Standards

Honesty/Falsification: Applicants will be removed from the eligibility list for any of the following reasons:

- At any stage of the background investigation process, the applicant fails to disclose or acknowledge the use or purchase of any illegal drug(s), and at a subsequent stage in the process, the applicant admits to the use of an illegal drug, as an adult.
- At any stage of the background investigation process, the applicant provides substantially inconsistent responses regarding illegal drug(s) or alcohol used or purchased by the applicant, as an adult.
- At any stage of the background investigation process, the applicant fails to disclose or acknowledge any disqualifying behavior or activity on the part of the applicant, as an adult. relative to, and governed by, any of the Background Removal Standards.
- Failure or refusal to answer or respond to oral or written questions during any phase of the selection process.
- Any attempt to distort the polygraph examination results.
- Use or attempted use of political influence to secure employment.

Family History: Applicants will be removed from the eligibility list for any of the following reasons:

- A conviction of a misdemeanor crime of domestic violence involving use of force or threatened use of a deadly weapon is a permanent disqualifier under Federal laws.
- Non-compliance with a court order or legal contract to provide child support, alimony or other financial responsibility as determined by the appropriate support enforcement bureau or a court of law within the preceding five (5) years.
- Intentional violation of any protective or temporary restraining order as determined by a court of law within seven (7) years.
- Verified or admitted sexual abuse as adult of one's spouse, ex-spouse, child, stepchild, parent or other relative or person with whom one lived or has an intimate relationship.
- Verified or admitted physical abuse as an adult within the last ten (10) years of one's spouse, ex-spouse, child, stepchild, parent or other relative or person with whom one lived or has an intimate relationship.

Employment: Applicants* will be removed from the eligibility list for any of the following reasons:

- Three (3) or more involuntary terminations and/or discharges from employment within the last five (5) years. This shall not include terminations resulting from a business ceasing operations or resulting from being laid off from a position of employment.
- Post-probationary termination or resignation in lieu of discipline from any criminal justice occupation.

Military History: Applicants will be removed from the eligibility list for any of the following reasons:

- Dishonorable discharge from military service.
- Conviction of any article of the Uniform Code of Military Justice that would be equivalent to a felony under the Ohio Revised Code (ORC).

Traffic: Applicants* will be removed from the eligibility list for any of the following reasons:

- Any conviction of vehicular homicide shall permanently eliminate an applicant from consideration.
- Driving under the influence of alcohol or drugs:
- Conviction within the past five (5) years, or
- More than one (1) OVI conviction as an adult; or
- More than two (2) OVI convictions, if one of the convictions was as a juvenile.
- Four (4) moving violations in the past three (3) years as an adult.
- At the time of the interview or polygraph, the applicant does not possess a valid driver's license and auto insurance as required by the residence state and if the applicant owns a car.

Gambling: The term "gambling offense" shall include any activity defined as gambling by a federal, state, local statute or ordinance in the jurisdiction where the activity occurred. Applicants will be removed from the eligibility list for any of the following reasons:

- Conviction of a gambling offense, within the last five (5) years.
- Admission to gambling that has resulted in an unstable financial or credit history within the last seven (7) years.
- Conviction of or admission to engaging in the promotion of illegal gambling activity wherein the applicant gains a financial benefit.

Criminal Activity: Applicants will be removed from the eligibility list for any of the following reasons:

- Any pattern of theft offenses. within the last five (5) years, which cumulatively exceeds \$1 ,000.00.
- Any theft offense within the last five (5) years, which singularly is equal to a felony. This standard includes theft of cable TV service(s), if the theft occurred in the last two (2) years.
- Any fraudulent insurance claims or fraudulent applications for welfare, workers compensation, unemployment compensation or other public assistance programs in excess of \$1 ,000.00.
- Any admission or conviction of an offense, as an adult, defined as a felony by the federal, state or local law of the jurisdiction where the offense occurred. An admission of a felony offense would be disqualifying unless otherwise addressed by these standards.
- Any admission or conviction of an offense, as a juvenile of one (1) violent felony as defined by the federal, state or local law of the jurisdiction where the offense occurred.
- Any conviction of a M-1 or M-2 misdemeanor as defined by the federal, state or local law in the jurisdiction where the offense occurred, as an adult in the last five (5) years or more than one M-1 or M-2 conviction as an adult.
- Any conviction of more than one (1) M-1 or M-2 misdemeanor as a juvenile, as defined by the federal, state or local law in the jurisdiction where the offense occurred. (Does not include traffic or minor misdemeanors.)
- Any admission of an offense for carrying a concealed weapon within the last five (5) years if it is defined as a felony by the federal, state or local law where the offense occurred.
- Any pattern of theft offenses from an employer or during employment as an adult.

Illegal Substances: Applicants will be removed from the eligibility list for any of the following reasons:

- Any use or purchase of drugs of abuse (except marijuana) within three (3) years before application. Drugs of abuse include chemical agents/solvent-based substances and prescription drugs taken for reasons other than intended use, in more than one incident and without a prescription, especially Schedule I, II and III drugs.
- Any use, purchase, or cultivation of marijuana within one (1) year before application or any time during the selection process.
- Any illegal manufacture or sale of drugs of abuse, marijuana or prescriptive drugs. If the substance was sold without profit to the applicant, the amount sold was de minimis, and the sales occurred when the applicant was a juvenile or more than five (5) years ago, then the above Rule shall be negated.

Applicant non-responsiveness: An applicant shall be removed from the process for any of the following reasons:

- Failure to appear for pre-interview/interview.
- Failure to appear for polygraph examination.
- Failure to appear for medical/stress test.
- Failure to appear for psychological exam.
- Failure to return Personal History Questionnaire or Supplemental Questionnaire, or to respond to phone calls or correspondence from Background personnel.
- Unable to locate at address/phone number on file.
- Applicant is no longer interested in employment with the Division.
- Failure to appear for oral board.

*The Employment and Traffic Standards do not apply to Corrections Officers, Dispatchers or Civilian employees. All standards are cause for removal for time frames listed and any time during the selection process. Unless otherwise noted, standards that reference a time frame will be calculated from the date the eligible list was established.

For purposes of Background Removal Standard, the "use" of drugs occurs when an applicant smokes, puffs, ingests, tastes, injects, inhales, or otherwise tries, any illegal drug, including but not limited to, marijuana, cocaine, anabolic steroids, or chemical inhalants. The "purchase" of marijuana or other illegal drugs include those purchases made by pooling of resources or money by the applicant and others for substances for their own use.



Jackson County Sheriff's Office

Tedd E. Frazier, Sheriff

350 Portsmouth Street, Jackson, Ohio 45640

Personal History Questionnaire

Personal History of: _____
Last Name First Middle

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Position Desired: ___ Part-Time Deputy Sheriff | ___ Full-Time Deputy Sheriff | ___ Auxiliary Deputy Sheriff
___ Dispatcher | ___ Part-Time Corrections | ___ Other: _____

Telephone: (____) ____-____

This Personal History Questionnaire is intended for the use of the Jackson County Sheriff's Office. Failure to provide truthful information will result in rejection for appointment. Use or attempted use of political influence to change the employment standards will result in rejection of appointment or discharge after employment. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures. The attached "Authorization for Release of Information" form can be notarized when you drop off this packet for review.

Directions: The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in black ink only. Each individual question must be answered. There can be no blanks. Unless otherwise indicated explain all YES responses. If the space available is insufficient for you to respond, use the continuation sheets. If a question does not apply to your circumstances, insert "DNA" in that blank/section. When answering questions that require dates, insert the full date, partial month-year responses are unacceptable. You must provide complete address information including zip code when requested, partial address responses are unacceptable.

□ □ □

I certify that the statements contained in this questionnaire and any pages I have attached, are true and correct to the best of my knowledge. I understand that any false statements made in this questionnaire may be cause for disapproval of my appointment or for discharge after appointment.

Print name

Signature

Section 1: Family History

Email Address		Height	Weight	Hair Color	Eye Color
Place of birth		City	County	State	Birth Certificate Number
Current Address (Number, Street, Apartment, City, County, State, Zip Code)				Residential Phone Number	
List any other names by who you have been known (Maiden Name, Married Name, Alias, Nickname, etc.)				Cellular Phone Number	
Ohio Driver's License Number	Type	Expiration Date	Other drivers license (List number #), type(s), state(s) and expiration date(s)		
Are you a U.S. Citizen? Yes / No	Are you a permanent resident alien? ü Yes, ü No If yes, give the date and port of entry to the U.S.				
Marital Status	City, County, State where Married			Date Married	
Name of Current Spouse or Significant Other	Maiden Name (Spouse, If Applicable)		Age (Spouse)	Date of Birth (Spouse)	
Mother: __ Natural __ Step __ Foster __ Adoptive	Last, First, Middle Name & Date of Birth		Address (Number, Street, Apartment, City, County, State, Zip Code)		
Father: __ Natural __ Step __ Foster __ Adoptive	Last, First, Middle Name & Date of Birth		Address (Number, Street, Apartment, City, County, State, Zip Code)		
List any identifying scars, birthmarks, blemishes, tattoos, etc.- that you may have					

List your children oldest to youngest:

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last, First, Middle Name	Date of Birth	Place of Birth (City, County, State)
Address (if different from yours)		Relationship to you: __ Natural __ Step __ Foster __ Adoptive	Relationship to your spouse Natural Step C Foster Adoptive
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last, First, Middle Name	Date of Birth	Place of Birth (City, County, State)
Address (if different from yours)		Relationship to you: __ Natural __ Step __ Foster __ Adoptive	Relationship to your spouse C] Natural C) Step Foster Adoptive
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last, First, Middle Name	Date of Birth	Place of Birth (City, County, State)
Address (if different from yours)		Relationship to you: __ Natural __ Step __ Foster __ Adoptive	Relationship to your spouse Natural z Step n Foster n Adoptive
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last, First, Middle Name	Date of Birth	Place of Biff (City, County, State)
Address (if different from yours)		Relationship to you: __ Natural __ Step __ Foster __ Adoptive	Relationship to your spouse Natural O Step D Foster C] Adoptive

List your relatives in the following order: Brothers, Sisters, Step-brothers, Step-sisters, Father-in-law, mother-in-law, Brothers-in-law, Sisters-in-law

Name	Relationship	Name	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any previous marriages in the order of most recent to oldest:

Relationship	Last, First, Middle Name	Address (Number, Street, Apartment, City, County, State, Zip Code)	Age
Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse, Include current and maiden name	
Current Address (Number, Street, Apartment, City, County, State, ZIP Code)			Current Phone Number
Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse, Include current and maiden names	
Current Address (Number, Street, Apartment, City, County, State, ZP Code)			Current Phone Number
Date Married, City, County, State	Date Dissolved, City, County, State	Name of Ex-Spouse, Include current and maiden names	
Current Address (Number, Street, Apartment, City, County, State, Zip Code)			Current Phone Number

Why did you choose a career in Law Enforcement?

Can you leave the job at work?: Yes | No (If yes, explain details):

Do you have issues being assigned to the Jail Division?: Yes | No (If yes, explain details):

Do you have issues working second or third shift?: Yes | No (If yes, explain details):

Do you have issue being mandated or working holidays?: Yes | No (If yes, explain details):

Do any of your family members or close friends have a felony record?: Yes | No (If yes, explain details):

What Social Media accounts do you have? (Please list all current and previous profiles.)

Facebook Profile: _____

Instagram Profile: _____

Any other Social Media Accounts?: Yes | No

If yes: Social Media and Profile Name: _____

What is your greatest quality and why?

What is your greatest flaw and why?

Are you paying child support or alimony? No | Yes, Amount per month, if applicable: \$_____

- Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency? No | Yes, (If, No explain details)

Are you now supporting all dependents you are required to support? No | Yes, (If, No explain details)

Have you ever been sued for child support or alimony? No | Yes, (If, Yes, explain details and list the court, case number and date of disposition) _____

Have you ever been convicted of or accused of or engaged in physical emotional or sexual abuse of a spouse, ex-spouse, child, stepchild, parent or any other relative or person? No | Yes, (if, Yes explain details)

Have you ever been convicted of or accused of or engaged in violating a protection or temporary restraining order? No | Yes, (If, Yes, explain details and list the court, case number and date of disposition)

Section 2: Previous Residences

List last nine (9) addresses, excluding current address. List from most recent to oldest. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing include the agent or management company to whom you pay rent.

From (Month-Year) to (Month-Year)	Address (Number, Street, Apartment, City, County, State, Zip Code)	With whom did you live and your relationship to them?

Section 3: Employment History

Begin with your most recent job and list your complete work history in chronological order. Include, in sequence, all part time jobs, periods of unemployment and military service. When listing military service substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior, and substitute for the name and address of co-worker, then name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In the box designated as "Name of Employee write in unemployed. In the block designated as "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete - Street, apartment or suite, City, State and zip code. If more than eleven places of employment, add additional to continuation sheet.

From Date	Name of Employer	Job Title	Average hours worked per week Full Time Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary [Wage per hour	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-worker
From Date	Name of Employer	Job Title	Average hours worked per week Full Time Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary / Wage per hour	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker
From Date	Name of Employer	Job Title	Average hours worked per week Full Time Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary Wage per hour	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker
From Date	Name of Employer	Job Title	Average hours worked per week Full Time Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip Code)	Description of Duties	Reason for Leaving
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary / Wage per hour	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-worker
From Date	Name of Employer	Job Title	Average hours worked per week Full Time Part Time
To Date	Address (Number, Street, Apartment, City, County, State, Zip code)	Description of Duties	Reason for Leaving
Total Time Employed	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone Number of Business
Salary Wage per hour	Full Name of Co-Worker	Address of Co-Worker	Telephone Number of Co-Worker
To Date	Address (Number, Street, Apartment, City State, ZIP Code)	Description of Duties	Reason for Leaving

Have you ever been discharged or asked to resign from any job? No | Yes (If Yes, make sure job is listed (explain details))

Have you ever resigned or been given the opportunity to resign from a job in which you were under investigation for policy violation or misconduct? No | Yes (If Yes, make sure job is listed (explain details))

Have you ever been discharged or asked to resign from a Criminal Justice occupation? No | Yes (If Yes, make sure job is listed (explain details))

Have you ever been disciplined by your current or previous employers? No | Yes (If Yes, make sure job is listed (explain details))

Did you list ALL of your jobs for the past ten years on your employment application, to include part -time and temporary jobs? No | Yes (If Yes, make sure job is listed (explain details))

May we contact your current employer? If no, explain why on continuation page and be prepared to present copies of performance evaluations or other documentation. If presently unemployed, indicate so in first box? No | Yes (If No, make sure job is listed (explain details))

Have you ever applied for a position with any other Law Enforcement Agency or other Government Agency? No | Yes (If Yes, list the agency or agencies below. Including a contact (if interviewed), address and phone number.)

Are you currently O.P.O.T.A. Certified? No | Yes (If Yes, attach your certificate.)

Section 4: Military History

Have you registered for the selective service? Yes | NO

Have you ever served in any military organization of the United States? No | Yes (If Yes, what branch? _____
Active Reserves Yes | No

Are you currently in the reserves? No | Yes, (If Yes, Name and Address of Guard/Reserve Unit.)

What type of discharge did you receive? Honorable | Dishonorable | Honorable with conditions | General | Other: _____

Explain if discharge was other than Honorable: _____

Dates of active duty: _____/_____/_____ to _____/_____/_____

Have you ever been court martialed, tried on charges, or were you the subject of a summary court, deck court, Captain's Mast, company punishment, or any other type of disciplinary action while a member of the armed forces? No | Yes (If Yes, explain details) : _____

Are there any incidents concerning your military career that could possibly affect this application process? No | Yes (Explain details) : _____

Section 5: Educational Record

Have you graduated from high school or obtained your General Educational Development (GED) certificate?: No | Yes

What was the highest grade level completed? _____

Have you attended any post high school educational institutions? No | Yes, Where? _____

Have you graduated from college? No | Yes Where/Degree: _____

List each high school, trade school, night school, college and university that you have attended. Start with the most recent school.

Name of School, Location (City, State)	Dates Attended	Graduated/Degree
		Yes/ No
		Yes/No
		Yes/No
		Yes/No
		Yes/no

Section 6: Traffic Record

Have you ever been convicted of an OVI as an adult or a juvenile?: No | Yes (Explain details):

Have you ever driven a motor vehicle under the influence of illegal drugs as an adult or a juvenile?: No | Yes (Explain details):

Do you have automobile insurance?: Yes | No (Explain details):

Name, address and phone number of current Insurance Agent: _____

Has your Driver's License ever been revoked or suspended as an adult or a juvenile?: No | Yes (Explain details): _____

Have you ever been convicted of driving under suspension as an adult or a juvenile?: No | Yes (Explain details): _____

Have you ever been convicted of vehicular assault?: No | Yes (Explain details): _____

Have you ever been convicted of vehicular homicide?: No | Yes (Explain details): _____

List all moving violation you have received, adult or juvenile: (Date. Offense. Location or ding agency and age at time of offense.)

List all traffic accidents you have been involved in as a driver, adult or juvenile, (Date. Offense. Citation or agency and age at time of offense)

Section 7: Criminal Record

1. Have you ever stolen anything from your employer?: No | Yes (Explain details): _____

2. Other than from your employer, have you ever stolen anything?: No | Yes (Explain details): _____

3. Have you ever received Welfare, Workers Compensation, Unemployment Compensation or other public assistance illegally or above the amount you were entitled?: No | Yes (Explain details): _____

4. Have you ever used/tried or purchased marijuana?: No | Yes (Explain details): _____

5. Have you ever used/tried or purchased illegal drugs other than marijuana?: No | Yes (Explain details): _____

6. Have you ever sold illegal drugs, prescription drugs or marijuana?: No | Yes (Explain details): _____

7. Have you ever abused alcohol, chemical agents/solvents or prescription drugs (including Steroids)?: No | Yes (Explain details): _____

8. As an adult or a juvenile, other than traffic violations, have you ever committed or been convicted of a criminal offense?: No | Yes (Explain details): _____

9. Have you ever used/tried or purchased illegal drugs other than marijuana?: No | Yes (Explain details): _____

10. Have you ever been convicted of a gambling offense?: No | Yes (Explain details): _____

11. In the last 7 years, have you had an unstable financial or credit history as a result of gambling?: No | Yes (Explain details): _____

12. Have you ever been convicted or, engaged in, the promotion of illegal gambling where you gained a financial benefit?: No | Yes (Explain details): _____

13. Have you ever been placed on or served in a criminal diversion type program or applied for and had any charges/convictions sealed?: No | Yes (Explain details): _____

14. Have you ever served time in jail due to a felony or misdemeanor conviction?: No | Yes (Explain details): _____

15. Are you presently under indictment or a defendant in any pending criminal, traffic or civil actions?: No | Yes (Explain details): _____

16. Have you ever committed a felony for which you were never arrested for?: No | Yes (Explain details): _____

17. Have you ever engaged in any illegal sexual activities?: No | Yes (Explain details): _____

18. Have you ever accessed and/or possessed child pornographic (publication or internet)?: No | Yes (Explain details): _____

Have you ever been a member or had association with any subversive group as outlined in the "Declaration Regarding Material Assistance / Non-assistance to a Terrorist Organization (DMA)" list provided by the United States Government (The Terrorist Exclusion List may be found on the Ohio Homeland Security Website at <http://mwww.home/andsecurity.ohio.gov>)?: No | Yes (Explain details): _____

Section 8: Financial Record

Have you ever been garnished, filed for bankruptcy or been declared bankrupt?: No | Yes (Explain details):

Have you ever had anything repossessed?: No | Yes (Explain details):

Have you been involved in any civil actions?: No | Yes (Explain details):

Do your current monthly bills exceed your take home pay?: No | Yes (Explain details):

Are you currently more than three months behind on any bills?: No | Yes (Explain details):

Are any creditors pursuing you for outstanding debts?: No | Yes (Explain details):

Are there any financial obligations or bills that you have refused to pay or feel that you are not responsible for?: No | Yes (Explain details):

Estimate the amount of debt you owe, not including house or car payments: \$ _____

List your current debts. Including yours, your spouses or ex-spouses, to which you are liable. Vehicles are listed separately below.

To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment

List your current vehicles

Year, Make, Model, License Plate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment
Year, Make, Model, License Rate			Date Purchased	Name of Legal Owner	
Whom O	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment
Year, Make, Model, License Rate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment

List your current banking information:

Name of Bank	Type of Account?
_____	Checking Savings
_____	Checking Savings
_____	Checking Savings

List your current debts. Including yours, your spouses or ex-spouses, to which you are liable. Vehicles are listed separately below.

To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment

List your current vehicles

Year, Make, Model, License Plate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment
Year, Make, Model, License Rate			Date Purchased	Name of Legal Owner	
Whom O	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment
Year, Make, Model, License Rate			Date Purchased	Name of Legal Owner	
To Whom Owed	Address	Date Incurred	Original Amount	Remaining Amount	Monthly Payment

Section 9: References

List the names of three adults, not related to you & not a former employer, who have known you for a period of preferably more than 3 years.

Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number
Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number
Name	Home Address	Home Phone Number
Years Known	How Known	Cellular Phone Number

