

**12 MONTH GAP IN EMPLOYMENT VERIFICATION STATEMENT  
(FOR USE WITH AIRPORT ID APPLICATION FORM D)**

Pursuant to requirements of the Federal Aviation Administration, individuals seeking to obtain an Airport SIDA Security Badge at the Des Moines International Airport that will allow unescorted access to the passenger air carrier apron must complete DSM Application Form D with a five year employment background check. All persons seeking unescorted access to other areas of the airport must complete a five-year employment background check.

This form may be used to verify face-to-face interaction with persons who were either self-employed, who were employed by a business that is now closed, unemployed, or homemakers when other attempts to verify employment have failed. This form must be completed by community leaders, clergy, or professionals (teachers, doctors, attorneys, etc.) who will testify to actual face-to-face contact with the individual during the time period indicated.

**Personal friends or family are not acceptable.**

Name of ID applicant (print) \_\_\_\_\_,  
First Name Middle Name Last Name

Beginning and Ending dates of face-to-face contact with the person below:

From \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

Reason for which this form must be utilized: \_\_\_\_\_

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**Person making testimony on behalf of ID applicant.**

I hereby attest to having regular face-to-face interaction with the person whose name is listed above during the period stated above, and have no knowledge that the above named person was either convicted or incarcerated as a result of a criminal offense for any period during the time period stated above.

Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Job Title/ Profession: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Phone Number: (Business) (\_\_\_\_) (Home) (\_\_\_\_) \_\_\_\_\_

<b>NOTARY INFORMATION</b>	
State of _____	
County of _____	
Signed and sworn to (or affirmed) before me on	
_____,	
Date	
by _____,	
Name(s) of Person(s)	
_____ Signature of Notary Public	
_____ Title (or Rank for Military Personnel)	
(Seal or Stamp)	