

TOWN OF ALMA

59 East Buckskin, PO Box 1050
Alma, CO 80420
Office (719) 836-2712 Fax (719) 836-3545

APPLICATION FOR EMPLOYMENT AND PERSONAL HISTORY STATEMENT

NAME: _____

DATE OF APPLICATION : _____

WHERE DID YOU HEAR ABOUT THE POSITION YOU ARE APPLYING FOR?

NEWSPAPER WALK-IN

OTHER (SPECIFY) _____

The Alma Police Dept's Office, in an effort to increase the professionalism and to strive for excellence, has incorporated a new pre-employment program into the personnel system. The new pre-employment criterion requires entry-level testing and background investigations.

This packet is the Personal History Statement and also serves as an application. The applicant will then be notified of qualification and of the next testing date for the position(s) qualified.

When the applicant has successfully completed and passed the entry-level testing, he or she will be placed on an eligibility list based on their test scores.

Upon successful completion of these two phases of the pre-employment process, an oral interview will be conducted. Based upon the cumulative results, a final eligibility list will be determined. Upon employment, the new employee must pass a drug screen test, may be required to pass a physical examination, and a psychological examination as required by law. *A polygraph may be required for certain positions.* The Alma Police Dept's Office would like to reiterate its goal to bring efficient and effective law enforcement to Alma, to increase the community's pride in the Office and to promote professionalism and integrity within the Office.

Crime Does Not Have To Be A Fact Of Life

IMPORTANT

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. ***It is essential that the information be correct and complete!*** Your personal history statement will be used as the basis for a background investigation that will determine your eligibility for the position(s) for which you have applied.

1. Answer all questions completely. If a question does not apply to you, enter "**N/A**" in the space provided. ***Resumes will not be accepted in lieu of a complete application.***
2. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct *and in sequence* before you begin.
3. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories. Include the area code for all phone numbers listed.

4. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answers.

5. Pages 22-26 must be signed before a Notary prior to return.

Your failure to properly and thoroughly complete this document will result in the rejection of your application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit:

- An official college transcript or a copy of any certifications or diploma, if applicable.
- Copies of any and all divorce and/or civil papers, if applicable.
- Copy of Military Form DD214 (Discharge), if applicable.
- Copy of current Driver License
- Letters of recommendation, if applicable.
- Copies of any Colorado POST training certificates or licenses
(Colorado POST Certification is required for Patrol Officer positions prior to being hired))

If you have any questions concerning the required documentation or the instructions, please call the Town of Alma at 719 836-2712.

Alma is an AA/EEO employer

Each applicant is considered only for the current vacancy unless otherwise stipulated

PERSONAL IDENTIFICATION

NAME

Last	First	Middle
------	-------	--------

Other Names used _____ (Maiden, Adoption, Nicknames, etc).

NAME BY WHICH YOU PREFER TO BE ADDRESSED:

HOME ADDRESS

Number	Street	City	State	Zip
--------	--------	------	-------	-----

PHONES: _____

Home	Pager
------	-------

Cellular	Other
----------	-------

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: month _____ date _____ year _____

PLACE OF BIRTH: _____

City	County	State
------	--------	-------

DRIVER'S LICENSE: _____

Number	Class	Issuing State	Expiration
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HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____

IDENTIFYING MARKS (List all scars, marks, or tattoos)

EDUCATIONAL HISTORY

List all High Schools, Colleges, Technological or Trade Schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. If you are listing colleges and universities and you did not graduate, indicate the number of credit hours you are credited with. If you attended a technological or trade school, indicate your course of study and if you were awarded a diploma or certificate.

COLORADO P.O.S.T. CERTIFICATION NO. _____

P.O.S.T. CERTIFICATION DATE: _____

Have you ever been expelled from any school that you have attended? Yes No

Have you ever been placed on Academic Probation? Yes No

If YES, List School and dates of expulsion, probation, and reason:

EDUCATIONAL HISTORY (continued)

NAME OF TYPE OF SCHOOL: _____

(List City and State)

FROM: _____ TO: _____

DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED: _____

DATES ATTENDED: _____

NAME OF TYPE OF SCHOOL: _____

(List City and State)

FROM: _____ TO: _____

DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED: _____

DATES ATTENDED: _____

NAME OF TYPE OF SCHOOL: _____

(List City and State)

FROM: _____ TO: _____

DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED: _____

DATES ATTENDED: _____

NAME OF TYPE OF SCHOOL: _____

(List City and State)

FROM: _____ TO: _____

DEGREE, DIPLOMA, AND/OR CREDIT HOURS EARNED: _____

DATES ATTENDED: _____

MILITARY SERVICE

Have you ever been rejected by any branch of the U.S. Armed Forces? Yes No
Have you ever been a member of any branch of the U.S. Armed Forces? Yes No
If NO, continue to next page.

If YES: Branch of Service: _____ Highest Rank obtained: _____

Date of Induction: _____ Date of Discharge: _____
Month Day Year Month Day Year

Type of Discharge: _____

Second Branch (if applicable): _____ Highest Rank obtained: _____

Date of Induction: _____ Date of Discharge: _____
Month Day Year Month Day Year

Type of Discharge: _____

Awards (List type and date awarded)

Special Schools/Training:

While in the Military Service, were you ever arrested for an offense, which resulted in a trial by Deck Court or by Summary, Special, or General Court-Martial? Yes No

If YES, list charge(s), date(s), and result(s):

Last Duty Station and Name of Commanding Officer: _____

Are you currently a member of a U.S. Reserve or National or State Guard Organization or unit?

Yes No

If YES: Branch of Service: _____ Grade and Service: _____

Are you: Active Inactive Standby

Last Organization/Station/Unit and Location:

EMPLOYMENT HISTORY

Beginning with your PRESENT or MOST RECENT job, list all jobs that you have held, including all part-time, temporary, or seasonal positions. You may photocopy page 7 if you need additional pages. (Jobs are considered as any position you accepted for pay, regardless of the length of the job).

Full-time Part-time Seasonal

Employer Name: _____

Employer Address: _____
Number and Street City State Zip

Employer Phone: _____
Area Code and Number Alternate Area Code and Number

Employment Dates: Starting: _____ Ending: _____
Month, Day, Year Month, Day, Year

Position(s) held with company: (List duties and responsibilities also)

Title: _____

Pay Scale: _____ Salary/yr Hourly

Duties and Responsibilities:

Time in Position: _____

Did you receive job performance evaluations while with this company? Yes No

Are you eligible for re-hire? Yes No

Name of Final Supervisor:

Reason for Leaving:

Was notice given? Yes No

If YES, how much? _____

INVESTIGATOR NOTES:

Full-time Part-time Seasonal

Employer Name: _____

Employer Address: _____
Number and Street City State Zip

Employer Phone: _____

Employment Dates: Starting: _____ Ending: _____
Area Code and Number Month, Day, Year Alternate Area Code and Number Month, Day, Year

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Month, Day, Year Month, Day, Year

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Time in Position: _____

Did you receive job performance evaluations while with this company? Yes No

Are you eligible for re-hire? Yes No

Name of Final Supervisor:

Reason for Leaving:

Was notice given? Yes No

If YES, how much? _____

INVESTIGATOR NOTES:

PERIODS OF UNEMPLOYMENT

List any periods of unemployment and reasons since graduating from High School (a period of unemployment is any time that you did not have a job).

From (Month and Year) _____

To (Month and Year) Length of Unemployment _____

Reason for being Unemployed

From (Month and Year) _____

To (Month and Year) Length of Unemployment _____

Reason for being Unemployed

If you were a full-time student and held only seasonal employment during school breaks, indicate your beginning and ending school dates. Indicate under "Reason" that you were a full-time student. Do not give a length of time for unemployment in the "Work History" section. List only jobs that you worked.

LAW ENFORCEMENT APPLICATIONS (ONLY)

Have you ever made application to this or any other law enforcement agency?

Yes No

If YES, list:

Name of Agency Type of Position Date of Application Status of Application

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARRESTS AND/OR DETENTIONS

Have you ever been arrested or detained on suspicion of a charge other than misdemeanor traffic violation(s)? Yes No

been summoned as a defendant to court for a criminal offense? Yes No

Your answer to this question will be used to this question will be used to evaluate your personal qualities and a YES answer will not necessarily disqualify you for the position.

If YES to the above question, explain each incident with dates, charges, and disposition. Attach copies of court dispositions. Attach additional sheets as necessary.

LITIGATION

Have you ever:
been involved, as defendant or plaintiff, in any type of lawsuit? Yes No
Been sued? Yes No
Sued anyone? Yes No
Filed for bankruptcy? Yes No
Has anyone ever threatened to take you to court for non-payment of a bill?
 Yes No

If YES to any of the above questions, explain each incident with dates, charges, and disposition. Attach copies of court judgements. Attach additional sheets as necessary.

DRIVING RECORD

How many moving violation citations have you received since you began driving?

How many moving violation citations have you received in the past three years?

Have you ever driven a motor vehicle without a valid driver's license for that vehicle?

Yes No

Have you ever driven a motor vehicle with the past three years without valid insurance?

Yes No

Have you ever had your driver's license suspended? Yes No

If YES: Date of suspension: _____ Date suspension lifted: _____
Month Day Year Month Day Year

Type of suspension:

Have you ever:

Had your driver's license placed on probation for receiving an excessive number of moving violations? Yes No

Had a hearing for probation or suspension? Yes No

Been placed on assigned risk for insurance? Yes No

Had your insurance revoked due to the number of traffic citations you have received?

Yes No

DRIVING RECORD, continued.

Knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked? Yes No

Do you have a valid driver's license issued in more than one state? Yes No

If YES, list State: _____

Have you ever been denied a driver's license for any reason? Yes No

Have you ever had to appear before a medical advisory board? Yes No

How many motor vehicle accidents have you been involved in as a driver?

Have you ever had any reason to believe that you might have a problem with depth perception or other visual impairment? Yes No

Have you ever been involved in an accident when you were driving and then left the scene without identifying yourself? Yes No

Have you ever struck an unattended vehicle when you were driving and then left the scene without identifying yourself? Yes No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No

With what company do you carry Automobile Liability Insurance?

Company Address:

Number and Street or Mailing Address City State Zip

Policy Number: _____ Effective Date: _____

DRUG USE

Drug use covers all descriptive terms used to describe the ingestion, in any form, of any of the listed types of drugs into a person's system.

DRUG NAME USED _____

Number of Times in Life _____

Approximate date of last use _____

Form Used

MARIJUANA Yes No Prescription

HASHISH Yes No Prescription

AMPHETAMINES

(SPEED) Yes No Prescription

COCAINE Yes No Prescription

DRUG USE, continued.

LSD Yes No

PCP Yes No

PEYOTE Yes No

MUSHROOMS Yes No

QUAALUDES Yes No Prescription

TRANQUILIZERS Yes No Prescription

BARBITURATES Yes No Prescription

HEROIN Yes No

STEROIDS Yes No Prescription

ANY "DESIGNER DRUGS" Yes No

INHALANTS (Glue, paint, etc). Yes No

Have you ever had a drug injection that was not prescribed legally by a physician?

Yes No

Have you ever sold, furnished, or bought marijuana, drugs, or a controlled substance?

Yes No

If YES, explain:

RESIDENCES

List all residences where you have lived during the past ten-(10) years, beginning with your present address. List date by month and year. Attach additional pages, if necessary. Include apartment complex names and the office telephone numbers.

From _____ to _____ Length of residency (years/months) _____

Address: _____

Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____

Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

From _____ to _____ Length of residency (years/months) _____

Address: _____
Number Street City State Zip

Name of Apartment Complex: _____ Phone: _____

PERSONAL DECLARATIONS

If it becomes necessary to take a human life in the course of your duties, would you have any beliefs that would preclude or prevent you from doing so? Yes No

If YES, explain:

Are you willing to work shift work, including weekends, holidays and mandatory overtime? Yes No

If NO, explain:

Do you know of anything that would disqualify you from being deputized or prevent you from discharging the official duties of the position that you are applying for?

Yes No

If YES, explain:

Have you ever abused any prescription medications? Yes No

If YES, explain:

Have you ever been, in any form or fashion, involved in the manufacture, sale, or distribution of an illegal drug? Yes No

If YES, explain:

Have you ever lied to a physician in order to obtain a pain medication, tranquilizer, or prescription drug? Yes No

If YES, explain:

If hired, can you provide proof that you are eligible to work in the United States?

Yes No

If NO, explain:

Have you ever been addicted to a drug prescribed to you by a physician?

Yes No

If YES, explain:

Do others you know, such as friends or family, use illegal drugs in your presence?

Yes No

If YES, explain:

Do you use alcoholic beverages? Yes No

If YES, describe amount, type, and frequency:

Have you ever abused over the counter medications, such as cough medications or Nyquil?

Yes No

If YES, explain:

Do you use tobacco products? Yes No

If YES, describe amount, type, and frequency:

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past or present employers.

Name and Occupation: _____

Home Address Years Known: _____

Home Phone Work Phone: _____

Describe your Relationship with this person: _____

Name and Occupation: _____

Home Address Years Known: _____

Home Phone Work Phone: _____

Describe your Relationship with this person: _____

Name and Occupation: _____

Home Address Years Known: _____

Home Phone Work Phone: _____

Describe your Relationship with this person: _____

Name and Occupation: _____

Home Address Years Known: _____

Home Phone Work Phone: _____

Describe your Relationship with this person: _____

PERSONAL REFERENCES (continued)

Name and Occupation: _____

Home Address Years Known: _____

Home Phone Work Phone: _____

Describe your Relationship with this person: _____

MISCELLANEOUS

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No (Proof of citizenship and/or work eligibility required upon employment)

Earliest date you would be available for work: _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Summarize special skills and qualifications acquired from employment, hobbies, or other experience.

Indicate languages you speak, read, and or write and classify your skill including English:

FLUENT GOOD FAIR SPEAK READ WRITE

List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment **qualified** disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment **qualified** handicapped individuals. If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

APPLICANT DATA RECORD

The Alma Police Dept's Office considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status. As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government regulations, we request that you fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a *confidential file* separate from the from the Application for Employment.

Your Cooperation is Voluntary.

Date: _____

Position(s) applied for:

Referral Source: Advertisement Friend Relative

Walk-In Employment Agency other

Name:

Last

First

Middle

Address:

Number Street

City State Zip

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

Submission of information is voluntary.

Check one:

Male Female

Check one:

White Black Hispanic Asian/Pacific Islander American Indian
 Alaskan Native

EMPLOYMENT AGREEMENT

As a condition of employment, I agree to conform to all rules, regulations, and/or the Alma Police Dept’s Office Policy Manual promulgated by the Alma Police Dept’s Office, the Alma Police Dept and/or his or her designees, and acknowledge that these rules, regulations, and/or the Alma Police Dept’s Office Policy Manual may be changed, interpreted, withdrawn, or added to by the Alma Police Dept or his designee(s) at any time at the Alma Police Dept’s sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and any offer of employment, or my acceptance of an employment offer, if such is to occur, may be withdrawn with or without cause, and with or without prior notice, at any time, at the option of the Alma Police Dept or myself and that any agreement to the contrary is invalid unless it is in writing and signed by the Alma Police Dept. I understand that any offer of employment by the Alma Police Dept is contingent on me providing consent to the administration of, and the results of, any urinalysis, physical exam, psychological exam, or other recognized procedure including polygraph examination and that I may be required to undergo additional alcohol and/or drug screening, psychological exam or other recognized procedural testing, polygraph examination, or counseling during the course of my employment.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE ABOVE
EMPLOYEE
AGREEMENT WITHOUT ANY RESERVATIONS WHATSOEVER.

Signature of Applicant

Date

POLICY DISCLAIMER

Alma Police Dept retains the right to add to, subtract from, or modify any part of this policy as deemed necessary without providing advance notice or cause. Interpretations of the terms and provisions contained in this policy are reserved to the Alma Police Dept. Any agreement with regard to this or any other policy is invalid unless it is in writing and signed by the Alma Police Dept.

STATE OF COLORADO §
COUNTY OF PARK §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, 20____.

Notary Public Signature

SEAL

PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

I respectfully request and authorize you to furnish to the Alma Police Dept's Office any and all information that you may have concerning me, my work record, school record, reputation, financial and credit status and any other information requested, including, but not limited to, medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopy of same, if requested. This information is to be used to assist the aforementioned Office in determining my qualifications and fitness for the position I am seeking with the Alma Police Dept's Office.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

Signature of Applicant

Date

Home Address

City State Zip

STATE OF COLORADO §

COUNTY OF PARK §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, 20____.

Notary Public Signature

SEAL

CONFIDENTIAL INFORMATION AGREEMENT

A thorough investigation will be conducted to determine your qualifications for the position applied for. To a great extent your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Information will be obtained through interviews, polygraph examinations, psychological evaluations, credit reports, and documents of a confidential nature. Applicants will not have access to such information; furthermore, since the information is confidential, the Office does not reveal the reason(s) of rejection for those applicants who are not accepted. If the reason(s) for your non-acceptance is of a temporary nature whereby you could be accepted at a later date, you will be so notified.

Signature of Applicant

Date of Birth

Date

STATE OF COLORADO §

COUNTY OF PARK §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the _____ day of _____, 20____.

Notary Public Signature

SEAL

EMPLOYMENT POLICY

I understand that if I fail to successfully complete my minimum twelve (12) months probation period or if I terminate my employment with the Alma Police Dept's Office at any time and for any reason before completing one full year of service, that I will be responsible for the cost of any equipment and/or uniforms issued to me as well as the expense of any psychological and physical examinations.

Signature of Applicant

Date

STATE OF COLORADO §

COUNTY OF PARK §

Before me personally appeared _____ who says he executed the above instrument of his own free will and accord with full knowledge and agreement to the purpose thereof.

SWORN AND SUBSCRIBED BEFORE ME this the ____ day of _____, 20 ____.

Notary Public Signature

SEAL

FREEDOM OF INFORMATION ACT

Under the Freedom of Information Act, names, addresses, and telephone numbers of employees of the County may be released upon written request of any person, unless the employee has specifically requested the information not be made public.

I, _____, DO DO NOT want personal employment information released under the Freedom of Information Act.

Signature

Date