

## APPLICATION INTRODUCTION

The Duval County School Police Department is requiring you to fill out this employment application. No other document, which you will prepare during your application process for a position with this department, is as important as this questionnaire. It is in your best interest to follow these instructions. There are many more applicants for employment than there are available positions; Investigators and Administrative Aides do not have the time to correct your application or conduct inquiries to complete your responses.

### **ENTRIES MUST BE TYPED ON A COMPUTER – DO NOT HANDWRITE THIS APPLICATION**

Before completing this document, closely read the instructions, which are written throughout. There are a number of copies of official documents, which you are required to obtain, and these documents will be necessary. The Duval County School Police Department understands that some documents may have to be requested and mailed to you. In that case, a written explanation of why the document is missing and what you are doing to obtain the document will be required with the application.

When mentioning persons, be sure to fully identify the individual by his or her full, correct name. Further, give complete addresses; **DO NOT ASSUME** that the investigator will attempt to determine street numbers, correct street spellings, apartment numbers, telephone numbers or zip codes.

When completing the residence portion of this application, be sure that you provide every address where you have lived for the last ten (10) years, in order from you present address backwards. If necessary, call the appropriate person to find out the exact address and the time period during which you resided at that address. If you resided in an apartment, also list the name of the apartment complex.

When completing the employment portion of this application, be sure you provide each employer for the past ten (10) years, in order from your present employer backwards. If you have ever had a previous law enforcement employment, you must list it, even if it was more than ten (10) years ago. If there was a period of unemployment, enter it in the employment section in the same sequence and manner as if this were another employer indicating “from” and “to” and printing “UNEMPLOYED” in the block headed “Employer Name”. Further, if you worked more than one job at a time, place the major job first and enter the part-time or secondary job in the block immediately after the primary position.

When completing any section of the application; personal reference, residential reference, or employment reference, always spell out the name of that person or business. Do not abbreviate or use nicknames. If your application is not complete at the time of your initial processing, processing will be terminated.

If you need more space, feel free to use a blank sheet of paper, but make sure you clearly state what section the continuation is from. Be as thorough as possible.

Again, answer each question completely and honestly. Many more people are not accepted because of omission and concealment than because of previous behavior. Any such omission or concealment will be considered deception. While indiscretions or other situations in your life history may or may not be condoned, deception will absolutely not be tolerated.

**If you have questions or require clarification of any portion of this Questionnaire, please call the Duval County School Police Department at 904-858-6100.**

## INSTRUCTIONS

Applicants must personally prepare this application. All entries, except the signature must be **TYPED**. Read and answer every question. If a question does not apply to you, so state with "N/A". All addresses listed for prior employers and references must consist of a complete mailing address (i.e. street number, city, state and zip code). Do not abbreviate. If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with the questions.

Do not misstate or omit any material fact since the statements made herein are subject to verification to determine your qualifications for employment.

One (1) legible copy of each of the following must be submitted with this application. **DO NOT EXPECT COPIES TO BE MADE FOR YOU.**

- Certified copy of Birth Certificate or the original Naturalization Certificate (Hospital certificates are NOT acceptable)
- Official High School Transcripts or GED with test scores (Copies of High School diplomas are no longer acceptable)
- Official transcript of college credit hours and notation of degree (if applicable)  
School certified – sealed only should be sent directly to: Duval County School Police Department, 1720 Lansdowne Drive, Room 201, Jacksonville, FL 32211
- DD-214 if applicable (**Member 4 form** showing character of service, discharge status and re-enlistment codes for each branch served)
- Current Valid State of Florida Driver's License
- Social Security Card
- Official documentation of name changes
- State of Florida Examination Scores (for certified police applicants)
- Basic Recruit Certificate (for certified police applicants)

Once completed, local applicants will hand-deliver the application along with the required Documents to:

Duval County School Police Recruiting Unit  
4715 Capper Road  
Jacksonville, FL 32218

Applications are accepted Monday through Friday (except holidays) between the hours of 8:00 am and 4:00 pm.

Out of town applicants may mail the completed application to the above address. The Duval County School Police Department is not responsible for lost or misdirected mail.



Police Officer   
School Resource Officer   
Investigator

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

Male  Race: White  Hispanic   
Female  Black  American Indian / Alaskan Native   
Asian / Pacific Islander

*(Used for Statistical Purposes Only.)*

Residence Address (Street, Apt. #, City, State, Zip Code, County) \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_

Cell Phone : (\_\_\_\_) \_\_\_\_\_ Email Address: (\_\_\_\_) \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

List any other names you may have used: \_\_\_\_\_

United States Citizen?  Yes  No Naturalization # \_\_\_\_\_ Port of Entry \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced  Annulled

Full name of Spouse: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

#### Declaration of Applicant

"I understand that this questionnaire becomes the property of the Duval County School Police Department, that all appointments are probationary, during which time the employee must demonstrate his/her fitness for employment. I also understand that any employment tendered me will be contingent upon the result of a complete character and fitness investigation; and I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the appointment. Traffic violations, arrests, receipts or any summons to appear in court, criminal or civil, from any jurisdiction that are received during the application process, must be reported to the Recruitment/Selection Unit. This includes contact with any police agency which involves a police report naming the applicant as a suspect, victim or complainant. Applicants must report any changes in their employment performance or status as job-related counseling, discipline, resignations, or terminations. Failure to report any of the aforementioned information will result in suspension of my application. I agree to these conditions and authorize the Duval County School Police Department to verify conditions and authorize the Duval County School Police Department to verify any and all statements made by me on this application. I hereby certify that all statements made by me on this application are true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

**CERTIFICATION DATA**

Have you been certified by the State of Florida for the position for which you are applying?

Yes  No  If yes, complete the following:

Training Center Attended / Attending: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Training Received	Course Length (hours)	From / To
1. Basic Recruit	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Type of Certificate held: \_\_\_\_\_

Have you ever worked under a temporary employment authorization? If yes, when and where?

**DRIVING HISTORY**

1. Are you a licensed Florida automobile operator?      Yes       No   
 License # \_\_\_\_\_      Date of Expiration: \_\_\_\_\_  
 Restrictions: \_\_\_\_\_

2. Do you hold or have you ever held an operator or chauffeur license in another state?  
 Yes       No       If yes, provide state(s), name used and approximate dates license(s)  
 was/were held:

3. Have you ever been refused a driver's license in any state?      Yes       No   
 4. Has your license ever been suspended in any state?      Yes       No   
 5. Do you have outstanding or pending traffic citations at this time?      Yes       No   
 6. Do you have any parking tickets which you have failed to pay?      Yes       No

**CITATION HISTORY (past 10 yrs)**

List **all traffic offenses you have received** whether adjudication was withheld or not:

<u>Date</u>	<u>Location</u>	<u>Violation</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACCIDENT HISTORY (past 10 yrs)**

List **all accidents** in which you have been involved:

<u>Date</u>	<u>Location</u>	<u>Violation</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMPLOYMENT HISTORY

1. Have you ever been dismissed, or asked to resign, or had any disciplinary action taken against you from any employment or position you have held?    Yes     No     If yes, please explain.

2. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?    Yes     No     If yes, please explain.

3. Have your employers always treated you fairly?    Yes     No     If yes, please explain.

4. Are you now, or have you ever been employed by any law enforcement agency?  
Yes     No     If yes, list name of agency(ies), job title and length of employment.

Have you **ever** applied to a law enforcement agency (city, county, state or federal)?    Yes     No   
If yes, **list every agency** starting with the most recent. Give complete and accurate agency addresses. **All** agencies must be listed regardless of outcome or current status. Check **all** boxes that apply to each agency.

Agency Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Complete Address including Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Submitted interest card only            | <input type="checkbox"/> Submitted application only         |
| <input type="checkbox"/> Took written test                       | <input type="checkbox"/> Failed written test                |
| <input type="checkbox"/> Oral interview taken                    | <input type="checkbox"/> Failed oral board                  |
| <input type="checkbox"/> Placed on eligibility list              | <input type="checkbox"/> Background investigation completed |
| <input type="checkbox"/> Took polygraph                          | <input type="checkbox"/> Disqualified / Suspended           |
| <input type="checkbox"/> Was not selected                        | <input type="checkbox"/> Hired / Job offer made             |
| <input type="checkbox"/> Unknown status                          | <input type="checkbox"/> No reason from agency              |
| <input type="checkbox"/> Withdrawn application or declined offer |   |

Background Investigator's name and telephone number \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Complete Address including Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Submitted interest card only            | <input type="checkbox"/> Submitted application only         |
| <input type="checkbox"/> Took written test                       | <input type="checkbox"/> Failed written test                |
| <input type="checkbox"/> Oral interview taken                    | <input type="checkbox"/> Failed oral board                  |
| <input type="checkbox"/> Placed on eligibility list              | <input type="checkbox"/> Background investigation completed |
| <input type="checkbox"/> Took polygraph                          | <input type="checkbox"/> Disqualified / Suspended           |
| <input type="checkbox"/> Was not selected                        | <input type="checkbox"/> Hired / Job offer made             |
| <input type="checkbox"/> Unknown status                          | <input type="checkbox"/> No reason from agency              |
| <input type="checkbox"/> Withdrawn application or declined offer |   |

Background Investigator's name and telephone number \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Complete Address including Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Submitted interest card only            | <input type="checkbox"/> Submitted application only         |
| <input type="checkbox"/> Took written test                       | <input type="checkbox"/> Failed written test                |
| <input type="checkbox"/> Oral interview taken                    | <input type="checkbox"/> Failed oral board                  |
| <input type="checkbox"/> Placed on eligibility list              | <input type="checkbox"/> Background investigation completed |
| <input type="checkbox"/> Took polygraph                          | <input type="checkbox"/> Disqualified / Suspended           |
| <input type="checkbox"/> Was not selected                        | <input type="checkbox"/> Hired / Job offer made             |
| <input type="checkbox"/> Unknown status                          | <input type="checkbox"/> No reason from agency              |
| <input type="checkbox"/> Withdrawn application or declined offer |   |

Background Investigator's name and telephone number \_\_\_\_\_

Agency Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Complete Address including Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Submitted interest card only            | <input type="checkbox"/> Submitted application only         |
| <input type="checkbox"/> Took written test                       | <input type="checkbox"/> Failed written test                |
| <input type="checkbox"/> Oral interview taken                    | <input type="checkbox"/> Failed oral board                  |
| <input type="checkbox"/> Placed on eligibility list              | <input type="checkbox"/> Background investigation completed |
| <input type="checkbox"/> Took polygraph                          | <input type="checkbox"/> Disqualified / Suspended           |
| <input type="checkbox"/> Was not selected                        | <input type="checkbox"/> Hired / Job offer made             |
| <input type="checkbox"/> Unknown status                          | <input type="checkbox"/> No reason from agency              |
| <input type="checkbox"/> Withdrawn application or declined offer |   |

Background Investigator's name and telephone number \_\_\_\_\_

## CRIMINAL HISTORY

**NOTICE TO APPLICANT:** If you answer “Yes” to any of the following questions, you must attach a detailed and complete explanation. For the purposes of criminal justice employment, an arrest or conviction sealed or expunged under Florida law may not be denied. You will be required to provide court documents and/or law enforcement documentation when responding to any question in the affirmative, where applicable or determined necessary by the investigator.

1. Have you ever been arrested, received a notice to appear, charged, convicted pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged? Yes  No
2. Have you ever had a criminal prosecution plea bargained or otherwise settled? Yes  No
3. Have you ever had a criminal prosecution deferred? Yes  No
4. Have you ever served community service in lieu of a criminal or civil conviction? Yes  No
5. Have you ever been involved in the sale, delivery, manufacture or trafficking of any illegal or controlled substance? Yes  No
6. Have you possessed a controlled substance within the past two years? Yes  No
7. Do you have any criminal wants, warrants, or court process of any type pending? Yes  No
8. Have you ever aided, abetted, solicited, or been an accessory before or after the fact in a criminal matter? Yes  No
9. Has a law enforcement agency ever been called to any activity in which you were involved or a participant? Yes  No
10. Have you ever been convicted of Domestic Violence or Battery? Yes  No
11. Have you ever committed or been involved in an undetected crime of any type? Yes  No
12. Have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type? Yes  No
13. Have you ever possessed Heroin, LSD, PCP, ICE, Ecstasy, Mescaline, Psilocybin, GHB, or any other designer or hallucinogenic substance? Yes  No
14. Have you ever physically abused another person? Yes  No
15. Have you ever taken a polygraph examination? Yes  No
16. Have you ever had a criminal record expunged or sealed? Yes  No
17. Have you ever committed perjury or made a false statement/affirmation of any type? Yes  No
18. Have you ever made a false report to a law enforcement officer? Yes  No
19. Have you ever made a false insurance claim? Yes  No

## CRIMINAL HISTORY EXPLANATION SECTION

## MILITARY HISTORY

If you answer YES to any question, list the question number and specific details on the explanation sheet. In this section the term "Armed Forces" refers to any military organization or Coast Guard of any nation, including the Reserve or National Guard.

1. Are you presently in the military? Yes  No
2. Have you ever served in a military service? Yes  No   
If yes, give branch of service: \_\_\_\_\_  
Highest rank achieved? \_\_\_\_\_  
What is your service number? \_\_\_\_\_  
What was your organization unit? \_\_\_\_\_  
How many periods of active service have you had? \_\_\_\_\_
3. Have you ever served in the Armed Forces of another country? Yes  No
4. If you have served in the Armed Forces, have you received anything other than an Honorable Discharge? Yes  No
5. Are you presently in the Active Reserves? Yes  No
6. Are you entitled to Veteran's Preference? Yes  No

**Check the type of discharge for each period served:**

- Honorable       General Under Honorable Conditions       Other than Honorable  
 Bad conditions       Dishonorable

## MILITARY EXPLANATION SECTION

**EDUCATION / TRAINING**

<p align="center"><b>High School (last)</b></p> <hr/> <p>Name</p> <hr/> <p>City</p> <hr/> <p>State</p>	<p align="center"><b>Dates Attended</b></p> <hr/> <p>From: Month / Year</p> <hr/> <p>To: Month / Year</p>	<p>Did you graduate: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, did you receive a GED or high school equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>State: _____ Year: _____</p>
<p align="center"><b>College</b></p> <hr/> <p>Name</p> <hr/> <p>City</p> <hr/> <p>State</p>	<p align="center"><b>Dates Attended</b></p> <hr/> <p>From: Month / Year</p> <hr/> <p>To: Month / Year</p>	<p>Course of Study: _____</p> <p>Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how many credits have you completed? _____</p>
<p align="center"><b>College</b></p> <hr/> <p>Name</p> <hr/> <p>City</p> <hr/> <p>State</p>	<p align="center"><b>Dates Attended</b></p> <hr/> <p>From: Month / Year</p> <hr/> <p>To: Month / Year</p>	<p>Course of Study: _____</p> <p>Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how many credits have you completed? _____</p>
<p align="center"><b>Vocational/Technical School</b></p> <hr/> <p>Name</p> <hr/> <p>City</p> <hr/> <p>State</p>	<p align="center"><b>Dates Attended</b></p> <hr/> <p>From: Month / Year</p> <hr/> <p>To: Month / Year</p>	<p>Course of Study: _____</p> <p>Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how many credits have you completed? _____</p>
<p align="center"><b>College (Post Graduate)</b></p> <hr/> <p>Name</p> <hr/> <p>City</p> <hr/> <p>State</p>	<p align="center"><b>Dates Attended</b></p> <hr/> <p>From: Month / Year</p> <hr/> <p>To: Month / Year</p>	<p>Course of Study: _____</p> <p>Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, how many credits have you completed? _____</p>

## EMPLOYMENT HISTORY

List chronologically all employment beginning with present employment, including military service, temporary and part-time employment for the **past ten (10) years**. All time must be accounted for; if unemployed for a period, list dates of unemployment. If your past employment record is refused by your current employer(s), you may be required to furnish a copy of this record to our investigator.

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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**EMPLOYMENT HISTORY (cont)**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Complete Address: \_\_\_\_\_  
Number Street Apt.  
City State Zip Code

Job Title & Description of Work: \_\_\_\_\_

Description of Work:

Supervisor \_\_\_\_\_ Telephone # \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Terminated  Resigned  Full-Time  Part-Time

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## RESIDENCES

You must list all places you have resided during the **past ten (10) years** starting with your present address. If you lived with a roommate and the residence where you lived was in the roommate's name, please give the name, address and phone number of the roommate. Do not use post office box numbers when other addresses can be used. If you **own your residence free and clear**, indicate that in the Landlord/Mortgage Company section. If you lived in an apartment, list the name of the complex.

**Note: Make sure to complete all blank spaces in this section. This section must be complete for you to be processed.**

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Street Number	Street Name	Apt. #
City	County	State
Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex		

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Street Number	Street Name	Apt. #
City	County	State
Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex		

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Street Number	Street Name	Apt. #
City	County	State
Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex		

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Street Number	Street Name	Apt. #
City	County	State
Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex		

From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

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Street Number	Street Name	Apt. #	
City	County	State	Zip Code

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Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

---

Street Number	Street Name	Apt. #	
City	County	State	Zip Code

---

Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

---

Street Number	Street Name	Apt. #	
City	County	State	Zip Code

---

Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

---

Street Number	Street Name	Apt. #	
City	County	State	Zip Code

---

Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

---

Street Number	Street Name	Apt. #	
City	County	State	Zip Code

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Name, Address & Telephone # of Landlord, Mortgage Company or Name of Apartment Complex

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**(If needed, continue on a blank sheet of paper)**

**REFERENCES**

You must provide the names, addresses and phone numbers of five (5) persons **not related** to you and **not former employers** who have known you for a substantial period, **preferably** for more than five (5) years.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

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Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

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