



COEUR D' ALENE TRIBE
Employment Application

First consideration for employment is given to those of Native American heritage; all others are given consideration in accordance with the Equal Employment Opportunity Act.

(Please type or print clearly)

Position Applying for: _____

NAME: _____ Date: _____

Last

First

MI

Current Mailing Address: _____

City

State

Zip

Telephone: () _____ - _____ How did you hear of this opening? _____

Enrolled Tribal member (check box) Yes No Tribe: _____

Spouse/child of enrolled Tribal member Yes No Tribe: _____

(If you're enrolled in a federally recognized tribe, attach a copy of your enrollment card/verification to this application to verify eligibility under the Indian Preference Policy)

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes No (If you are hired by the Tribe, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.)

Are you currently employed? Yes No

May we contact your present and past employer(s)? Yes No

Date available for work: _____

Are you able to travel if a job requires it? Yes No

Answer this question only after reviewing a Job Description for the position you are applying for: *Do you have a physical or medical condition which would limit your capacity for the job?* Yes No

If YES, what can be done to accommodate your limitation? _____

Have you ever pleaded guilty, been found guilty of a felony, or had a withheld judgment?

Yes No

(Conviction will not necessarily disqualify an applicant from employment).

If yes, please explain:

Education

Type of School (High School, College, Business, Trade or Other Type)	Location	Dates Attended	Courses Taken Or Major/Minor	Diploma/Degree Received (Date)

Nonprofessional Licenses or Certificates, including a valid Drivers License (List below)

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

Professional Licenses**

Type of License	License Number	Expiration Date & State	Granted by (Licensing Board)

****Applicants applying for positions that require a Professional license must have a current Idaho license. Please attach a copy with your application.**

Prior Work History (List most recent first)

Dates (mm/yyyy)		Name & Address of Present/Last Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Current/Last Position title:		Status (circle one): full-time part-time on-call other: _____				
Describe in detail the work you performed:						

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Position title:		Status (circle one): full-time part-time on-call other: _____				
Describe in detail the work you performed:						

Dates (mm/yyyy)		Name & Address of Employer	Rate of Pay		Supervisor's Name and Title	Reason For Leaving
From	To		Start	Finish		
Phone:						
Position title:		Status (circle one): full-time part-time on-call other: _____				
Describe in detail the work you performed:						

Attach a sheet if you have additional relevant work experience.

Describe any specialized training and or apprenticeship skills that would pertain to the position for which you are applying:

Describe any job-related training received in the United States Military or other.

List three (3) employment references: (not including any immediate family member)

- 1) _____
First & Last name Telephone number
- 2) _____
First & Last name Telephone number
- 3) _____
First & Last name Telephone number

Authorization and General Release

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge, and understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that my employment may be conditioned on background and fingerprint checks. In connection with this application, I authorize all corporations, credit agencies, educational institutions, law enforcement agencies, and military services to release information they may have about me to the Coeur d'Alene Tribe and release them from any liability or responsibility from doing so. Further, if necessary, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

I authorize any duly authorized representative of the Coeur d'Alene Tribe to obtain any information relating to my employment activities from my former employer(s). This information may include but is not limited to my achievement, performance, attendance, personal history, or disciplinary information. I authorize my former employer(s) to release such information upon the request of the duly authorized representative of the Coeur d'Alene Tribe regardless of any agreement I may have had with my former employer(s) to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization.

I agree to conform to the Tribe's Policies and Procedures in consideration of my employment. I agree that my employment can be terminated, with or without cause, and with or without notice, at any time, at either my or the Tribe's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Tribe.

If offered employment, I agree to submit to a medical examination (if required by the job), fingerprinting (if needed), and a mandatory drug test before starting work. If employed, I also agree to submit to a medical examination and drug test at any time deemed appropriate by the Tribe and as permitted by law. I consent to such examinations or tests, and I request that the examining doctor discloses to the Tribe the examination results, which shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will abide by the Tribe's Drug and Alcohol Policy.

Applicant Signature

Date

INTEROFFICE MEMORANDUM

TO: EMPLOYEE / PROSPECTIVE EMPLOYEE

FROM: HUMAN RESOURCES

SUBJECT: DRUG TESTING

CC: PERSONNEL FILE

Per the Coeur d'Alene Tribe Drug and Alcohol Free Workplace Policy, adopted by Council on November 21, 2000 (effective February 21, 2001; Resolution38 (2001)):

Drug and Alcohol Testing Procedures

A. Pre-Employment Testing

“All new employees are required to sign a medical release that allows for future drug and/or alcohol testing information to be released to the Tribe in case of on-the-job accidents or other similar circumstances.”

1. The Tribe has a policy against drug and alcohol abuse and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy, and productive working environment.
2. By my signature below, I am freely and voluntarily agreeing and consenting to submit a personal specimen of urine and/or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids.
3. I hereby authorize the Tribe's duly appointed collection facility and testing laboratory and their personnel to obtain, process, and test the specimen and to release and discuss results of the analysis and test to the Human Resources Director for employment purposes (pre-employment, for-cause testing, random testing, on-the-job accident testing, etc.). Said information will be handled as confidentially as possible, shared only on a “need to know” basis.
4. I understand a documented chain of custody exists to ensure the identity and integrity of my specimen throughout the collection and testing process.
5. As an applicant, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute voluntary withdrawal of my employment application. No further consideration shall be given.
6. As an employee, I understand that if I have a positive test or refuse to submit to this drug/alcohol screening analysis and test, this will constitute a violation of Tribal policy. I will be subject to disciplinary action, including termination of employment.
7. In consideration of my desire for a safe work environment, I hereby voluntarily consent for the Tribe to conduct periodic inspections of Tribal property and premises for illicit drugs, drug paraphernalia and/or open alcohol containers. Inspections will be conducted only when the Administrative Director or Human Resources Director of the Coeur d'Alene Tribe has information that would cause a reasonable person to believe that illicit drugs, drug paraphernalia and/or open alcohol containers are on the premises.

Signature

Date

Coeur d'Alene Tribe's Vision, Mission, and Core Values (Five Pillars)

Vision: All people on the Coeur d'Alene Indian Reservation shall have a chance to pursue their hopes and dreams as members, guardians and stewards in a culturally rooted, vibrant, safe, healthy and sustainable community.

Mission: The Coeur d'Alene Tribe shall exercise its inherent sovereignty, responsibility and self-governance practices by means of innovation and economic and environmental leadership, so that people, lands, and resources across the Reservation and Tribal aboriginal lands shall thrive and prosper.

Core Values (Five Pillars): From a cultural perspective, it is essential for those employed by the Tribe to be aware of, understand, and uphold the beliefs and vision of the Coeur d'Alene Tribal Community. Since time immemorial, the Coeur d'Alene Tribe has been guided by its core values, articulated today in the Tribe's Five Pillars:

t'u'lschint (Membership): Capable, decent, moral, 'a good person', a good citizen in your family, tribal, local and world community. A responsible, accountable and informed citizen in all spheres of relationship. t'u'lschint can be translated as, 'capable, decent, moral, a good person.'

Snmiypnqwiln (Scholarship): Life-long, holistic learning with ideas rooted in tribal values, self-determination, self-government and sovereignty that produces deep knowledge to understand the world and meaningful application within the community.

'ats' qhnt' wesh (Stewardship): To care for all things with integrity, responsibility, accountability and social awareness in all spheres of life, human, animals, natural resources, and the cosmos, looking at each other from the heart.

hngwa' yqn; hnshat' qn (Guardianship): To protect our tribal ways of knowing and being through the protection, care and responsibility for our people, natural resources, culture, history, traditions, language and spirituality.

chsnpa'silgwesn (Spirituality): Faith from which the Creator reveals the connection between all life. It unites the space between the past, present, and future through the peoples, environment, and land; and is rooted within the ceremonies from which the Tribe celebrates those connections.

Sign below stating you have read the above vision, mission, and five pillars.

Applicant Signature

Date

Coeur d' Alene Tribal Police Department
Tribal Officer Application

Personal History Form

Truthful answers given herein, though describing prior misconduct or unlawful acts, may not necessarily bar an opportunity for employment. Failure to answer any questions truthfully will be grounds for refusal to hire. If hiring occurs prior to knowledge of false information, such discovery will be grounds to terminate the employment.

1. What is your full name _____
Last First Middle

2. Other names by which you have been known _____

3. Social Security Number _____

4. Residence address _____
Number Street City
Telephone (____) _____
State Zip Code

E-Mail Address: _____

5. Date of Birth _____ Age _____

Place of Birth _____
City State Country

Country of Citizenship _____

6. Name of current employer _____

Work address _____
Number Street City
Telephone (____) _____
State Zip Code

7. Driver's license, state, and number _____

Please complete all blanks on the following pages. If a question does not apply, please put "NA" for non-applicable.

If you feel additional explanation is necessary to complete any section of this personal history form, you may use additional paper. Be sure to reference the section and question which applies.

Personal References

List **at least** five (5) persons other than relatives or past employers who know you well enough to provide past or current information about you.

1. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

2. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

3. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

4. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

5. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

6. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

7. **Name of reference** _____ Years known _____
Last First Middle

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

8. **Name of reference** _____ Years known _____

Address _____
Number / Street / City / State / Zip

Residence phone (____) _____ Business phone (____) _____

FAX No: (____) _____ E-Mail Address: _____

Occupation and Title of reference: _____

List names, addresses, and phone numbers of **Living** relatives:

NAME

ADDRESS

PHONE

Mother: _____

Father: _____

Father-in-law: _____

Mother-in-law: _____

Spouse: _____

Former Spouse(s) _____

Brother / Sister: _____

Brother / Sister: _____

Brother / Sister: _____

Children: _____

Children: _____

Children: _____

Children: _____

Children: _____

: _____

: _____

: _____

: _____

: _____

: _____

: _____

EMPLOYMENT HISTORY
 INCLUDE VOLUNTEER POSITIONS
 INCLUDE ALL PERIODS OF UNEMPLOYMENT

1. What is your usual occupation? _____
2. Are you now engaged in any business as an owner, active or silent partner, stockholder, or corporate member? Yes or No _____

If YES, Details: _____

3. List below CHRONOLOGICALLY, beginning with the most recent - All places where you have been employed. Omit NONE. Give CORRECT, FULL ADDRESSES, INCLUDING ZIP CODES. **List volunteer work, indicate the number of hours worked per week.**

4. May we contact your present employer? _____

From Mo. Yr.	To Mo. Yr	Total Yrs./MO	Business name, address, Zip Code, Phone number.
_____	_____	_____	_____

Business FAX No. and E-Mail: _____

Position _____ Reason for Leaving _____

Supervisor's name: _____

From Mo. Yr.	To Mo. Yr	Total Yrs./MO	Business name, address, Zip Code, Phone number.
_____	_____	_____	_____

Business FAX No. and E-Mail: _____

Position _____ Reason for Leaving _____

Supervisor's name: _____

From **To** **Total**
Mo. Yr. **Mo. Yr** **Yrs./MO**

Business name, address, Zip Code, Phone number.

Business FAX No. and E-Mail: _____

Position _____ Reason for Leaving _____

Supervisor's name: _____

From **To** **Total**
Mo. Yr. **Mo. Yr** **Yrs./MO**

Business name, address, Zip Code, Phone number.

Business FAX No. and E-Mail: _____

Position _____ Reason for Leaving _____

Supervisor's name: _____

From **To** **Total**
Mo. Yr. **Mo. Yr** **Yrs./MO**

Business name, address, Zip Code, Phone number.

Business FAX No. and E-Mail: _____

Position _____ Reason for Leaving _____

Supervisor's name: _____

5. Were you ever discharged or asked to resign from employment? Yes or No

How many times? _____ Give details of discharge or discharge or forced resignations:

Employer	Date	Superior's name
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_____	_____	_____
-------	-------	-------

Reason: _____

Employer	Date	Superior's name
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_____	_____	_____
-------	-------	-------

Reason: _____

6. Have you ever applied for employment with another law enforcement agency? If so, list below. What is your current status with these applications?

Agency	Application date	Status
--------	------------------	--------

1. _____	_____	_____
----------	-------	-------

2. _____	_____	_____
----------	-------	-------

3. _____	_____	_____
----------	-------	-------

4. _____	_____	_____
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RESIDENTIAL HISTORY

1. List all the physical addresses where you have lived for the past ten (10) years, with the most recent address first. Do not list your present address. For periods of military service, list all addresses other than assigned quarters.

From Mo. Yr.	To Mo. Yr.	Complete address	City/State/Zip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION AND TRAINING

1. List each high school, trade school, college, and university you have attended. Begin with the most recent. **Provide a copy of your high school diploma and a SEALED, CERTIFIED COPY of all college transcripts.**

From Mo. Yr.	To Mo. Yr.	School name/address/city/state/zip	Degree/Certificate and Major/Minor or Units Obtained/GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List any other special skills, training or abilities you possess. Describe the nature of the skill and how acquired. Do not list training received during military service.

FINANCIAL INFORMATION

A CREDIT CHECK THROUGH THE CREDIT BUREAU WILL BE MADE

- 1. Have your wages ever been garnished? _____
- 2. Have you ever been, or are you now, a defendant or a plaintiff in a civil action?
(Do not list divorce or dissolution actions.) _____
- 3. If employed by the Coeur d' Alene Tribal Police Department, do you anticipate any personal income other than your Department salary? _____
- 4. Have you ever been refused any type of insurance policy? _____
- 5. Have you ever had an insurance policy of any type cancelled? _____
- 6. Have you ever filed for bankruptcy? _____
- 7. Have you ever filed for reorganization? _____
- 8. Have you ever been bonded? _____
- 9. Have you ever had any account that was sent to collection? _____
- 10. Have you ever had a bond refused? _____

When the answer to any of the above is “yes,” provide details, date, location, and other circumstances in the space below, reference by question number.

- 11. What is your approximate total indebtedness? (Do not include mortgages on the residence you occupy.)
\$ _____
- 12. What is your approximate total monthly payment due on this indebtedness? \$ _____
- 13. Current income \$ _____

DRUG USE INFORMATION

1. Do you use intoxicants (drugs and / or alcohol)? _____

If so, to what extent? _____

2. Have you ever used or possessed illicit drugs of any kind? _____

3. What illicit drugs, including marijuana, have you used?

Drug	How often	Total times used	Date started	Date last used
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Have you ever illegally manufactured, grown, sold, or given drugs to anyone? _____

If "yes," list below: If "yes," attach sheet with further explanation of incident(s)/situation.

Drug	How often	Total times used	Date Started	Date last used
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRIMINAL HISTORY

1. Have you ever been detained for investigation or arrested by a police department or other law enforcement agency, either as a juvenile or an adult? _____

Date	Type of arrest or incident	City/State	Court Disposition	Police agency concerned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Have you ever been convicted of a crime in a civilian or military court? _____

If "yes", list any penalty you received including incarceration, probation, community service, fine, etc.

Date	Charge	City/State	Penalty	Type of court
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Have you ever committed any crime(s) that law enforcement is not aware? Yes or No

If yes, please explain in detail: Attach a separate page, if necessary. _____

TRAFFIC HISTORY

1. List all traffic citations you have received in the State of Idaho or any other state. Do not include parking violations.

Date	Violation	City/State	Disposition	Your age At time	Police agency concerned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Have you ever been involved in a traffic accident? _____

Date	Type of Incident	Location	Disposition	Your age At time	Police Agency concerned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you now serving or have you ever served in a branch of the Military, National Guard, or Reserves? Yes or No _____

If "yes," **PLEASE ENCLOSE A COPY OF DD214 – LONG FORM** – answer the following:

1. Branch of military: _____
2. Unit (infantry, medics, etc.): _____
3. Your military occupational specialty: _____
4. Military identification number: _____
5. Active duty dates: _____ to _____
6. Highest rank attained: _____

GENERAL INFORMATION

- 1. Indicate the approximate number of days missed from school or employment this year _____ . Last Year _____ .

- 2. Do you agree to take a polygraph examination concerning your personal history, which is one of the requirements for employment? Yes or No _____ .

Prior to affixing your signature on this page, you must present this form to a Notary Public. For your convenience, a Notary Public is available at the Coeur d' Alene Tribal Police Department.

I am aware that any knowing misrepresentations or falsifications made in connection with my obtaining employment with the Coeur d' Alene Tribal Police Department will be grounds for rejection or dismissal, and I certify that the answers to the foregoing questions are true and complete to the best of my knowledge.

Signature of Applicant

SUBSCRIBED AND SWORN TO before this _____ day of _____, 20_____

Notary Public in an for the State of _____
Residing at _____
My Commission Expires: _____

AUTHORIZATION TO REALEASE INFORMATION

SUBJECT (PRINT NAME) _____

Prior to affixing your signature on this page, you must present this form to a Notary Public. For your convenience, a Notary Public is available at the Coeur d' Alene Tribal Police Department.

I, _____, authorize (leave blank) _____

To furnish the Coeur d' Alene Tribal Police Department with any and all information that he/she/it may have concerning my reputation, employment history, residential history, educational history, financial status (to include a credit report), military service, medical treatment, and criminal history, including non-conviction data and intelligence information not prohibited by regulations concerning Fair Pre-Employment Inquiries.

Information of a confidential or privileged nature may be included. Your reply will be used to assist the Coeur d' Alene Tribal Police Department in determining my qualifications and fitness for the position I am seeking with the Coeur d' Alene Tribal Police Department.

I will make NO attempt to gain access to information provided by you to the Coeur d' Alene Tribal Police Department and/or its agencies or department in conjunction with the employment process and herby expressly waive any rights I may have to request the disclosure of information provided by you to the Coeur d' Alene Tribal Police Department and/or its agencies or departments in conjunction with employment procedures.

I hereby release you, your organization, the Coeur d' Alene Tribal Police Department, and others from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ of _____, 20_____

Notary Public in and for the State of _____

Residing at _____

My commission Expires: _____

NOTE: A photocopy reproduction of this document shall be for all intents and purposes as valid as the original. You may retain a copy of this form for your files.

AUTHORIZATION TO RELEASE INFORMATION

SUBJECT (PRINT NAME): _____

Prior to affixing your signature on this page, you must present this form to a Notary Public. For your convenience, a Notary Public is available at the Coeur d' Alene Tribal Police Department.

I, _____, hereby authorize and direct the Coeur d' Alene Tribal Police Department and/or its lawful agents to procure necessary medical information concerning my past and present medical history. I hereby waive my confidential relationship with my doctors and authorize them to disclose upon request all which I have had or now have and agree to furnish names, addresses, and full details concerning the physicians who have been confined. I understand that this information will be used only to determine my fitness for employment as required by law, and any waiver of confidentiality is strictly limited to that purpose.

I hereby release you, your organization, and the Coeur d' Alene Tribal Police Department from any liability or damage which may result from furnishing the information requested.

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

Notary Public in and for the State of _____

Residing at _____

My Commission Expires: _____

NOTE: A photocopy reproduction of this document shall be for all intents and purposes as valid as the original. You may retain a copy of this form for your files.

I certify that I have not been convicted of any misdemeanor crime of domestic violence that would prohibit me from possessing firearms or ammunition under federal law.

What is a misdemeanor crime of domestic violence?

As defined in the Gun Control Act of 1968, a “misdemeanor crime of domestic violence” means an offense that:

- (1) Is a misdemeanor under Federal or State law;
- (2) Has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon; and
- (3) Was committed by a current or former spouse, parent, or guardian of the victim, cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

However, a person is not considered to have been convicted of a misdemeanor crime of domestic violence unless:

- (1) the person was represented by counsel in the case or knowingly and intelligently jurisdiction in which the case was tried, either –
 - (a) the case was tried by a jury, or
 - (b) the person knowingly and intelligently waived the right to have the case tried by a jury, by guilty plea or otherwise.

In addition, a conviction would not be disabling if it has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of jurisdiction in which the proceedings were held provides for the loss of civil rights upon conviction for such an offense) unless the pardon, expunction, or restoration of civil rights expressly provides that the person may not ship, transport, possess, or receive firearms, and the person is not otherwise prohibited by the law of the jurisdiction in which the proceedings were held from receiving or possessing firearms.

Signature of Applicant

SUBSCRIBED AND SWORN TO before this _____ day of _____, 20_____

Notary Public in and for the State of _____

Residing at _____

My Commission Expires: _____