**Tipton Fire Department**

227 E. Jefferson St

Tipton, IN 46072

Phone : (765)-675-4633 Fax: (765)675-3500

To whom it may concern:

The City of Tipton Fire Department is accepting applications for the position of **Probationary Firefighter/EMT-B, Probationary FF/EMT-P, or lateral transfers**.

Applications must be returned in person to the Tipton Fire Department, 227 E. Jefferson St., Tipton, IN 46072, faxed to 765-675-3500 (attention Chief Bitner) or emailed, no later than 5:00 pm **October 31, 2023,** to Chief Bitner: firechief@tipton.in.gov

* Applicant must be at least 21 years of age and not over the age of 40 by date of hire.
* Applicant must have a valid driver's license.
* Applicant must have a High School Diploma or equivalent.
* Certifications are not required, but preferred.

**Job Type: Full-time**

Salary Range with longevity $51,198 to $63,150 depending on years of service.

Additional Pay**: Overtime, Fire and EMS Certification Pay, Longevity**

**Medical Insurance (HSA)-**max $1,000 for single, $2,000 for family out of pocket per year.

City contributes towards deductible

Eye and Dental Insurance

457 Retirement Plan offered by City

$500.00 Clothing allowance per year

**No Certifications are required for this process.**

**The following are preferred but are not required:**

Indiana or National Registry EMT-B Certification

(You must be an Indiana State Certified EMT-B or higher or have a NREMT-B certification.)

* Indiana Certification Firefighter 1 & 2

Applicant does **NOT** need a CPAT card; Tipton Fire Department has their own physical testing process.

Also accepting applications from applicants with:

* Indiana State Paramedic or NREMT-P Certification with Indiana Firefighter I & II
* **Indiana Perf 77 Fund Member – Lateral Transfers**

The process will be as follows:

**Applications due: October 31, 2023, by 5:00p.m.**

All communication for this process will be conducted via email. It is important that a working email address is used and is checked for important messages from Tipton Fire Department.

A full job description for the City of Tipton Fire Department can be found on the City of Tipton website http://www.tiptongov.com/city/

**Applications can be returned in person, faxed 765-675-3500 (attention Chief Bitner) or by email to:** [**firechief@tipton.in.gov**](mailto:firechief@tipton.in.gov)

Probationary Firefighter**- $51,198**

2nd Class Firefighter**- $53,424** (year 2-3)

1st Class Firefighter**- $55,650** (completion of year 3)

Longevity Pay: At completion year:

2 years- **$300**, 3-5 years- **$1200**, 6-8 years **$2400**, 9-11 years **$3,600**, 12-14 years **$5100**, 15+ **$7,500**

Certification Pay: Firefighter 1 $100, Firefighter 2 $100, Haz-mat Awareness $100, Haz-Mat Ops $100, NIMS $100, Fire Officer Strategy & Tactics $200, Instructor $100, Fire Officer $100, Fire Investigator $100, Driver/Operator $100, Pumper/Operator $100, Ice Rescue $100

EMT-B $1000

Paramedic $5000

Certifications paid bi-annually. (June and December)

12 Paid Holidays per year

Vacations Days after 6 months of employment (4 days), Year 1-2 (4 days) Year 3-5 (8 days), Year 6 (9 days), increases every other year (1 additional day)

**Laterals will get year for year credit if already in Indiana Perf 77 Fund (Longevity and Time-off)**

CITY OF TIPTON FIRE DEPARTMENT

**APPLICATON COMPLETION INSTRUCTIONS**

All of the forms included in this application packet **MUST** be completed **EXACTLY** as instructed below and returned by the person making the application to **TIPTON FIRE DEPARTMENT, 227 E JEFFERSON ST., TIPTON, IN 46072,** or emailed, no later than time indicated. Failure to return the application in time shall result in elimination from further employment consideration. Applications can be emailed to: firechief@tipton.in.gov

**USE THE FOLLOWING AS A CHECKLIST:**

1. Type or print the information requested. If writing print MUST be legible. Someone can assist you with filling out the application if necessary.
2. Leave no blanks – write **NONE** or **NOT APPLICABLE (N/A)** where necessary.
3. Photostat copies of the following **MUST** accompany the application when presented:
   1. **Birth certificate**
   2. **Valid driver’s license**
   3. **High School Diploma or Equivalent (GED)**
   4. **Form DD-214 if military service**

D. Signature – date and sign bottom of application (**this page does not require a notary public-only a witness signature)**

CITY OF TIPTON FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Fill out the application completely with the information requested. Print or type the information

**PERSONAL INFORMATION**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_

**LAST FIRST MIDDLE MAIDEN**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET CITY STATE ZIP CODE**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME WORK OTHER**

**PSID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever applied to this department before? \_\_\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATION**

**Provide the following information about your educational background and achievements. Use additional paper if more room is needed to list the information required.**

**Type of Education: NAME & LOCATION ATTENDED TYPE OF DIPLOMA/**

**OF SCHOOL/INSTITUTION FROM/TO DEGREE/CERTIFICATE**

**HIGH SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRADE SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRE SERVICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMS EDCUCATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFILIATION**

**Have you ever been affiliated with another fire department? \_\_\_\_Yes \_\_\_\_No**

**If yes, Name of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_Career\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DRIVING INFORMATION**

**Do you have a valid driver’s license? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_No State issued by \_\_\_\_\_\_\_\_Exp\_\_\_\_\_\_\_\_**

**Type (Operators, etc…) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**License restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of vehicles you have operated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List any vehicle accidents in which you were involved during the past five (5) years.**

**Date Location Description Citation received? Y / N**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MILITARY SERVICE**

**Have you ever been in the military services? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No**

**If so, from (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAST EMPLOYMENT EXPERIENCE**

**List below all employers, starting with the most current:**

**Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employment dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERENCES**

**Provide the names of three (3) persons NOT related to you but have known you for at least five (5) years.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Known\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Known\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yrs Known\_\_\_\_\_\_\_\_\_\_**

**BACKGROUND INFORMATION**

**This form is for information to be used in background checks. The information contained in this form will be kept confidential. It is essential that all information be completed thoroughly and accurately. Use additional paper if necessary for complete information.**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOC. SEC. # \_\_\_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_**

**APPLICANT STATEMENT:**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be consideration justification for dismissal at a later date.

I authorize, without reservation, the employer, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. And I furthermore, release all parties, such persons and the employer from liability for any damage that may result from furnishing information to the employer.

If employed, I agree to abide by the policies and procedures of the employer that includes the employers Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of the employer or myself.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to the employer for its use. I understand that any positive drug or alcohol result may preclude my employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

And that my application remains current for only 30 days and at the conclusion of that time. If I have not heard from the employer and still wish to be considered for employment, it is my responsibility to reapply and fill out a new application.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.**

I certify that I have read, and fully understand and accept all terms of the foregoing Applicant Statement.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness (Anyone can sign) Date**

**EQUAL OPPORTUNITY EMPLOYER.** It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person’s race, creed, national origin, religion, age (over 40), sex, marital status or mental disability, except where & reasonable, bona fire occupation qualification exists.

**APPLICANT WAIVER TO RELEASE INFORMATION**

**A.** Thoroughly read and understand all of the information presented in this form. Any questions you have will be answered as best as possible.

B. Signature:

* 1. **Notarized applicant’s signature. Applicant must sign this in the presence of a notary public.**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an applicant for the position of probationary fire fighter with the City of Tipton Fire Department, agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information:**

**Educational records Financial records Driving records**

**Employment records Criminal records**

**And hereby authorize and request all persons to whom this request (copy or original) is presented, having information relating to or concerning me, to furnish any duly appointed officer or individual of the City of Tipton Fire Department with such.**

**I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional , statutory or common law privileges and understood that such released information shall be treated in a strictly confidential manner and therefore, expressly waive all privileges which may attaché to such disclosure and shall hold no individual, organization (s), or corporation (s) liable for legal actions for disclosing any of the above information to a City of Tipton Fire Department representative.**

**Further, I understand that misrepresentation or falsification of information on this or any other of the documents which are a part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for employment, or if found until after employment with the department, will be considered grounds for termination.**

**Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification from consideration for employment, or if not found until after employment will be considered grounds for termination.**

**Further, I understand that I must provide the department with photocopies of the following:**

* 1. **Proof of high school diploma or its equivalent.**
  2. **Valid driver’s license.**
  3. **Official birth certificate.**
  4. **Certification of EMS and Fire training/schools as appropriate.**
  5. **Discharge (DD-214) from military service (if applicable)**

**Dated this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_**

**Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Subscribe and sworn before me, a notary public, this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_**

**My Commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Co. of Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notary Signature­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**