



# LINCOLN COUNTY SHERIFF'S DEPARTMENT

65 Business Park Drive, Troy, Missouri 63379

## APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR \_\_\_\_\_

### APPLICANT QUESTIONNAIRE

THIS QUESTIONNAIRE WILL BE USED FOR REFERENCE BY THOSE WHO WILL BE CONSIDERING YOUR APPLICATION FOR EMPLOYMENT WITH THE LINCOLN COUNTY SHERIFF'S DEPARTMENT. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION FORM CORRECTLY.

AN EXTENSIVE BACKGROUND INVESTIGATION WILL BE CONDUCTED ON ALL FINALISTS.

ANY **FALSE, MISLEADING, or INCOMPLETE** INFORMATION WHICH IS REQUESTED IN THIS FORM WILL BE GROUNDS TO DISQUALIFY YOU FOR EMPLOYMENT.

APPLICATIONS WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUIRED ATTACHMENTS HAVE BEEN SUBMITTED BY THE APPLICANT.

THESE INCLUDE:

REQUIRED OF ALL APPLICANTS:

REQUIRED, IF APPLICABLE:

(COPIES)

- \_\_\_\_\_ DRIVER'S LICENSE
- \_\_\_\_\_ BIRTH CERTIFICATE
- \_\_\_\_\_ HIGH SCHOOL DIPLOMA/STATE EQUIVALENCY CERTIFICATE

- \_\_\_\_\_ MILITARY DISCHARGE (DD214)
- \_\_\_\_\_ ALL COLLEGE TRANSCRIPTS
- \_\_\_\_\_ COLLEGE DIPLOMA

INITIAL THE BOTTOM OF EACH PAGE.

PLEASE CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE FOREGOING.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

#### FOLLOW THE DIRECTIONS CAREFULLY!

1. COMPLETE THIS FORM IN YOUR OWN PRINTING, USING INK ONLY.
2. BE CERTAIN THAT YOUR ANSWERS MAY BE EASILY READ.
3. READ EACH QUESTION CAREFULLY.
4. MAKE CERTAIN THAT EACH QUESTION IS ANSWERED COMPLETELY AND CORRECTLY BEFORE YOU SUBMIT THIS QUESTIONNAIRE. IF YOU NEED ADDITIONAL SPACE, USE AN ADDITIONAL SHEET, OR WRITE ON THE BACK OF THIS PAGE.
5. DO NOT LEAVE A QUESTION BLANK. IF IT DOES NOT APPLY TO YOU, WRITE N/A IN THE SPACE.

**1. PERSONAL DATA**

FULL NAME: LAST

FIRST

MIDDLE

HOME PHONE

CURRENT ADDRESS: STREET AND NUMBER

CITY STATE ZIP

BUSINESS PHONE

AGE

DATE OF BIRTH

HEIGHT

WEIGHT

HAIR

EYES

PLACE OF BIRTH

SSN

LIST ANY OTHER NAMES YOU HAVE USED, INCLUDING NICKNAMES: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? \_\_\_\_\_ WERE YOU NATURALIZED? \_\_\_\_\_

BEGINNING WITH YOUR PRESENT ADDRESS, LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESS WHILE IN THE MILITARY AND WHILE ATTENDING COLLEGE.

DATES FROM/TO	STREET ADDRESS	CITY	COUNTY	STATE	ZIP
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IF YOU ARE ACQUAINTED WITH OR RELATED TO ANY LINCOLN COUNTY SHERIFF'S DEPARTMENT EMPLOYEES, PLEASE LIST THEM, \_\_\_\_\_

LIST YOUR PRIMARY RECREATION AND SOCIAL ACTIVITIES, \_\_\_\_\_

**2. RELATIVES**

FULL NAME OF YOUR FIANCEE, D.O.B., ADDRESS, AND PHONE (IF APPLICABLE)

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INFORMATION CONCERNING MARRIAGES:

DATE MARRIED	WHERE PERFORMED	WHO OFFICIATED	SPOUSE'S FULL NAME (INCLUDE MAIDEN NAME)	D.O.B.
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NAME AND PRESENT ADDRESS OF SPOUSE(S) IF DIVORCED OR SEPARATED:

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IF EVER SEPARATED, ANNULLED, OR DIVORCED, INDICATE BELOW THE FOLLOWING INFORMATION:

SEPARATED, ANNULLED OR DIVORCED	DATE OF ORDER OR DECREE	BY WHOM	COURT AND STATE WHERE ISSUED	REASON
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GIVE THE FOLLOWING INFORMATION ON ALL YOUR DEPENDENTS, INCLUDING CHILDREN, STEPCHILDREN, AND ADOPTED CHILDREN.

FULL NAME	BIRTHDATE	BIRTHPLACE	ADDRESS-ZIP	LIVING WITH WHOM	SUPPORTED BY WHOM
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WHAT DOES YOUR SPOUSE OR FIANCEE THINK OF YOU BECOMING AN EMPLOYEE OF THE SHERIFF'S DEPARTMENT? GIVE A

DETAILED RESPONSE.

BEGINNING WITH YOUR SPOUSE, LIST FULL NAME OF YOUR IMMEDIATE FAMILY SUCH AS FATHER, MOTHER (MAIDEN NAME), BROTHERS AND SISTERS:

NAME	RELATIONSHIP	ADDRESS AND ZIP CODE	OCCUPATION	D.O.B.
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**3. REFERENCES**

LIST THREE (3) CHARACTER REFERENCES (NOT RELATIVES OR IN-LAWS) WHO ARE RESPONSIBLE ADULTS AND WHO HAVE KNOWN YOU WELL DURING THE PAST THREE (3) YEARS OR MORE:

NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
_____	_____	_____

HOW LONG ACQUAINTED	OCCUPATION AND BUSINESS ADDRESS
_____	_____

NAME	RESIDENCE ADDRESS AND ZIP CODE	PHONE
_____	_____	_____

HOW LONG ACQUAINTED

OCCUPATION AND BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_

NAME

RESIDENCE ADDRESS AND ZIP CODE

PHONE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW LONG ACQUAINTED

OCCUPATION AND BUSINESS ADDRESS

\_\_\_\_\_

\_\_\_\_\_

**4. EDUCATION**

CHECK ALL YOU HAVE:    GED CERTIFICATE \_\_\_\_\_    HIGH SCHOOL DIPLOMA \_\_\_\_\_    COLLEGE DEGREE \_\_\_\_\_

LIST ALL ELEMENTARY, HIGH SCHOOL, COLLEGES, AND UNIVERSITIES YOU HAVE ATTENDED:

NAME OF SCHOOL	DATES ATTENDED	ADDRESS AND ZIP CODE	YEARS COMPLETED	SEM. HRS. PASSED	DIPLOMA/DEGRE RECEIVED
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\_\_\_\_\_

IF YOU ATTENDED COLLEGE, WHAT WAS YOUR MAJOR AND YOUR MINOR? \_\_\_\_\_

HAVE YOU EVER BEEN SUSPENDED, EXPELLED, OR ASKED TO LEAVE ANY SCHOOL FOR DISCIPLINARY

REASONS? YES/ NO IF YES, PLEASE EXPLAIN.

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**5. EMPLOYMENT HISTORY**

HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? YES/ NO  
IF YES, EXPLAIN AND GIVE THE NAME OF THE COMPANY OR COMPANIES.

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BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED IN THE  
PAST TEN YEARS. LIST PERIODS OF SCHOOL, MILITARY SERVICE, AND UNEMPLOYMENT, KEEP IN PROPER SEQUENCE:  
INCLUDE PART -TIME, TEMPORARY, AND SEASONAL EMPLOYMENT.

MONTH AND YEAR FROM	TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR FROM	TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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FROM TO

\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MONTH AND YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER-PHONE #	JOB TITLE	SUPERVISOR	SALARY
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\_\_\_\_\_

DESCRIBE YOUR DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

HAVE YOU EVER RECEIVED ANY POLICE TRAINING?  
WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

TYPE OF TRAINING \_\_\_\_\_

ARE YOU POST CERTIFIED IN MISSOURI? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER APPLIED FOR A POSITION WITH THIS POLICE DEPARTMENT OR OTHER POLICE DEPARTMENTS? YES/ NO  
IF YES, PLEASE ANSWER THE FOLLOWING:

MONTH/DATE	POSITION	DEPARTMENT/AGENCY	WHAT WAS THE DISPOSITION?
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**6. FINANCIAL STATUS**

LIST THE SOURCES OF ALL YOUR INCOME AT THE PRESENT TIME.

TYPE OF INCOME	FIRM OR SOURCE	AMOUNT	YOUR SALARY
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SPOUSE'S SALARY \_\_\_\_\_ OTHER, PLEASE ITEMIZE \_\_\_\_\_

IS YOUR SPOUSE EMPLOYED? YES/ NO  
 FIRM NAME AND ADDRESS \_\_\_\_\_

LIST ALL DEBTS AND OBLIGATIONS WHICH YOU NOW OWE, AND THE INDIVIDUALS OR FIRMS WITH WHOM YOU HAVE CREDIT DEALINGS:

OBLIGATIONS (MORTGAGE/RENT) (AUTO PAYMENT) (CREDIT CARDS)	NAME AND ADDRESS OF CREDITOR	UNPAID BAL.	MO. PYMT.	PAST DUE
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IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, WRITE THE DETAILS ON A SEPARATE PAGE.



HAVE YOU EVER BEEN DELINQUENT IN ANY OF YOUR FINANCIAL OBLIGATIONS? \_\_\_ YES \_\_\_ NO  
 HAVE YOU OR YOUR SPOUSE EVER BEEN SUED IN COURT? \_\_\_ YES \_\_\_ NO  
 HAVE YOU EVER BEEN REFUSED CREDIT? \_\_\_ YES \_\_\_ NO.  
 HAVE YOU EVER RECEIVED A SETTLEMENT IN PAYMENT FOR DAMAGES, INJURY, ETC., EITHER WITH OR WITHOUT COURT ACTION? \_\_\_ YES \_\_\_ NO  
 HAVE YOU OR YOUR SPOUSE EVER HAD A GARNISHMENT OR WAGE ASSESSMENT PLACED AGAINST YOU? \_\_\_ YES \_\_\_ NO  
 HAVE YOU OR YOUR REPRESENTATIVE EVER FILED A LAWSUIT? \_\_\_ YES \_\_\_ NO  
 HAVE YOU, YOUR SPOUSE, OR YOUR EX-SPOUSE EVER FILED BANKRUPTCY? \_\_\_ YES \_\_\_ NO  
 HAVE YOU EVER BEEN EVICTED FROM ANY DWELLING OR APARTMENT HOUSE? \_\_\_ YES \_\_\_ NO  
 HAVE YOU EVER HAD YOUR PROPERTY REPOSSESSED? \_\_\_ YES \_\_\_ NO

**7. ARREST HISTORY**

HAVE YOU EVER BEEN ARRESTED, CHARGED, QUESTIONED, ACCUSED, WARNED, OR DETAINED FOR ANY OFFENSE, OR ALLEGED VIOLATION OF ANY STATUTE, ORDINANCE, LAW, REGULATION BY ANY CIVIL OR MILITARY AUTHORITY, EITHER IN THIS COUNTRY OR ANY OTHER COUNTRY? \_\_\_ YES \_\_\_ NO

IF YES, DESCRIBE THEM BELOW

DATE	CHARGE	CITY, COUNTY, STATE	DISPOSITION	POLICE AGENCY
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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN TRAFFIC? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, EXPLAIN IN DETAIL:

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LIST ALL VEHICLES WHICH YOU AND/OR YOUR SPOUSE OWN, LEASE, OR HAVE FOR PERSONAL USE:

YEAR	MAKE MODEL	LICENSE NUMBER	STATE
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_____	_____	_____	_____

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, WRITE THE DETAILS ON A SEPARATE PAGE.

WERE YOU EVER SERVED WITH A CRIMINAL OR CIVIL SUBPOENA OR SUMMONS (OTHER THAN FOR TRAFFIC)? \_\_\_ YES \_\_\_ NO  
 HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN ARRESTED, ACCUSED, CONVICTED, OR IMPRISONED? \_\_\_ YES \_\_\_ NO

**8. DRIVING HISTORY**

LIST ALL DRIVER'S OR CHAUFFEURS LICENSES YOU HOLD NOW, OR HAVE PREVIOUSLY HELD. INDICATE IF YOU HAVE EVER HAD YOUR LICENSE REVOKED OR SUSPENDED.

STATE	TYPE OF LICENSE	EXPIRATION DATE	LICENSE NUMBER	REVOKED OR SUSPENDED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU EVER BEEN SENTENCED TO A DRIVER'S IMPROVEMENT SCHOOL? \_\_\_ YES \_\_\_ NO  
 WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

LIST ALL DRIVING CITATIONS OR SUMMONS YOU HAVE RECEIVED AS AN ADULT OR JUVENILE, BEGINNING WITH THE MOST RECENT.

MONTH/YEAR	CHARGE	CITY AND STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED IN THE PAST FIVE YEARS.

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

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GIVE THE NAME AND ADDRESS OF THE INSURANCE COMPANY WITH WHOM YOU NOW HAVE AUTOMOBILE INSURANCE.

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HAVE YOU EVER BEEN DENIED AUTOMOBILE INSURANCE OR HAD YOUR INSURANCE CANCELLED? IF YES, PLEASE EXPLAIN:

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### **8. LIQUOR AND NARCOTICS**

DO YOU DRINK ALCOHOLIC BEVERAGES? \_\_\_ YES \_\_\_ NO WHAT KIND? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON A SEPARATE PAGE.

WAS THERE EVER A PERIOD IN YOUR LIFE WHEN YOU DRANK MORE THAN YOU DO NOW? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY DUE TO DRINKING? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOLISM OR A DRINKING PROBLEM? \_\_\_ YES \_\_\_ NO

DO YOU KNOW ANYONE WHO HAS USED NARCOTICS ILLEGALLY? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER BEEN TREATED FOR DRUG USE OR NARCOTIC ADDICTION? \_\_\_ YES \_\_\_ NO

HAVE YOU EVER TRIED OR USED A NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? (INCLUDES MARIJUANA, LSD, COCAINE, HEROIN, OPIUM, ETC.) \_\_\_ YES \_\_\_ NO

### **9. ORGANIZATION MEMBERSHIP**

LIST ALL CIVIC OR SOCIAL ORGANIZATIONS, FRATERNITIES, CLUBS, BROTHERHOODS, SOCIETIES, OR GROUPS OF WHICH YOU ARE, OR HAVE EVER BEEN A MEMBER OR ASSOCIATE AND FURNISH LOCATION.

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ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION,

MOVEMENT, GROUP, OR CLUB (INCLUDING THE COMMUNIST PARTY, NAZI PARTY, KU KLUX KLAN, BLACK PANTHER PARTY, MINUTEMEN), OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE, OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OF THE STATE OF MISSOURI, BY AN UNLAWFUL MEANS OR UNCONSTITUTIONAL MEANS? \_\_\_\_ YES \_\_\_\_ NO

IF YES, EXPLAIN ON A SEPARATE PAGE

### **10. MILITARY STATUS**

HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? \_\_\_\_ YES \_\_\_\_ NO.

IF THERE WAS MORE THAN ONE PERIOD, LIST THE SEPARATE PERIODS.

MONTH/YEAR	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HAVE YOU EVER SERVED IN A MILITARY OR NAVAL ORGANIZATION OF ANY FOREIGN GOVERNMENT? \_\_\_\_ YES \_\_\_\_ NO.

LIST ALL MILITARY SERIAL NUMBERS: \_\_\_\_\_

IF EITHER OF THE FOLLOWING QUESTIONS ARE ANSWERED YES, EXPLAIN ON A SEPARATE PAGE.

WERE YOU EVER REDUCED IN RANK IN THE MILITARY? \_\_\_\_ YES \_\_\_\_ NO

WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, SUBJECT TO A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION IN THE MILITARY? \_\_\_\_ YES \_\_\_\_ NO

### **11. PHYSICAL AND MENTAL CONDITION**

DESCRIBE ANY PAST OR PRESENT PHYSICAL DEFECTS OR DISABILITIES (INCLUDE THE EXTENT OF DEFECTIVE VISION WITH OR WITHOUT GLASSES, IF ANY, AND DEFICIENCIES IN COLOR VISION OR HEARING). WARNING: ANY OMISSION IS GROUNDS FOR DISQUALIFICATION.

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HAVE YOU HAD ANY SERIOUS ILLNESSES OR OPERATIONS? \_\_\_\_ YES \_\_\_\_ NO

IF SO, LIST THE DATES AND EXTENT OF EACH:

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IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN ON A SEPARATE PAGE.

HAVE YOU EVER SUFFERED FROM OR BEEN TREATED FOR A NERVOUS BREAKDOWN OR MENTAL CONDITION?      YES      NO.

HAVE YOU EVER ATTEMPTED SUICIDE?      YES      NO

WERE YOU EVER DISCHARGED OR RELEASED FROM ANY EMPLOYMENT FOR POOR HEALTH OR A PHYSICAL OR MENTAL DISABILITY?      YES      NO

DO YOU OR ANY MEMBERS OF YOUR FAMILY HAVE ANY SERIOUS HEALTH PROBLEMS?      YES      NO

HAVE YOU EVER BEEN HOSPITALIZED (INCLUDE TIME IN MENTAL INSTITUTIONS)?      YES      NO  
IF SO, PLEASE LIST BELOW.

LIST THE PLACES, DATES, AND ILLNESSES BELOW:

MONTH/YEAR	HOSPITAL/ INJURY/ILLNESS	LOCATION
_____	_____	_____
_____	_____	_____

DO YOU HAVE YOUR OWN WEB SITE?      YES / NO     

DO YOU APPEAR ON ANY WEB SITE?      YES / NO     

***The Lincoln County Sheriff's Department is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, ethnicity, national origin, sex, age, or marital status.***

**USE THIS SHEET FOR ANY ADDITIONAL INFORMATION THAT WAS REQUESTED. PUT YOUR INITIALS AT THE END OF EACH ITEM AND SIGN YOUR NAME AT THE BOTTOM OF THE PAGE.**

