TO: Evolution Process Service

Process Server Application

Please return the following required documents

- Completed Process Server Application.
- Legible copy of my valid Indiana Driver's License.
- Legible copy of valid auto insurance.

I certify that the information given in this application is true and correct to the best of my knowledge and belief. I hereby authorize Evolution Process Service to verify any information contained in this application or supporting supplements to this document.

Signature:	
Date:/	
SECTION I - Personal Information Name:	
Full Address:	
Phone: (Home)	
Email:	
Date of Birth:	
Social Security #	(required for background check)

SECTION II - Education HIGH SCHOOL Name of School: Dates Attended: ____/ to ____/ to ____/ Did You Graduate: Yes □ No □ **COLLEGE OR UNIVERSITY** Name of School: Dates Attended: ____/ to ____/ to ____/ Did You Graduate: Yes □ No □ **SECTION III - Employment (Attach Additional Pages If Necessary)** START WITH MOST RECENT Address _____ Phone _____ Name and Title of Immediate Supervisor:

Your Job Title: _____

Description of duties and responsibilities:			
Start date End Date			
Reason for leaving			
Employer:			
Name			
Address			
Phone			
Name and Title of Immediate Supervisor:			
Your Job Title:			
Description of duties and responsibilities:			
Start date End Date			
Reason for leaving			

Employer:			
Name			
Address Phone			
/our Job Title:			
Description of duties and responsibilities:			
Start date End Date			
Reason for leaving	_		
SECTION V - Violation of Law			
The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertine facts so that a decision can be made. In answering these items, you may omit minor traffic violations.			
1. Have you ever been convicted of an offense against the law? Yes □ No □]		
2. Have you ever been convicted of an offense while in military service? Yes □ No □			

provide the date, charge, place, court, and action taken. Attach extra sheets if necessary. Offense #1 Date: ____/____ Charge: _____ Place of Occurrence: _____ Court: ____ Felony / Misdemeanor Action Taken: Offense #2 Date: ____/____ Charge: _____ Place of Occurrence: Court: _____ Felony/Misdemeanor Action **SECTION VI - References** Names and addresses of two (2) persons who have knowledge of your character and qualifications and whom we may contact (do not include relatives). Reference #1 Name: _____ Address:

If the answer to any of the above items is "Yes", give details below. For each offense,

Relationship:	
Phone: Reference #2	
Name:	
Address:	
Phone:	
Relationship:	
Do you have a SmartPhone?	
Do you have access to a scar	nner, computer and printer?
Do you have a reliable vehicle	e?
How many hours can you wo	ork a week?
What is your availability (evenings, mornings, weekends, any)?	