

## CBTS PROCTOR APPLICATION

Date: \_\_\_\_\_ How did you hear about CBTS? \_\_\_\_\_

Name: \_\_\_\_\_ Spouse \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Spouse's Work #: \_\_\_\_\_ Spouse's Mobile#: \_\_\_\_\_

Length of time resided at current home: \_\_\_\_\_ Do you plan to move? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Current Residence: House \_\_\_\_\_ Apartment \_\_\_\_\_ Condo \_\_\_\_\_ Mobile Home \_\_\_\_\_

Do you currently: Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_

List the names, ages, and relationship of all other individuals residing in your home:

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PERSONAL INFORMATION

#### Resident #1

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_

*(Resident #1 cont.)*

Are you currently certified in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please provide details

\_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ If yes, please provide details:

\_\_\_\_\_

Do you now or have you ever had a substance abuse problem? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been charged with child or adult abuse? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Did you complete: high school \_\_\_\_\_ college \_\_\_\_\_ vocational training \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specific skills, training, hobbies and/or experience you have that would be of benefit to you as a proctor: \_\_\_\_\_

\_\_\_\_\_

***Resident #2***

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Religious Preference: \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widow \_\_\_\_\_

Are you currently certified in CPR? \_\_\_\_\_ First Aid? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please provide details

\_\_\_\_\_

Resident #2 cont.

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ If yes, please provide details:

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Do you now or have you ever had a substance abuse problem? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been charged with child or adult abuse? \_\_\_\_\_ If yes, please explain:

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Did you complete: high school \_\_\_\_\_ college \_\_\_\_\_ vocational training \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specific skills, training, hobbies and/or experience you have that would be of benefit to you as a proctor: \_\_\_\_\_

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PERSONAL REFERENCES

(for couples – please list at least one reference who knows both of you)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip Code

Home Telephone #: \_\_\_\_\_ Office #: \_\_\_\_\_ Other: \_\_\_\_\_

# of Years Acquainted: \_\_\_\_\_ Do they know both of you? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip Code

Home Telephone #: \_\_\_\_\_ Office #: \_\_\_\_\_ Other: \_\_\_\_\_

# of Years Acquainted: \_\_\_\_\_ Do they know both of you? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip Code

Home Telephone #: \_\_\_\_\_ Office #: \_\_\_\_\_ Other: \_\_\_\_\_

# of Years Acquainted: \_\_\_\_\_ Do they know both of you? \_\_\_\_\_

*I certify the above information is true and correct. I also give CBTS permission to contact any and all references listed above.*

\_\_\_\_\_  
Resident #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident #2 Signature

\_\_\_\_\_  
Date