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Kansas
Adjutant General's Department

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Major General Lee E. Tafanelli
The Adjutant General and Director of
Emergency Management & Homeland Security

Sam Brownback, Governor

DECLARATION FOR KANSAS

ADJUTANT GENERAL'S DEPARTMENT EMPLOYMENT

The information collected on this form is used to determine your acceptability for employment and your ability to obtain and maintain the appropriate security clearance status. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

GENERAL INFORMATION:

1. FULL NAME: *(First, middle, last)*

2. SOCIAL SECURITY NUMBER

3. PLACE OF BIRTH *(Include city and state or country)*

4. DATE OF BIRTH *(MM/DD/YYYY)*

5. OTHER NAMES EVER USED *(Example, maiden name, Nickname, etc.)*

6. PHONE NUMBERS *(Include area codes)*

DAY

NIGHT

SELECTIVE SERVICE REGISTRATION

If you are a male born after December 31, 1959, and you are at least 18 years of age, civil service employment law requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ Yes ☐ No *If "NO" skip 7b and 7c. If "Yes" go to 7b.*

7b. Have you registered with the Selective Service System? ☐ Yes ☐ No *If "NO" go to 7c.*

7c. If "NO," describe your reason(s) in item # 15.

MILITARY SERVICE

8. Have you ever served in the United States military? ☐ Yes *Provide information below* ☐ No

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training the Reserves or National Guard, answer "NO."

BRANCH	FROM *MM/DD/YYYY*	TO *MM/DD/YYYY*	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered, However, in most cases you can still be considered for employment.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines or $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Correction Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole?(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ Yes ☐ No

10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. ☐ Yes ☐ No

11. Are you now under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. ☐ Yes ☐ No

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. ☐ Yes ☐ No

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. ☐ Yes ☐ No

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half -brother, and half- sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ Yes ☐ No

CONTINUATION SPACE/ AGENCY OPTIONAL QUESTIONS

15. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 16, and complete 16a.

16. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a. Applicant's Signature_____ DATE _____