

work history for the length of their training. Out of State applications must include the **Verification of License Form** or equivalent. (Form on ADH website)

NOTE:

- Special consideration may be given to Uniformed Service Members stationed in the state of Arkansas; or Uniformed Service Veterans residing or establishes residency in Arkansas ; or the spouses of such persons.

Candidate Work History / Experience

Candidate Background

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES _____ NO _____ (If yes, provide the date, the state and nature of the offence) _____

Are you or your spouse a Uniformed Service Member or Uniformed Service Veteran? YES _____ NO _____

APPLICANT SIGNATURE: _____

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

SUBSCRIBED AND SWORN TO BEFORE THIS _____ DAY

OF _____ YEAR _____

SIGNATURE OF NOTARY _____

SEAL

STATE OF _____

COUNTY OF _____