

**HEALTH HISTORY** *continued*

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, LIST DETAILS


1 HAVE YOU EVER BEEN REJECTED FOR A HEALTH INSURANCE POLICY?

YES

NO

2 HAS ANY FAMILY MEMBER HAD OR BEEN TREATED FOR A NERVOUS OR MENTAL DISORDER?

YES

NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS EXPLAIN

REASON REJECTED / CANCELLED	COMPANY / ADDRESS / CITY / STATE	DATE

**RESIDENCE HISTORY**

NOTE: LIST ALL RESIDENCES FOR THE PAST 10 YEARS BEGINNING WITH CURRENT ADDRESS.

MONTH & YEAR		STREET ADDRESS	CITY	STATE	ZIP CODE
FROM	TO				

**REFERENCES (non-family members)**

NOTE: LIST 5 PEOPLE WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS AND ABILITIES

NAME	ADDRESS	CITY	STATE	TELEPHONE #	YEARS KNOWN

**MISCELLANEOUS**

ARE YOU NOW, OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION OR GROUP THAT  
 1 ADVOCATES THE VIOLENT OVERTHROW OF THE UNITED STATES GOVERNMENT OR IT'S  
 CONSTITUTION?

YES

NO

ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON  
 2 YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO PERFORM OR  
 WHICH REQUIRE FURTHER EXPLANATION?

YES

NO

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I CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS, AND THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO BEING SUMMARILY DISCHARGED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATIONS OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED.

**X**

SIGNATURE OF APPLICANT

DATE