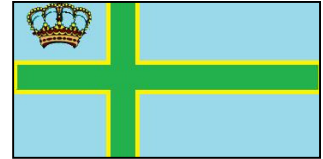


Westarctica

Form WA-CA5: Citizenship Application Page 1 of 2



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Country of Origin	Noble Title(s):	Place of Birth	
Are you applying for a Noble Title or Government position?			
Are you a citizen of the Westarctica? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the GDWA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been a citizen of Westarctica? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain?			

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three personal references.</i>	
Full name	Relationship
Country	Phone ()
Address	
Full name	Relationship
Country	Phone ()
Address	
Full name	Relationship
Country	Phone ()
Address	

Employment Application Page 2 of 2

PREVIOUS NATIONALITIES		
Country		Phone ()
Address		Head of State
Government Title?	Starting level of involvement	Ending level of involvement
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Head of State for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Country		Phone ()
Address		Head of State
Government Title?	Starting level of involvement	Ending Level of involvement
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Head of State for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Country		Phone ()
Address		Head of State
Government Title?	Starting level of involvement	Ending level of involvement
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Head of State for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Nation/Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to citizenship, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date