

1. Father:	
Work Telephone:	
Birth Date:	Place of Birth:

2. Mother:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

3. Spouse:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

4. Former Spouse:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

5a. Child:	
Address:	
Home Phone:	
Occupation:	

5a. Child:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

5b. Child:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

6a. Sister:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

6b. Sister:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

7a. Brother:	
Address:	

7a. Brother:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

7b. Brother:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

8a. Other Individuals with whom you have resided over a period of 30 days or more: <i>Indicate relationship. Include college roommates.</i>	
Full Name:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	
Address of Firm Where Employed:	
Work Telephone:	
Birth Date:	Place of Birth:

8b. Other Individuals with whom you have resided over a period of 30 days or more: <i>Indicate relationship. Include college roommates.</i>	
Full Name:	
Address:	
Home Phone:	
Occupation:	
Name of Firm Where Employed:	

**8b. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8c. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

Address:

Home Phone:

Occupation:

Name of Firm Where Employed:

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8d. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

Address:

Home Phone:

Occupation:

Name of Firm Where Employed:

Address of Firm Where Employed:

Work Telephone:

Birth Date:

Place of Birth:

**8e. Other Individuals with whom you have resided over a period of 30 days or more:
Indicate relationship. Include college roommates.**

Full Name:

a. Date:	Circumstances:
Jurisdiction:	Disposition:

b. Date:	Circumstances:
Jurisdiction:	Disposition:

I certify that all the statements in this questionnaire are complete and correct to the best of my knowledge and are made in good faith. I understand that employment is subject to taking a medical examination and meeting acceptable medical qualifications as may be determined by the town and that any false information or omission of material fact contained herein may be cause for disqualification or termination of employment.

I hereby authorize any individuals, companies, or institutions with whom I have been associated to furnish the Town of Rome with any information concerning my employability which they have on record or otherwise and do hereby release the individuals, companies or institutions connected therein from all liability for any damages whatsoever incurred in furnishing such information.

Signature: _____ Date: _____