

**U.S. MILITARY SERVICE**

FROM (Month/Year)	TO (Month/Year)	BRANCH OF SERVICE	RANK OF DISCHARGE	AWARDS RECEIVED (Optional)
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MILITARY SPECIALTY AND TRAINING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL INFORMATION FOR PLACEMENT CONSIDERATION:**

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**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THE APPLICATION.**

**APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT:**

1. A job-related physical examination if required.
2. Meeting the age requirements of applicable laws and submitting proof of true age, if required.
3. Submitting proof of U.S. citizenship, visa or work permit, if required.
4. Conforming to District rules, regulations and instructions.

I certify that all statements in this application are true and correct and if any information submitted is false, it may be cause for dismissal. I understand that the District may request an investigative report to be prepared regarding all information contained in this application. I authorize such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. I understand that if I am employed, a certified birth certificate or other evidence of birthplace and citizenship is required. I understand that this is an application for employment and that no employment contract is being offered.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_