

CITY OF NEW YORK
DEPARTMENT OF CORRECTION
APPLICANT INVESTIGATION UNIT

Last Name: _____ First: _____ M.I.: _____
Exam No.: _____ List No.: _____ Social Security No.: _____ - _____ - _____



The answers to the questions in this booklet must be printed in **BLACK INK ONLY**. **TWO (2)** copies of this booklet are furnished, **BOTH** are to be fully completed, signed, **notarized** in the space provided and returned to your assigned investigator as directed. If additional space is required for any question, utilize the provided space at the rear of the booklet. Indicate the question number and provide the necessary information. If a question is not applicable, indicate such by entering "N/A" or "None". **DO NOT LEAVE ANY QUESTION BLANK**. Mistakes should only be corrected by drawing a **SINGLE** line through the mistake and placing your initials at the end.

Applicants are cautioned to answer every question, **TRUTHFULLY, COMPLETELY** and **WITHOUT KNOWINGLY WITHOLDING INFORMATION**. In accordance with Civil Service Law and Penal Law 175.25 and 175.35, which are provided on the back cover of this booklet, provide penalties for making false statements or material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment, revocation of appointment and prosecution of felony charges.

Civil Service lists are valid for a period of four (4) years from date of promulgation. Once the Civil Service list expires, appointment from that list is no longer possible. For this reason, all candidates are urged to submit all documents as expeditiously as possible. All candidates are cautioned that failing to appear for scheduled appointments or withdrawing, could jeopardize chances for appointment.

THE NEW YORK CITY DEPARTMENT OF CORRECTION
IS AN EQUAL OPPORTUNITY EMPLOYER

9. Marital Status:

Single Married Legally Separated Divorced Registered Domestic Partner/Civil Union Widowed

<input type="checkbox"/> N/A	Spouse/Registered Domestic Partner				
	Name	Home Address (number/street/apt.)		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ()	Work Address (number/street/apt.)		City	State ZIP
	Work Phone ()	Cell Phone ()	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address (number/street/apt.)		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ()	Work Address (number/street/apt.)		City	State ZIP
	Work Phone ()	Cell Phone ()	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address (number/street/apt.)		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ()	Work Address (number/street/apt.)		City	State ZIP
	Work Phone ()	Cell Phone ()	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address (number/street/apt.)		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ()	Work Address (number/street/apt.)		City	State ZIP
	Work Phone ()	Cell Phone ()	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Initial this page to indicate that you have provided complete and accurate information: _____

II. RESIDENCE RECORD

10. Starting with your **present** address and working back, list each address (including temporary addresses) at which you have resided. Please include military and college (campus and/or off-campus) addresses. All foreign addresses must be included:

FROM		TO		Street Address	Apt. No.	City or Town	County of	State	Zip Code
Mo.	Yr.	Mo.	Yr.						
		PRESENT							

a. Do you own/co-own any Real Estate? Yes No If yes, list:

Address _____ City or Town _____ State _____ Zip Code _____ Country _____

Name of co-owner(s), if any: _____

b. All Residence telephone number(s) ever used: (Area Code) _____ - _____ - _____

c. All Cell phone number(s) ever used: (Area Code) _____ - _____ - _____

d. All Email address(es) ever used: _____

e. Do you now have or have you ever had an account on a social networking site, such as MySpace, Facebook, or Twitter? Yes No

If yes, indicate address(es) _____

III. FAMILY RECORD

11. List below all of your living or deceased children, including natural, adopted, and/or foster care. Include any other children who have ever resided with you. Provide the name and contact information of the other parent or guardian.

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address		Candidate's Current Relationship with other Parent	
Place of Birth (Village or Town, State, Country)				

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address		Candidate's Current Relationship with other Parent	
Place of Birth (Village or Town, State, Country)				

Initial this page to indicate that you have provided complete and accurate information: _____

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		
Place of Birth (Village or Town, State, Country)				

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		
Place of Birth (Village or Town, State, Country)				

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		
Place of Birth (Village or Town, State, Country)				

a. Additional children listed on pages 18-22? Yes No

b. What provisions have you made for the support of the children listed above? _____

c. Do any of your children receive child support or other supportive income? (Social Security, disability) Yes No

If yes, explain: _____

IV. FAMILY RECORD AND REFERENCES

12. List the full names of biological mother and father; stepmothers/stepfathers; grandfathers; grandmothers; father-in-law; mother-in-law, living or deceased. The complete address for each must be listed (include city and state).

Father's Name	Home Address (number/street/apt.)	City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth (Village or Town, State, Country)				

Initial this page to indicate that you have provided complete and accurate information: _____

Mother's Name	Home Address (number/street/apt.)	City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth (Village or Town, State, Country)				

<input type="checkbox"/> N/A	Stepfather's Name	Home Address (number/street/apt.)	City	State	ZIP
	Work Address (number/street/apt.)	City	State	ZIP	Occupation
	Home Phone	Work Phone	Cell Phone		
	D.O.B.	Email			
	Place of Birth (Village or Town, State, Country)				

<input type="checkbox"/> N/A	Stepmother's Name	Home Address (number/street/apt.)	City	State	ZIP
	Work Address (number/street/apt.)	City	State	ZIP	Occupation
	Home Phone	Work Phone	Cell Phone		
	D.O.B.	Email			
	Place of Birth (Village or Town, State, Country)				

<input type="checkbox"/> N/A	Father-in-law's Name	Home Address (number/street/apt.)	City	State	ZIP
	Work Address (number/street/apt.)	City	State	ZIP	Occupation
	Home Phone	Work Phone	Cell Phone		
	D.O.B.	Email			
	Place of Birth (Village or Town, State, Country)				

<input type="checkbox"/> N/A	Mother-in-law's Name	Home Address (number/street/apt.)	City	State	ZIP
	Work Address (number/street/apt.)	City	State	ZIP	Occupation
	Home Phone	Work Phone	Cell Phone		
	D.O.B.	Email			
	Place of Birth (Village or Town, State, Country)				

Initial this page to indicate that you have provided complete and accurate information: _____

<input type="checkbox"/> N/A	Grandmother's Name		Home Address (number/street/apt.)			City	State	ZIP
	Work Address (number/street/apt.)			City	State	ZIP	Occupation	
	Home Phone		Work Phone			Cell Phone		
	D.O.B.				Email			
	Place of Birth (Village or Town, State, Country)							

<input type="checkbox"/> N/A	Grandfather's Name		Home Address (number/street/apt.)			City	State	ZIP
	Work Address (number/street/apt.)			City	State	ZIP	Occupation	
	Home Phone		Work Phone			Cell Phone		
	D.O.B.				Email			
	Place of Birth (Village or Town, State, Country)							

a. List the full names of all biological brothers and sisters; half-brothers/half-sisters; stepbrothers/stepsisters; uncle; aunt; great aunt; great uncle; first cousin; nephew; niece; fiancé and fiancée, living or deceased. (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Name		Relationship					
	Home Address (number/street/apt.)			City	State	ZIP	D.O.B.	
	Work Address (number/street/apt.)			City	State	ZIP	Occupation	
	Home Phone		Work Phone		Cell Phone		Email	
	Place of Birth (Village or Town, State, Country)							

<input type="checkbox"/> N/A	Name		Relationship					
	Home Address (number/street/apt.)			City	State	ZIP	D.O.B.	
	Work Address (number/street/apt.)			City	State	ZIP	Occupation	
	Home Phone		Work Phone		Cell Phone		Email	
	Place of Birth (Village or Town, State, Country)							

<input type="checkbox"/> N/A	Name		Relationship					
	Home Address (number/street/apt.)			City	State	ZIP	D.O.B.	
	Work Address (number/street/apt.)			City	State	ZIP	Occupation	
	Home Phone		Work Phone		Cell Phone		Email	
	Place of Birth (Village or Town, State, Country)							

Initial this page to indicate that you have provided complete and accurate information: _____

<input type="checkbox"/> N/A	Name	Relationship			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	
Place of Birth (Village or Town, State, Country)					

<input type="checkbox"/> N/A	Name	Relationship			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	
Place of Birth (Village or Town, State, Country)					

b. List any person(s) who has ever resided with you, whether related to you or not (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Name	Relationship			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	
Place of Birth (Village or Town, State, Country)					

<input type="checkbox"/> N/A	Name	Relationship			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	
Place of Birth (Village or Town, State, Country)					

<input type="checkbox"/> N/A	Name	Relationship			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	
Place of Birth (Village or Town, State, Country)					

Initial this page to indicate that you have provided complete and accurate information: _____

- c. List 5-6 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name					
Home Address (number/street/apt.)		City	State	ZIP	D.O.B.
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Initial this page to indicate that you have provided complete and accurate information: _____

V. FOREIGN CONTACTS (OR LANGUAGE)

13. a. Do you speak, read, write, or understand a foreign language? Yes No
 If yes, list language(s) and educational level of proficiency: _____
 b. How often is each language used? _____
 c. With whom is each language used? _____ How often? _____
 d. Is this person inside or outside of the United States? Inside Outside
 If outside, list country. _____

VI. EDUCATION RECORD

14. List all schools including foreign schools you have attended beginning with 9th grade:

School Name, City, State and Zip Code	Month and Year Attended		Number of Credit Hours Completed		Type of Degree (e.g. H.S. Diploma, B.A., M.A.)	Month and Year of Graduation, Degree
	From	To	Semester	Quarter		

- a. List any other schools attended, including but not limited to, trade, vocation, business, professional and occupational licenses, training courses, internships, certificate programs, etc. List the dates of attendance.

- b. High school diploma from an accredited U.S. Institution? Yes No
 G.E.D. Yes No If "Yes", G.E.D.-Issuing State _____
 Date Issued _____ Other _____
- c. Were you ever the subject of any disciplinary action at any educational institution which you attended? Yes No
 If "yes" give details on pages 18 through 22. (School name, disposition date, etc.)

VII. EMPLOYMENT RECORD

15. Have you ever been fired or suspended from any job, or has any form of disciplinary action been taken against you by any employer? Yes No . If Yes, explain below.

List below, starting with your current employment-or **unemployment** - and working back, each period of employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so State under "Reason for leaving employment". **DO NOT LEAVE ANY TIME PERIODS UNACCOUNTED FOR.**

From _____ To _____	<input type="checkbox"/> Full Time	Name of Supervisor: _____
Mo: _____ Yr: _____	PRESENT <input type="checkbox"/> Part Time	Type of work you performed: _____
Company Name (if unemployed, so state) _____	Street Address of Company _____	Employer's Telephone Number: _____
City, State and Zip Code _____	Reason for leaving employment: _____	

Continue employment entries on Page 11

Initial this page to indicate that you have provided complete and accurate information: _____

Continued Employment Entries

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

Additional employment listed on pages 18 through 22? Yes No

16. If you listed any period(s) of unemployment, state how you were supported during that time: _____

a. Additional statements listed on pages 18 through 22? Yes No

17. Are you currently employed by the New York City Police Department? Yes No

If yes, indicate current title: _____

Supervisor's Name	Telephone Number	Command

a. Have you ever applied for any position or taken any civil service examinations for a position with any City, Municipal, Village, Town, County, State, and/or Federal Authority? Yes No This includes if you have been interviewed without an examination. If "yes", state name of agency concerned, position/title, year of exam, list position (if any), and current status:

Additional applications listed on page 18 through 22 Yes No

Initial this page to indicate that you have provided complete and accurate information: _____

- b. Have you ever been employed by any City, Municipal, Village, Town, County, State, Federal Authority, and/or Foreign Government? Yes No If yes, state name of agency concerned: _____
- c. Are you employed by and/or do you have an interest in an individual or organization that has business dealings with the City of New York? Yes No
If yes, state name of individual or company concerned: _____
- d. Have you ever taken a polygraph examination? Yes No If "yes" list and explain _____
What were the results? _____
- e. Have you ever been disqualified or barred from employment by any City, State, or Federal agency? Yes No
If "yes", explain: _____
- f. Have you ever been drug screened for employment? Yes No
If "yes", when and for which employment: _____
Describe circumstances and results _____
18. Have you ever applied for, claimed, received or are now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare, or other social services assistance? This includes housing, food stamps, and Medicaid. Yes No If "yes" give details: _____

19. List the names of any not-for-profit organization(s) to which you have made contributions of money or property, or otherwise supported, inside or outside the United States, within the last ten years: _____

- a. Do any of these organizations have contact with any foreign government organizations or their representatives? Yes No
- b. List any organization of which you are now or have been a member (or officer, if so, please state) foreign or domestic, that advocates violence.
20. Income Tax Returns – Have you filed a Federal and State income tax return for each of the past (5) years? Yes No
If "no" explain _____
21. Do you now or have you ever had a business relationship (such as a real estate co-tenancy, partnership or significant stock ownership) with anyone? Please list associate information:
Name: _____ Address: _____
City, State ZIP: _____ Phone: _____
Name/Type of Business: _____
Address: _____
- a. Have you ever received support from or supported an individual in a foreign country? Yes No
If "yes", give details _____

VIII. ARREST AND SUMMONS RECORD

22. a. Have you ever been arrested? Yes No
- b. List **ALL** arrests returnable to any court in any jurisdiction including arrests which occurred while you were a juvenile (under age 16). Every arrest should be included below, even if dismissed, sealed, those resulting in Youthful Offender Adjudication, or otherwise ended without a conviction. You should also list any case still pending. If you have never been arrested, enter **NONE**.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

Initial this page to indicate that you have provided complete and accurate information: _____

23. List ALL summonses served upon you by law enforcement officer, court, or other authority in any jurisdiction which were returnable to a Criminal Court, Transit Adjudication Bureau, Environmental Control Board, etc.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

24. Has any member of your immediate family (spouse, parent, brother, sister) or any person with whom you have resided, although not related to you, ever been arrested or incarcerated? Yes No If "yes", explain on pages 18 through 22. Include any persons listed in questions 9, 11, 12a, and 12b.

25. Have any individuals with whom you have a child in common ever been arrested or incarcerated? Yes No
If "yes" explain: _____

26. Have you ever been involved in any domestic incidents? Yes No
If "yes" explain: _____

- a. Has an order of protection ever been issued against you? Yes No
Date(s) Issued _____ Date(s) Expired _____ Court _____

Explain Circumstances _____

27. List any case or instance in which you were 1) a plaintiff, defendant, or witness in any court proceeding, 2) a petitioner or respondent in a Family Court Proceeding, 3) a complainant or witness in a Criminal Court or grand jury proceeding, 4) the subject, complainant, or witness of any investigation by any city, state, or federal agency, 5) a subject, complainant, or witness in any administrative hearing. Do not include any court appearances made in your official capacity as law enforcement officer, peace officer, or security guard.

Date	City/Town & State	Court or Agency	Purpose of the Hearing, and Your Involvement in Case

- a. Were you ever the subject/witness or have you ever been questioned during a police investigation in which you were not charged with a crime? Yes No If "yes", explain: _____

- b. Have you ever been stopped and/or questioned by a member of law enforcement even if not arrested or issued a summons? Yes No If "yes", explain: _____

IX. LICENSE RECORD

28. Do you possess, or have you ever possessed a valid NY State Driver's License? Yes No

- a. If "yes" complete: Class _____ License No. _____ Date issued _____ Expiration Date _____

- b. Has your NYS Driver's License ever been suspended or revoked? Yes No If "yes" explain:

Date	Reason

Initial this page to indicate that you have provided complete and accurate information: _____

- c. Are there any restrictions on your license? Yes No If "yes", list here: _____
- d. Have you ever been issued a Driver's License by a state other than NY? Yes No
 If "yes", issuing state(s) _____
 License No. _____ Date issued _____ Expires _____
- e. Has any driver's license issued to you by a state other than NY ever been suspended or revoked? Yes No
 If "yes", explain: issuing state(s): _____
 When: _____ Why: _____
- f. Do you possess, or have you ever possessed a valid U.S. Military License? If "yes" what branch of service? _____
 License No. _____ Date issued _____ Expires _____
 Ever suspended or revoked? Yes No If "yes" to suspended or revoked, explain
 When: _____ Why: _____
- g. Do you now possess, or have you ever possessed, a foreign driver's license?
 If "yes", issuing government(s) _____ License No. _____ Date issued _____

29. List **ALL** summonses or citations you have ever received for violations of any traffic laws or regulations, in any jurisdiction.

Date of Violation	City/Town, State & Country	Violation or Charges	Court Disposition & Date

30. List below all motor vehicles ever owned by you or registered to you:

Year of Vehicle	Make of Vehicle	Type of Vehicle	Period Owned		Reg. Plate No.	State Licensing
			From	To		

Include all motor vehicles a) owned by you and registered to you, b) owned by you but registered to someone else, c) registered to you but owned by someone else.

31. Do you have any outstanding, unpaid parking summonses? Yes No If "yes", how many? _____
 Provide details _____

32. Were you ever in a motor vehicle accident in which **YOU WERE THE DRIVER OF THE VEHICLE?** Yes No
 If "yes" list all accidents below.

Date	Vehicle Owner	Accident Location	Any Injuries?	To Whom	Police Pct./Accident No.	Claims Pending?	By Whom

Initial this page to indicate that you have provided complete and accurate information: _____

X. LICENSE AND FIREARM RECORD

33. Do you now own or possess, or have you ever owned or possessed a pistol, rifle, or firearm? Yes No

If "yes", give details below.

Type of Weapon	Manufacturer	Model	Calibre	Serial Number	Dates Owned	How Obtained?	Where Obtained?

a. For each weapon listed above, give details below

Weapon	License/Certification No.	Issuing Agency	Date Issued	Date Expired	Suspended/Revoked?

34. Have you ever been issued a license by any city, state, or federal agency, for any purpose, including, but not limited to: attorney, teacher, real-estate broker, doctor, taxi driver, security guard, notary public, locksmith, or for any premises licensed by the State Liquor Authority? Yes No

If "yes", explain below.

Kind of License	License Number	Issuing Agency	Issue Date	Expire Date	Ever Suspended Or Revoked

XI. MILITARY SERVICE RECORD

35. List below military service performed on either Active Duty or on Reserve or National Guard Status. Include any foreign military service.

From	To	Active or Reserve	Branch Service	Rank	Service Ser. No.	Type of Discharge or Separation

36. Have you ever been disciplined while in military service, including but not limited to, Court Martial, and/or actin(s) under Article 15, Code of Military Justice.

Date	Charges Against You (SPECIFIC)	Reason	Type of Action	Disposition of Charges

Initial this page to indicate that you have provided complete and accurate information: _____

XII. SELECTIVE SERVICE RECORD

37. Does Selective Service apply to you? Yes No
 All males born after December 31, 1959 are required to register with the Selective Service System. If you are a male, have you registered? Yes No If "yes", Selective Service No.: _____ Date of registration: _____
 If "no", explain: _____

XIII. DEBTS - FINANCIAL STATUS

38. List below all persons or entities to whom you presently owe money (including student loans not yet due for payment) such as banks, credit cards, mortgages, personal loans, tax liens, revolving or store credit, etc. If none, so state.

Name and address of person or entity to whom debt is owed	Original Amount	Present Balance	Monthly or Periodic Payment	Purpose of Debt	Date Made

Total amount of debt \$ _____ Student Loan(s) \$ _____ Mortgage \$ _____
 Total annual income \$ _____ Credit Card(s) \$ _____ Other \$ _____

a. Have you ever filed for bankruptcy? Yes No If "yes" explain below: _____

b. Have you ever been in default, or had any garnishment, wage assignment, or judgement filed against you for failure to pay a debt? Yes No If "yes" explain below: _____

XIV. CONTROLLED SUBSTANCE / ALCOHOL USE

39. Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question requires an explanation on pages 18 through 22, including dates, frequency, treatment, cure, etc. The phrase "ever used" in this context includes everything from one (1) time usage or occasional usage to frequent or regular usage.

- a. Do you now or have you ever used marijuana? _____
- b. Do you now or ever have you ever used crack and/or cocaine? _____
- c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)? _____
- d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? _____
- e. Do you now or have you ever used any other non-prescribed controlled substance? _____
- f. Do you now or have you ever used any non-prescribed amphetamines, barbiturates, or other tranquilizers? _____
- g. Do you now or have ever used steroids? _____
- h. Have you ever used any other type of illegal drugs, including, but not limited to, ecstasy, crystal methamphetamine, "club drugs", etc.? _____
- i. Do you now or have you ever used any other prescription medicine for which you did not have a prescription? _____

40. Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question requires an explanation on pages 18 through 22, including frequency of use, treatment, etc. In this context, "alcohol" refers to any and all alcoholic beverages, including beer, wine, wine coolers, scotch, etc.

- a. Do you use alcohol? _____
- b. Is alcohol a part of your social life? _____
- c. Does a relative or friend worry or complain about your drinking? _____
- d. Do you miss days from work because of drinking? _____
- e. Have you awakened the morning after drinking and could not remember part of the previous evening? _____
- f. Has drinking created medical, financial, relationship, or work-related problems for you? _____
- g. Do you get into arguments or fights when you are drinking? _____
- h. Have you ever used more alcohol than you intended? _____

Initial this page to indicate that you have provided complete and accurate information: _____

XV. MISCELLANEOUS

41. Are you now, have you ever been, or have you ever applied for a position as an auxiliary police officer?
 Yes No If "yes", list dates of application service, precinct or location of service, and name of supervisor and/or coordinator.

42. Are you now, or have you ever been, or have you ever applied to become a volunteer firefighter? Yes No
 If "yes", list dates of application service, precinct or location of service, and name of supervisor and/or coordinator.

43. Were you a member of the NYPD Explorer Program? Yes No
 If "yes", list dates of service, location of service, and name of supervisor.

44. Have you ever provided volunteer service to any organization? Yes No If "yes" list dates of service, location of service, and name of supervisor or coordinator:

45. Have you ever visited any persons incarcerated in any Correctional Facilities? Yes No
 If "yes", list the identity of the person(s): relationship, purpose of visit, name of facility, and date of visit.

Last Name	First Name	Relationship	Purpose of Visit	Name of Facility	Date of Visit

46. Have you ever been involved with any street gangs or Organized Crime Organizations? Yes No
 If "yes", list all groups, reason, and dates of involvement.

Group Name	Nature of Involvement	Dates of Involvement

47. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? Yes No If "yes", explain: _____

I am aware that if appointed to the New York City Police Department, I must adhere to Patrol Guide procedure 203-10 "Public Contact/Prohibited Conduct." It is prohibited to have contact with any person/organization reasonably believed to be engaged in, likely to engage in or to have engaged in criminal activities.

Initial this page to indicate that you have provided complete and accurate information: _____

Section 175.25, Penal Law tampering with public records.

Tampering with public records in the first degree. A person is guilty of tampering with public records in the first degree when, knowing that he does not have the authority of anyone entitled to grant it, and with intent to defraud, he knowingly removes, mutilates, destroys, conceals, makes a false entry in or falsely alters any record or other written instrument filed with, deposited in, or otherwise constituting a record of a public office or public servant.

Tampering with public records in the first degree is a class D felony.

Section 175.35 Offering a false instrument for filing in the first degree.

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision, public authority or public benefit corporation of the state, he offers or presents it to a public office, public servant, public authority or public benefit corporation with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office, public servant, public authority or public benefit corporation.

Offering a false instrument for filing in the first degree is a class E felony.

