



DATE: _____

APPLICATION FOR EMPLOYMENT TRUCK DRIVER

Mail to: JBS Carriers, 2401 2nd Avenue, Greeley CO 80631, Attn: Human Resources.
Questions: 866-298-4573 option 2, Fax number 970-346-4794

APPLICATION MUST BE COMPLETED FULLY.

I understand that the information in this application will be used, and that prior employers will be contacted, for purpose of investigating as required by 391.23 of the Federal Motor Carrier Safety Regulations.

PERSONAL DATA:

Last Name: _____ First Name: _____ Middle Name: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

List your address of residency for the past THREE YEARS.

Home/Current Address (No PO Box number allowed) _____
(Address)

How Long: _____
(City) (State) (Zip)

Previous Address (No PO Box number allowed) _____
(Address)

How Long: _____
(City) (State) (Zip)

Are you legally permitted to work in the United States? Yes () No ()

If a relative is employed here, give name & relationship: _____

Have you ever been employed by JBS Carrier's? Yes () No () When/Where? _____

Are you now employed? Yes () No () If not, how long from leaving last employer? _____

Have you ever been convicted of a felony? Yes () No ()
(If yes, please explain fully on a separate sheet of paper - we cannot hire anyone with a felony conviction in the last ten years.)

Who referred you? _____ Truck Number: _____

Are you able to perform the function(s) of the job with or without reasonable accommodations? Yes () No ()

EDUCATION:

CIRCLE HIGHEST GRADE COMPLETED:
HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

Are you proficient reading and speaking English? Yes () No ()

OTHER INFORMATION:

EMERGENCY CONTACT PERSON:
(mandatory)

_____ (name)

Relationship:

Address (No PO Box number allowed)

_____ (address)

_____ (city) (state) (zip)

Home phone number: () _____ Cell phone number: () _____

Work phone number: () _____ other number: () _____

EXPERIENCE AND QUALIFICATIONS:

List all driver licenses or permits held in the past three (3) years

CDL DRIVER LICENSE	STATE	LICENSE NUMBER	CLASS	EXPIRATION DATE

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes () No ()
- Has any license, permit or privilege ever been suspended or revoked? Yes () No ()
- Have you ever been disqualified for violation of the Federal Motor Carrier Safety Regulation? Yes () No ()
- If yes to ANY above questions please provide detail(s):

List any trucking, transportation or other experience that may help you in your work for this company as a driver:

List special course(s) or training that will assist you as a driver?

List forklift training and experience:

List safe driving awards you hold and from whom?

How many years of Local Driving experience do you have?

How many years **Over the Road Driving** experience do you have? _____

How many years of experience driving a **Commercial Motor Vehicle** do you have? _____

List course or training not shown elsewhere on this application:

- Do you know and understand how to properly complete **Driver's Daily Logs**? Yes () No ()
- Do you know and understand **Federal Motor Carrier's Safety Regulations**? Yes () No ()
- Have you ever been discharged or lost driver approval because of an accident? Yes () No ()
- Have you ever been refused motor vehicle insurance? Yes () No ()
- Drivers approved by this Company are held personally responsible for all traffic laws they break; do you accept this rules? Yes () No ()
 - Have you ever failed a drug or alcohol test with any employer? Yes () No ()

DRIVING EXPERIENCE:

(Attach sheet if more space is needed)

List all experience; if no experience write "NONE" beside the listed equipment.

CLASS OF EQUIPMENT (Check Yes or No)	CIRCLE TYPE OF EQUIPMENT	DATE FROM - TO (Month/Year)	APPROXIMATE NUMBER OF MILES PER YEAR
STRAIGHT TRUCK Yes () No ()	VAN, TANK, FLAT, DUMP, REEFER, CATTLE		
TRACTOR & SEMI-TRAILER Yes () No ()	VAN, TANK, FLAT, DUMP, REEFER, CATTLE		

ACCIDENT/INCIDENT RECORD FOR PAST 5 YEARS:

(Include no fault and attach additional sheet if more space is needed.)

List all personal vehicle/commercial motor vehicle accidents. If no accidents write "NONE" in boxes below.

	NATURE OF ACCIDENT (Backing, Head-On, Rear End, etc)	FATALITIES (Yes or No)	INJURIES (Yes or No)	WHERE YOU CITED? (Yes or No)
Last Accident Date:				
Previous Accident Date:				
Next Previous Accident Date:				

TRAFFIC CONVICTIONS AND VIOLATIONS FOR THE PAST 3 YEARS:

(Attach sheet if more space is needed)

List all violations. If no convictions or violations, write "NONE" across the boxes below.

LOCATION	DATE	VIOLATION	PENALTY

***IMPORTANT ***

TEN YEAR EMPLOYMENT HISTORY WITH NO GAP TIME

All driver applicants who drive on interstate commerce must provide the following, Per Federal Motor Carrier Safety Regulations 391.21 (Application for Employment) must fully complete a 10 year works history **with no gap-time**. JBS Carriers requires complete past employer information phone number, street number, city, state, zip codes and supervisor name and title.

Failure to comply with above request will automatically disqualify your application.

(NOTE: **start with most current employer**. Add another sheet if necessary.)

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
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Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

EMPLOYER	DATE MONTH/YEAR	
Name:	Month / Year:	Month / Year:
Address:	Position Held:	
City / State / Zip:	Salary / Wage:	
Contact Person:	Phone Number:	
Title:	Fax Number:	
Were you subjected to the FMCSRs while employed Yes () No ()		
Was this job designated as a safety sensitive function in any DOT – regulation mode subject to the Drug and Alcohol testing requirements of 49 CFR Part 40? Yes () No ()		
Reason for leaving:		
Areas Driven:	Equipment Operated:	

APPLICANT PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

In compliance with federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, married status, veteran status, non-job related disability, or any other protected group status.

I understand that the information in this application will be used, and that prior employers will be contacted, for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations and I authorize you to make such investigations and inquiries of my personal, medical history and other related matters as necessary in arriving at an employment decision or for employment purpose in the event that I am employed by you. As part of such inquiries and investigations, I authorized you to obtain reports on me defined as "consumer reports" under the **Fair Credit Reporting Act**, Provisions of Section 604(b)(2)(A). I hereby release former employers, schools, health care providers, division of motor vehicles, and other persons from all liability in responding to inquires and releasing information in connection with my application. I hereby authorized procurement of consumer report(s). If hired, this authorization shall remain on file and shall service as ongoing authorization for you to procure consumer reports at any time during my employment period.

In the event of employment, I understand that false or misleading information given on this application or in interviews may result in discharge.

I agree to conform to the rules and regulations of JBS CARRIERS, and I understand my employment and compensation can be terminated with or without cause, and with or without notice at any time.

I consent to take physical examinations and to provide samples of my blood and/or urine for analysis and consent to breath alcohol testing when requested during the course of my employment as required by Department of Transportation regulations or company policy.

This certifies that this application was completed by me, and that all entries contained on the application are true and complete to the best of my knowledge.

Date

Applicant's Signature

TO SUBMIT APPLICATION

Mail application to:
JBS CARRIERS
Attn: **Recruiting**
2401 2nd Ave
Greely, Co 80631

OR

Fax number 970-346-4794



Dear Applicant;

All applicants are required to complete a pre-employment

- DOT Physical
- Drug Screen
- Ergonomics Evaluation consisting of a number of weight lifting up to 100 lbs, and agility tests.
- Road Test

Employment with JBS Carriers is contingent upon satisfactory completion of these tests.

Applicant Signature

Date

CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE

In connection with your employment or application for employment (including independent contractor assignments, if applicable) and in accordance with pertinent laws, HireRight may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") related to information concerning you: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), academic history, verification of references and verification of other information supplied by you, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, accident history, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records and information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other Information sources (collectively, "Suppliers").

Upon providing proper identification and subject to applicable legal requirements and restrictions, you have the right to request the nature and substance of all Information in HireRight's files pertaining to you, as well as information including, but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) Identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within certain statutorily-prescribed time periods preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Check this box if you are applying for employment in California and/or you are a California resident and, in either case, you wish to receive a copy of your consumer credit report or investigative consumer report if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, during normal business hours you may view the file maintained on you by HireRight. You may also obtain a copy of this file by submitting proper identification and paying any statutorily-prescribed costs for such file by contacting HireRight in person, by mail or by phone. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you provided that this person furnishes proper identification.

Check this box if you are applying for employment in Oklahoma and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

Check this box if you are applying for employment in Minnesota and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your consumer report if one is obtained or assembled by HireRight.

If you are a Maine, Massachusetts, New York or Washington State applicant, employee or contractor, please also refer to the additional state law notices attached herewith.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize HireRight to obtain Information and disclose Information to its customers ("Customers"), if applicable, for the purpose of making a determination as to my eligibility for employment (including independent contractor assignments), promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and HireRight Customers, if applicable, to retain this document on file to act as ongoing authorization for the procurement and assembly of Reports at any time during my employment or contract period. As permitted by law, I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of Information as set forth in this document. I agree that Information in HireRight's possession and my employment history with Customers if I am hired or contracted may be supplied by HireRight to other HireRight Customers for legally permissible purposes.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the Information obtained pursuant to this authorization could affect my eligibility for employment, independent contractor status, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned Information; and (vii) facsimile or e-mail copies of this authorization are as valid as an original.

Print Applicant Name:

Social Security #:

Applicant Signature:

Date:

Applicant Address:

Applicant Phone Number:

DAC Online:
DOT D/A Disclosure and Authorization

Send to Fax # (866) 886-8908

Company Name: _____
Company Contact Name: _____
Fax #: (____) _____ - _____

PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HIRERIGHT for the purpose of HireRight transmitting such records to the HIRERIGHT customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous **three (3) years**; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____
_____	_____	_____	(____) _____ - _____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Applicant Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____



**Equal Employment Opportunity/
Affirmative Action Statistical Data**

It is the policy of JBS to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under Executive Order 11246 we invite all applicants to identify themselves as indicated below.

Completion of the form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application forms.

PLEASE PRINT

Name: _____ Date: _____
Last First Middle

Social Security Number: _____

Position Applied For: (please list only one)

I choose not to self-identify.

What is your race/ethnic origin?

- White**—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (1)
- Black or African American**—A person having origins in any of the black racial groups of Africa. (2)
- Hispanic or Latino**—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (3)
- Asian**—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (4)
- Native American or Alaska Native**—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. (5)
- Native Hawaiian or Other Pacific Islander**—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (6)

What is your gender? Male Female



CONFIDENTIAL PRE-EMPLOYMENT INFORMATION

In compliance with federal and state equal employment opportunity laws, all qualified applicants will be considered without regard to race, color, religion, sex, national origin, age, veteran status, or disability. To help our Company comply with federal and state equal employment record keeping, reporting, and other obligations, please answer the questions below. The information provided will be kept confidential, and this form will be maintained in a separate location from your application. Providing this information is voluntary, and neither disclosure of the information nor refusal to provide it will adversely affect consideration of your application. This information will be used only in accordance with the regulations implementing Executive Order 11246, 38 U.S.C. Paragraph 4212, 29 U.S.C. Paragraph 793, Vietnam Era Veterans Readjustment Act of 1974, as amended, and with the provisions of Title I of the American with Disabilities Act.

NAME: _____ DATE: _____
(Please print)

Social Security Number: _____
Position Applied For (list one): _____

Race/ethnic designations and descriptions are used as defined by the Equal Employment Opportunity Commission.

SEX	RACE/ETHNIC GROUP
____ Male	____ White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, North Africa or the Middle East)
____ Female	____ Black or African American (Not Hispanic or Latino) (A person having origins in any of the black racial groups of Africa).
	____ Hispanic or Latino (A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race)
	____ Asian (Not Hispanic or Latino): (A person having origins in any of the original peoples of the Far East, SE Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	____ American Indian or Alaskan Native (Not Hispanic or Latino) (A person having origins in any of the original peoples of North and South America (including South America), and who maintain tribal affiliation or community attachment.
	____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
	____ Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races
	____ I choose not to self-identify



**SELF-IDENTIFICATION FORM
FOR INDIVIDUALS WITH DISABILITIES & PROTECTED VETERANS
(COMPLETION OF THIS FORM IS VOLUNTARY)**

JBS is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2003, which require federal contractors to take affirmative action to employ and to advance the employment of qualified individuals with disabilities, qualified disabled veterans, recently separated veterans, and other protected veterans.

As a federal contractor, the company is required to monitor the number of employees who have a disability or are protected veterans. If you are an individual with a disability, disabled veteran or other protected veteran, please inform us by completing and returning this form to your local Human Resources. Submission of this form is voluntary and non-submission will not influence employment decisions. You may complete this form now, or at any time your status changes during your employment. We are gathering the information requested on this form in order to comply with federal recordkeeping requirements and to assist us in developing and monitoring the company's EEO/AA program.

If you request an accommodation for your disability on this form, we will contact you about your request. Alternatively, you may initiate a request for accommodation directly with your supervisor. Requests for accommodation will be considered on a case-by-case basis, and accommodations will be made if they are reasonable and do not cause undue hardship.

This document will be kept separate from your personnel file. In addition, information provided will be kept confidential except that (1) supervisors and managers may be informed about work restrictions of individuals with disabilities, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the employee's condition might require emergency treatment; and (3) government officials investigating compliance may be informed.

Name : _____

Social Security Number or Employee ID Number: _____

RECENTLY SEPARATED VETERAN: A recently separated veteran includes veterans during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. Military, ground, naval or air service.

Are you a recently separated veteran? Yes No

ARMED FORCES SERVICE MEDAL VETERAN: Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. Military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).

Are you an armed forces service medal veteran? Yes No

OTHER PROTECTED VETERAN: Other protected veteran means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at <http://www.opm.gov/employ/veterans/html/vgmedal2.asp>

A replica of the list may also be obtained from Human Resources.

Other protected veteran? Yes No

DISABLED VETERAN: A disabled veteran means (1) are entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or (2) were discharged or released from active duty because of a service-connected disability.

Are you a disabled veteran? Yes No

DISABLED INDIVIDUAL: A disabled individual means any person who (1) has a physical or mental impairment that substantially limits one or more major life activity; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Are you a disabled individual? Yes No

Are there any accommodations we could make that would enable you to perform the job properly and safely? Yes No

If YES, please explain:

____ I DO NOT WISH TO SELF-IDENTIFY

Signature: _____

Date: _____