

SECTION II

Authorized Agent Signature: _____

As an active signatory my signature above confirms I have reviewed this application. The applicant has provided a chronological 10-year history with no periods of unaccountability. They have provided exact month and year for each period of EMPLOYMENT, UNEMPLOYMENT, EDUCATION, MILITARY and/or VOLUNTEER SERVICE history. Each month has been accounted for without any gaps within the previous 10 years.

| | | | | |
|-----------------------------|---------------------------|--|-----|--|
| FROM Month & Year | TO Month & Year | _____ | | |
| / | / | Employment / Unemployment / Education / Military / Volunteer Service | | |
| _____ | | _____ | | |
| Street Address | | | | |
| _____ | | | | |
| City | | State | Zip | |
| _____ | | | | |
| Position held: _____ | | | | |
| Reason for leaving: _____ | | | | |

PERSON(S) TO CONTACT:

Contacts provided are:

- *Affiliated with the applicable accountability period*
- *Not related to applicant by blood or marriage*

| | | | |
|----|---------------------|-------|---------------------|
| 1. | _____ | _____ | _____ |
| | First and Last Name | Title | (Area Code) Phone # |
| 2. | _____ | _____ | _____ |
| | First and Last Name | Title | (Area Code) Phone # |

.....DO NOT WRITE BELOW THIS LINE.....

SECTION III

INFORMATION VERIFICATION

Comments: _____

Verified by: _____ Date: _____

Method of Verification: _____