



VDACS-03165

(8/96)

APPLICATION FOR THE VIRGINIA HUMANE INVESTIGATOR COURSE AND FOR APPROVAL OF HUMANE INVESTIGATOR

FULL NAME AND ADDRESS OF APPLICANT

(Temporary Permanent)

TELEPHONE NUMBER (Include Area Code)

Business:

Residence:

DATE OF BIRTH:

EDUCATIONAL INFORMATION

List all schools you have attended including armed forces schools, USAFI, and other correspondence courses.

NAME & LOCATION OF SCHOOL	NO. YEARS COMPLETED	DID YOU GRADUATE	DATE OF GRADUATION
Elementary:			
Junior High:			
High School:			

NAME & LOCATION OF SCHOOL	DATES ATTENDED (FROM - TO)	APPROX. HRS. SEMESTER CREDITS	MAJOR SUBJECT	DEGREE OR CERTIFICATE DATE
Business/Vocational:				
College/Technical:				
Graduate/Professional:				
Other/Armed Forces:				

REFERENCES

List below the names and complete mailing addresses of three persons not related to you who know your qualifications and character.

FULL NAME AND MAILING ADDRESS	OCCUPATION

Have you ever been convicted of a felony or a crime of moral turpitude? YES NO If the answer is yes, explain below.

Furnish below a summary of your present and past employment, beginning with your current position and working back to the first you held.

Present or last position:	Exact title of position:		
Dates of Employment:	Full-Time	Part-Time	Hours per week
Name of Employer:	Duties and responsibilities: _____ _____ _____ _____ _____ _____		
Address:			
Type of Business:			
Number/Type of Employees Supervised:			
Name/Title of Immediate Supervisor:			
Reason for Leaving:			

Present or last position:	Exact title of position:		
Dates of Employment:	Full-Time	Part-Time	Hours per week
Name of Employer:	Duties and responsibilities:		
Address:	_____		
Type of Business:	_____		
Number/Type of Employees Supervised:	_____		
Name/Title of Immediate Supervisor:	_____		

Present or last position:	Exact title of position:		
Dates of Employment:	Full-Time	Part-Time	Hours per week
Name of Employer:	Duties and responsibilities:		
Address:	_____		
Type of Business:	_____		
Number/Type of Employees Supervised:	_____		
Name/Title of Immediate Supervisor:	_____		

Present or last position:	Exact title of position:		
Dates of Employment:	Full-Time	Part-Time	Hours per week
Name of Employer:	Duties and responsibilities:		
Address:	_____		
Type of Business:	_____		
Number/Type of Employees Supervised:	_____		
Name/Title of Immediate Supervisor:	_____		

Examination centers are located in Wytheville, Lynchburg, Harrisonburg, Warrenton, Richmond and Ivor. Please indicate below your preference.

WYTHEVILLE LYNCHBURG HARRISONBURG WARRENTON RICHMOND IVOR

DISCLOSURE STATEMENT AS REQUIRED BY THE VIRGINIA PRIVACY PROTECTION ACT	
<p>The information requested on this form, and all subsequent requests by this office for additional information, are subject to the Virginia Privacy Protection Act of 1976, Section 2.1-377, et. seq., Code of Virginia (1950) as amended. The information you provide will be used by employees of the Office of the Virginia State Veterinarian in evaluating your application for approval as a Humane Investigator. The information may be disseminated to law enforcement, legal and judicial officials in your jurisdiction. Information may be released to the general public pursuant to the Freedom of Information Act, Section 2.1-340, et. seq.</p> <p>You are not required to provide any of the requested information and you may refuse to supply additional information. However, the Office of the State Veterinarian will not be able to process your application for approval as a Humane Investigator if you do not supply the information requested.</p>	
I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.	
_____	_____
Signature	Date
CERTIFICATION STATEMENT	
I certify that the information given in this application is true and accurate to the best of my knowledge.	
_____	_____
Signature	Date

Use a separate sheet of plain bond paper to provide any additional information or to amplify any statements made in this application .