

PRIVATE INVESTIGATOR EXAMINERS APPLICATION				FOR BOARD USE ONLY				
Last Name			First Name	Middle Name			Date Received:	
1. Agency Name								Date Approved:
Agency Street Address								License Number:
Agency Mailing Address							3. Social Security Number:	
City			State	Zip			4. Driver's License No. & State:	
2. Present Resident Address							5. Phone Numbers (Include Area Code):	
City			State	Zip			Residence #	
							Agency #	
Former Residence for Last 7 Years:								
From		To		Street and Number		City, State, Zip Code		
Month		Year						
Month		Year						
Month		Year						
Month		Year						
Description:								
Age	Sex	Height	Weight	Hair	Eyes	Build	Complexion	
8. Date of Birth		9. Citizen of:			10. Place of Birth (City, State)			
11. Marital Status ___ Single ___ Married ___ Divorced ___ Widow(ed) ___ Separated				Spouse's Name		Date and Place of Divorce or Separation		
12. Have you ever served in U. S. Armed Forces? ___ Yes ___ No				Branch of Service		Dates of Service		
13. Are you now a member of a Reserve or NG Organization? ___ Yes ___ No				If Yes, state unit designation and address				
14. Have you ever been court martialled, fined, or disciplined under UCMJ or service regulations? ___ Yes ___ No				If answer is yes, explain fully giving dates and location on a separate sheet.				
15. Have you ever been convicted in any jurisdiction of any felony? ___ Yes ___ No				If answer is yes, please furnish complete details concerning the conviction(s) on a separate page.				
16. Are you now or have you ever been a member of, or have you supported any movement, group or organization which advocates the overthrow of the government of the United States of America? ___ Yes ___ No				If answer is yes, please furnish complete details on a separate page.				
17. Have you ever been denied or refused a license? ___ Yes ___ No				If your answer is yes, please furnish complete details on a separate page.				
18. Have you ever been convicted of a crime involving moral turpitude? ___ Yes ___ No				If your answer is yes, please furnish complete details on a separate page.				

19. List below all of your work experience in the last 7 years. If more space is needed, use a separate sheet.

A. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

B. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

C. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your driver's license ever been suspended?
 Yes No

21. REFERENCES: List 3 persons, not employers or relatives, who have a knowledge of your character and ability.

Name	Address	Occupation	Years Known
A.			
B.			
C.			

YOUR EMAIL ADDRESS: _____

	Grade Completed	Date Last Attended	Did You Graduate?	Name/Location of School
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			
College and Other Schools Attended				

NOTICE: PLEASE SIGN BETWEEN THE LINES USING BLACK INK. ALSO, PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.

CERTIFICATE

I hereby certify that this application contains no willful misrepresentation or falsification, and that information given by me is true and complete to the best of my knowledge and belief.

I acknowledge that my signature below constitutes my consent for all information and references to be verified by the Board.

_____ Date

_____ Signature

Sworn to and Subscribed this _____ day of _____, before _____

Notary Public, Parish/County of _____ State of _____

Notary Public

USE A SEPARATE SHEET FOR THE COPY OF YOUR DRIVER'S LICENSE