



## Candidates Background Affidavit

### ARKANSAS DEPARTMENT OF HEALTH

PLUMBING & NATURAL GAS SECTION  
4815 WEST MARKHAM STREET, SLOT # 24  
LITTLE ROCK, ARKANSAS 72205-3867  
PHONE (501) 661-2642 • FAX (501) 661-2671

Have you ever pled guilty or nolo contendere or been convicted of a crime? YES \_\_\_\_\_ OR NO \_\_\_\_\_ (If yes, provide the date, the state and nature of the offence)

Offence \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

APPLICANT NAME (PRINTED CLEARLY) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

The applicant signing this application being duly sworn declared that the foregoing statements and attachments subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

SUBSCRIBED AND SWORN TO BEFORE THIS \_\_\_\_\_ DAY

OF \_\_\_\_\_ YEAR \_\_\_\_\_

SIGNATURE OF NOTARY \_\_\_\_\_

SEAL

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_