

BACKGROUND REVIEW

- | | Yes | No |
|---|-------|-------|
| 1. With the exception of a driver's license, have you ever had any license or registration denied, suspended or revoked? (see #4 below) | _____ | _____ |
| 2. Have you ever been convicted of a felony? (see #5 below) | _____ | _____ |
| 3. Have you ever been convicted of a misdemeanor? (see #6 below) | _____ | _____ |

WHERE NECESSARY, SUBMIT THE FOLLOWING INFORMATION ON A SEPARATE SHEET AND ENCLOSE WITH THIS APPLICATION

- If the answer to #1 above is YES, provide the date, the name of the State, the type of action taken, the cause of the action and its status.
- If the answer to #2 above is YES, provide a statement which contains your name, address, current telephone number; nature of the charges; court of jurisdiction; city and state; date of conviction; name, address and phone number of probation officer. Advise if civil rights have been restored and provide such evidence, if applicable.
- If the answer to #3 above is YES, provide dates, places, statements of charges and their dispositions.

AFFIDAVIT BY APPLICANT

I, _____, understand that all documents submitted as a requirement of this application are made part of this application and that any false statements contained herein or any false documents submitted herewith constitute cause for suspension or revocation of any license or registration granted by this Board.

I have read the foregoing application and know the contents thereof, and the matters and things therein stated are true and correct.

Signature of Applicant

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 19 _____.

Notary Public

THIS SECTION TO BE COMPLETED BY APPLICANT'S EMPLOYER

I, _____, hereby state that I am the supervising embalmer. I certify that I am familiar with and can vouch for the applicant's good character, reputation, employment and professional ability. I recommend this application be accepted.

Signature of Endorsee

Address

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 19 _____.

Notary Public

THIS APPLICATION IS INCOMPLETE IF ALL ANSWERS ARE NOT PROVIDED AS REQUESTED.