

SECURITY CLEARANCE

IMPORTANT

THIS APPLICATION IS A PERMANENT RECORD. ALL INFORMATION MUST BE TYPED OR NEATLY PRINTED, USING BLACK INK ONLY. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

THE ATTACHED INSTRUCTIONS MUST BE FOLLOWED EXPLICITLY.

PART-TIME APPLICANTS WILL FILL OUR ONLY THOSE SECTIONS MARKED WITH A SHADED BLACK BOX ()

IMPORTANT INSTRUCTIONS FOR COMPLETING APPLICATION

IT IS MANDATORY THAT ALL INFORMATION WHICH IS REQUESTED BE SUPPLIED IN THE EXACT NUMBER REQUESTED. EACH QUESTION ON THIS APPLICATION FORM MUST BE ANSWERED, LEAVE NO BLANKS. IF A QUESTION DOES NOT APPLY, ENTER "D.N.A." IN THE SPACE PROVIDED FOR THE ANSWER. **INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.**

1. READ THE FORMS CAREFULLY.
2. LIST ZIP *CODES* AND *AREA CODES* ON ALL REQUESTED ADDRESSES AND TELEPHONE NUMBERS.
3. YOU MUST HAVE COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF PRESENT AND PAST EMPLOYERS FOR THE LAST 5 YEARS.
4. COMPLETE ALL THE INFORMATION ON EDUCATIONAL BACKGROUND, LIST LAST HIGH SCHOOL ATTENDED OR GRADUATED FROM AND ALL COLLEGES ATTENDED.
5. LIST ALL RESIDENCES FROM LAST 5 YEARS TO PRESENT. TIME SPENT IN THE ARMED FORCES MAY BE SHOWN AS ONE RESIDENCE, I.E. - 1968-70, U.S. ARMY.
6. LIST RELATIVES IN THE ORDER REQUESTED. INFORMATION ON DECEASED RELATIVES SHOULD BE LISTED AS FOLLOWS: RELATIONSHIP, NAME, "DECEASED" AND BIRTHPLACE.
7. IF THERE IS NOT SUFFICIENT SPACE ON THE FORM TO INCLUDE ALL THE INFORMATION REQUIRED, PLACE A SUPPLEMENTAL INFORMATION SHEET, (8-1/2 X 11- LINED PAPER, IN PROPER SEQUENCE AND COMPLETE THE INFORMATION. BE CERTAIN TO IDENTIFY EACH QUESTION BY ITEM NUMBER ON THE SUPPLEMENTAL INFORMATION SHEET.
8. ANY FALSE STATEMENTS MADE ON THIS QUESTIONNAIRE MAY CAUSE THIS APPLICANTS NAME TO BE REMOVED FROM THE ELIGIBLE LIST OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

Please initial this page

APPLICATION AND HISTORY RECORD

SECTION I - PERSONAL INFORMATION [REDACTED]											
DATE OF APPLICATION		POSITION APPLIED FOR			(LEGAL NAME) LAST		FIRST		MIDDLE		
SEX	AGE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER					
ALIASES, NICKNAMES, MAIDEN NAME					<input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> NATURALIZED <input type="checkbox"/> LEGAL ALIEN		DATE		STATE:		
DATE OF BIRTH		PLACE OF BIRTH (CITY, COUNTY, STATE)									
MOTOR VEHICLE OPERATOR'S LICENSE OR I.D. CARD NO. AND STATE				EXPIRATION DATE		AUTO INSURANCE POLICY NUMBER					
NAME OF AUTO INSURANCE COMPANY			NUMBER		STREET		CITY		STATE		ZIP CODE
IN EMERGENCY NOTIFY (RELATIONSHIP, NAME, ADDRESS, ZIP CODE, TELEPHONE NUMBER WITH AREA CODE)											

SECTION II - CURRENT RESIDENCE [REDACTED]											
RESIDENCE ADDRESS (NUMBER, STREET, APT, NUMBER, CITY, STATE, ZIP CODE)								<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> VISITING			
RESIDENCE PHONE (AREA CODE)			BUSINESS PHONE (AREA CODE &, EXTENSION)			OTHER PHONE (AREA CODE)					
MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE)											

SECTION III - MARITAL INFORMATION [REDACTED]											
MARITAL STATUS					<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED						
NAME OF PRESENT SPOUSE (FIRST, MIDDLE, LAST)						AGE		DATE OF BIRTH:			
OTHER NAMES SPOUSE HAS USED			PLACE OF MARRIAGE (CITY, COUNTY, STATE, ZIP CODE)			DATE OF MARRIAGE					
SPOUSE'S ADDRESS (IF DIFFERENT THAN APPLICANT'S)						TELEPHONE # (AREA CODE)					
SPOUSE'S EMPLOYER'S NAME AND ADDRESS											
SPOUSE'S POSITION OR TITLE				LENGTH OF TIME SPOUSE EMPLOYED BY PRESENT EMPLOYER			TELEPHONE # (AREA CODE)				
				_____ YEARS _____ MONTHS							
1. LIST ALL OF YOUR CHILDREN (INCLUDE STEP CHILDREN, ADOPTED CHILDREN, ETC.)										PRESENTLY LIVING WITH YOU?	
NAME		DATE OF BIRTH			RELATIONSHIP			YES		NO	

SECTION IV - FAMILY HISTORY

1. LIST RELATIVES IN THE FOLLOWING ORDER: MOTHER (MAIDEN NAME), FATHER, STEP-MOTHER, STEPFATHER, BROTHERS, SISTERS, LEGAL GUARDIAN

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

RELATIONSHIP	AGE	LAST NAME	FIRST	MIDDLE	NICKNAME/MAIDEN NAME
ADDRESS			CITY	STATE	ZIP CODE
BIRTHPLACE			OCCUPATION		

IF DIVORCED, WIDOWED OR ANNULLED, LIST PRIOR MARRIAGES IN ORDER OF OCCURRENCE		
NAME OF FORMER SPOUSE	DATE FINAL DIVORCE FILED	
PRESENT ADDRESS OF FORMER SPOUSE	TELEPHONE NO. (AREA CODE)	
NAME OF FORMER SPOUSE	DATE FINAL DIVORCE FILED	
PRESENT ADDRESS OF FORMER SPOUSE	TELEPHONE (AREA CODE)	
AMOUNT OF CHILD SUPPORT OR ALIMONY ORDERED	HAVE YOU EVER BEEN DELINQUENT ON THESE PAYMENTS? IF YES: EXPLAIN: YES NO	

SECTION V RESIDENCE INFORMATION		
1. LIST ALL RESIDENCES DURING THE LAST 5 YEARS, START WITH CURRENT LOCATION.		
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)
FROM MO. /YR.	TO MO. /YR.	ADDRESS (NUMBER, STREET, APT. NUMBER, CITY, STATE, ZIP CODE)

SECTION VI - EDUCATION INFORMATION						
1. LIST HIGH SCHOOL GRADUATED FROM OR LAST ATTENDED:						
NAME OF SCHOOL	CITY AND STATE	FROM	TO	GRAD. ?	CALIFORNIA PROFICIENCY TEST YES NO WHEN TAKEN	
2. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED INCLUDING POST GRADUATE WORK						
NAME OF SCHOOL	CITY AND STATE	FROM	TO	GRAD. ?	MAJOR TAKEN	UNITS EARNED
3. IF YOU HAVE OBTAINED A G.E.D. (GENERAL EDUCATION DEVELOPMENT) HIGH SCHOOL LEVEL EQUIVALENT. INDICATE TEST SCORES (STANDARD SCORES) AND U.S. PERCENTILE.						
TEST AREAS			STANDARD SCORE		U.S. PERCENTILE	
CORRECTIVENESS AND EFFECTIVENESS OF EXPRESSION						
INTERPRETATION OF READING MATERIALS IN SOCIAL STUDIES						
INTERPRETATION OF READING MATERIALS IN NATURAL SCIENCES						
INTERPRETATION OF LITERARY MATERIALS						
GENERAL MATHEMATICAL ABILITY						
WHERE TAKEN:	WHERE TAKEN:	AVERAGE:				

