



THE CITY OF NEW YORK
MAYOR'S COMMITTEE ON CITY MARSHALS

PRELIMINARY APPLICATION AND QUESTIONNAIRE
FOR THE OFFICE OF CITY MARSHAL

This is the preliminary application and questionnaire for the office of New York City Marshal. Pursuant to section 1601 (3) of the New York City Civil Court Act, this form, when received by the Mayor's Committee on City Marshals, is not open to public inspection. As indicated at page 21, this preliminary application and questionnaire must be signed and sworn to by you before a Notary Public or Commissioner of Deeds.

Each applicant selected for further consideration by the Committee will be required to complete a combined application and background investigation questionnaire ("BIQ") on a form provided by the New York City Department of Investigation ("DOI"). The BIQ contains many of the same questions as this preliminary application and questionnaire, but all questions on both documents must be answered. Applicants are advised to keep copies of all documents submitted to the Committee and DOI and to use such copies for their own reference when completing subsequent questionnaires and providing requested information.

When completed, this preliminary application and questionnaire should be submitted with a cover letter and resume to the

MAYOR'S COMMITTEE ON CITY MARSHALS
C/O NEW YORK CITY DEPARTMENT OF INVESTIGATION
BUREAU OF CITY MARSHALS
80MAIDEN LANE
NEW YORK, NY 10038

The Committee will provide each applicant a written acknowledgment of the Committee's receipt of the preliminary application and questionnaire.

Equal Opportunity Policy

The Committee provides equal opportunity to all qualified applicants. The Committee seeks to recruit and recommend to the Mayor, from a broad array of candidates reflecting the diversity of New York City, the best-qualified applicants for the office of City Marshal. The Committee bases its evaluations of applicants and recommendations to the Mayor upon the qualifying criteria that the Committee establishes and publishes pursuant to State law and not upon the race, color, creed, national origin, religion, gender, age, disability, marital status, or sexual orientation of any person.

A FALSE STATEMENT OR INTENTIONAL OMISSION MADE IN THIS PRELIMINARY APPLICATION AND QUESTIONNAIRE OR IN CONNECTION WITH THIS APPLICATION OR ANY RELATED BACKGROUND INVESTIGATION MAY RESULT IN THE IMPOSITION OF DISCIPLINARY PENALTIES, INCLUDING REMOVAL FROM OFFICE, AND DISQUALIFICATION FROM FUTURE OFFICE AND EMPLOYMENT AND, IN ADDITION, MAY SUBJECT YOU TO CRIMINAL PROSECUTION.

THE OFFICE OF CITY MARSHAL

The New York City Civil Court Act authorizes up to 83 city marshals to serve as enforcement Officers of the Civil Court. Candidates applying for appointment to the office of city marshal are evaluated by the Mayor's Committee on City Marshals, and their backgrounds are thoroughly checked by the New York City Department of Investigation ("DOI"). Only after a positive recommendation by the Committee can an applicant be appointed by the Mayor to a five-year term. Every new appointee must, at a minimum, be at least 18 years of age, have a high school diploma or its equivalent, satisfactorily complete DOI's training course, be a U.S. citizen, reside in the City of New York, and demonstrate ability to obtain a public officer's bond, currently in the amount of \$100,000.

City marshals are not employees of the City nor of the Civil Court, nor do they receive City salaries. Rather, marshals are independent public officers who earn their incomes from fees, paid by the parties to court cases, for the services they render in connection with the enforcement of court orders, including evictions, money judgments, and orders for the seizure of property. New York State Law (C.P.L.R. Sections 8011 through 8014) sets forth the fees and expenses payable to a sheriff for various official acts; these same fees are applicable to city marshals. City marshals are not peace officers.

In some respects, city marshals operate as private entrepreneurs in that they pay their own overhead expenses and their personal incomes depend upon their own productivity in attracting clients, performing work, and collecting fees. As public officers, however, marshals are also subject to supervision and discipline by the Appellate Division of the New York State Supreme Court and DOI. City marshals must follow detailed rules and procedures that, among other things, govern the manner in which they maintain official records and manage and account for all monies they receive, and every marshal must maintain uncompromised integrity in office. Marshals are responsible for the proper performance of their duties, whether they perform them personally or use the services of an employee or other person. Furthermore, many official acts must be performed personally by the marshal, and the marshal must display his or her badge when performing any official act.

The position of city marshal is full-time; marshals may not actively participate in other employment or business activities or have interests in certain kinds of businesses that are deemed to involve conflicts of interest. City pension benefits are suspended for those beneficiaries who hold the office of city marshal. This suspension of City pension benefits does not apply to retired New York City police officers, correction officers, fire marshals, and deputy sheriffs. New York City retirees from other job titles may apply for waivers.

A marshal who opens an office faces significant start-up costs, including rent, utilities, salaries, benefits, computer and telephone service, stationery, business supplies, and accounting, advertising, and legal expenses, which are likely to outpace his income, at least initially. Every marshal must also purchase a badge and a public officer's surety bond and pay taxes and an annual fee to the City of New York. Additionally, most marshals need cars for official business. To meet such expenses, a marshal should have sufficient liquid assets that can be readily converted to cash.

Some marshals, when newly appointed, have begun their service by performing official acts for experienced city marshals - operating out of established marshals' offices, earning their own fees, and sharing overhead expenses. In such an arrangement, the new marshal gains experience and the opportunity to develop his own sources of work and income. In time, the new marshal may become productive enough to support his own office. Whether a marshal shares an office or maintains his own, it must be open a minimum of eight hours each business day, accessible to and suitable for the public, and in premises properly approved for office use.

Those applicants invited for an interview before the Mayor's Committee are strongly encouraged to first familiarize themselves with the office of city marshal by, for example, reviewing the Marshals Handbook of Regulations, which is posted on DOI's web site (accessible through nyc.gov), reviewing Article 16 of the New York City Civil Court Act, and by speaking with one or more current marshals and with attorneys and others who are familiar with their services.

INSTRUCTIONS

<p>All questions must be answered completely and accurately. Type or print clearly in black ink. If you need more space, attach an addendum and indicate the question number(s) to which the addendum pertains. Note in the space provided for your answer on the questionnaire that an addendum is attached. If a question is inapplicable to you enter N/A.</p>	<p>Attach here passport- size photograph taken within the past twelve (12) months.</p>
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PERSONAL INFORMATION

1A. Full Name:

Last Name	First Name	Middle Name

1B. Have you ever used or been known by any other name, including a maiden name? Yes No

If "yes," provide the information requested below:

Full Name	Dates Used		Reason
	From Month/ Year	To Month /Year	
	/	/	
	/	/	

2. Date of Birth: ____/____/____
Month Day Year

3. Place of Birth:

City	State	Country

4A. Social Security Number: _____-_____-_____

4B. Have you ever used, or been issued, a Social Security number other than the one listed above?
Yes No

If "yes," list the other Social Security number(s) used or issued, and provide details, including dates and reasons used or issued, below:

5A. Are you a citizen of the United States? Yes No

RESIDENCE and CONTACT INFORMATION

6A. Provide your current residence and contact information.

Street address & apartment number	
City, State, Zip Code	
Dates of residence	

6B. Provide your mailing address, if different than above.

Street address & apartment number	
City, State, Zip Code	
Dates used and reason	

6C.	Home telephone number(s)	() _____ - _____
		() _____ - _____
6D.	Business telephone number(s)	() _____ - _____
6E.	Fax number(s)	() _____ - _____
6F.	Cellular / wireless telephone number(s)	() _____ - _____
		() _____ - _____
6G.	E-mail address(es)	
6H.	Web site address(es) personal & business	

7. Are you registered to vote at your current residence? Yes No
 If "no," please provide the address at which you are registered to vote, or, if you are not registered to vote, please explain.

8. Do you have a driver's license? Yes No

If "yes," provide the following information:

Name on License	License #/ State	Address Recorded with DMV

9. Have you had a driver's license revoked or suspended within the past ten (10) years? Yes No

If "yes," provide the following information:

Date of Revocation or Suspension Month/ Day/Year	State of Issuance of License	State Where Revoked or Suspended	Reason or Basis for Revocation or Suspension
/ /			
/ /			

Note: Pursuant to New York State law, you may possess only one (1) U.S. driver's license at a time, and if you have resided continuously in New York State for more than 30 days, you must obtain a New York State driver's license, as well as a New York State registration for any vehicle(s) maintained within the State.

ACADEMIC / EDUCATIONAL RECORD

10. List below (1) the last high school you attended, and indicate whether you received a diploma or its equivalent, and (2) all colleges, universities, graduate schools, professional schools, and technical schools you attended. High school graduation or its equivalent is required for appointment as a city marshal.

Name of Institution	Location City, State (or Country)	Years Attended (From/To) Month/Year	Degree Awarded (Yes/No)	Type of Degree	Date Awarded Month/Year
		/ /			/
		/ /			/
		/ /			/
		/ /			/
		/ /			/
		/ /			/

PROFESSIONAL LICENSES AND CERTIFICATIONS

11A. Have you ever held a professional license or certification (e.g., medical doctor, professional engineer, architect, certified public accountant, social worker, teacher, attorney [bar admission], etc.) ? Yes No

Note: Attorneys admitted to the New York State Bar must include the Judicial Department of admission and the Judicial Department of their principal place of business.

Type of License or Certification	Date Issued Month/Day/Year	Date Expires Month/Day/Year	Issuing State/Organization/ Department	Identification No.
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		
	/ /	/ /		

11B. Have you ever been censured, admonished, or disciplined by any licensing or certifying organization? Yes No

11C. Have you ever been denied a professional license or certification, or has your professional license or certification ever been suspended or revoked? Yes No

11D. Have you ever surrendered a professional license or certification? Yes No

If "yes," to 11B, 11C, or 11D, provide the following information:

Type of License or Certification	Nature of Action	Date of Action Mth/Year	Reason for Action
		/	
		/	
		/	

11E. Are there any charges, criminal or other, pending against you, or are you currently under investigation, in connection with any professional license or certification? Yes No

If "yes," provide the following information:

Type of License or Certification	Nature of Action Pending	Date of Action Mth/Year	Status
		/	
		/	
		/	

EMPLOYMENT HISTORY

12. List below your current employer and your complete employment history, including internships, for the past ten (10) years. Include each period of self-employment or unemployment for a period of three or more months. If self-employed, state the activity in which you were engaged. If unemployed for a period of three or more months, indicate the reason and any source(s) of income or support during that period (e.g., unemployment insurance, severance pay, savings, public assistance). List employment(s) in reverse chronological order, starting with your current employment and working backwards.

Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)	Present Title or Last Position Held	Dates of Employment, Self- Employment, or Unemployment	Last Annual Compensation or Source of Income	Reason for Leaving
1. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month Year / To: Month Year /	\$	
2. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month Year / To: Month Year /	\$	

Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)	Present Title or Last Position Held	Dates of Employment, Self- Employment, or Unemployment	Last Annual Compensation or Source of Income	Reason for Leaving
3. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year To: Month / Year	\$	
4. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year To: Month / Year	\$	
5. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year To: Month / Year	\$	

Name, Address and Telephone # of Employer (Include Name of Last Known Supervisor)	Present Title or Last Position Held	Dates of Employment, Self- Employment, or Unemployment	Last Annual Compensation or Source of Income	Reason for Leaving
6. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year _____ To: Month / Year _____	\$	
7. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year _____ To: Month / Year _____	\$	
8. _____ _____ _____ <u>Supervisor:</u> Phone: () -		From: Month / Year _____ To: Month / Year _____	\$	

13A. Have you ever been disciplined, in any manner, in connection with any employment (e.g., suspended, demoted, reprimanded, fined, penalized, or terminated)? Yes No

13B. Have you ever resigned from any employment while any charge or disciplinary action was pending against you? Yes No

13C. Have you ever been asked to resign from any employment? Yes No

If you answered "yes" (to 13A, 13B, or 13C), provide below or on attached pages all pertinent details, including the name and address of the employer, the specific action taken, including the dates, and such additional information that you wish the Committee to consider.

14A. Have you ever undergone a background investigation by any government agency, including DOI? Yes No

If "yes," provide the following information:

Date Month/Year	Agency Conducting Background Investigation	Position for Which Considered	Outcome or Status of Investigation
/			
/			

14B. Have you ever been barred or disqualified from appointment to a position with any government agency, or disqualified for employment in any civil service position? Yes No

If "yes," provide the following information:

Date Month Year	Agency	Position	Reason for Bar or Disqualification
/			
/			

15. Are you collecting a retirement benefit from any of the New York City retirement systems listed below, or from a retirement system or pension plan administered by New York State or any of its political subdivisions, other than New York City? (If "yes," also indicate which retirement system by checking the appropriate box.)

Yes No

- New York City Employees' Retirement System (NYCERS)
- New York City Teachers' Retirement System (TRS)
- New York City Police Department Pension Fund (POLICE)
- New York City Fire Department Pension Fund (FIRE)
- New York City Board of Education Retirement System (BERS)
- Other: Specify _____

U.S. MILITARY SERVICE

16. Have you ever served in any branch of the Armed Forces of the United States? Yes No

Branch and Period of Service	Type of Discharge

If your discharge was other than an Honorable Discharge, state below the circumstances of the discharge:

CRIMINAL / INVESTIGATORY HISTORY

17. Have you ever been convicted of an offense in any jurisdiction? You must include all offenses, including any offense involving driving while intoxicated or while ability is impaired (or the equivalent in other states). Yes No

Note: Offenses include felonies, misdemeanors, and violations. A guilty plea, guilty verdict, or plea of nolo contendere is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities. You do not have to disclose any material sealed, expunged, or set aside under Federal or State law, or any juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender simply because of your age at the time of the offense. Only a specific court finding determines youthful offender status. (If you are unsure whether you were determined to be a youthful offender, list the offense(s) below and provide details.)

If "yes," provide the following information and attach to this questionnaire a copy of the Certificate(s) of Disposition:

Date of Arrest Month/Day/Year	Date of Conviction Month/Day/Year	Conviction Charge(s) & Sentence	Court of Conviction (Name and Location)
/ /	/ /		
/ /	/ /		
/ /	/ /		

18. Have you been arrested, charged, or indicted in connection with any criminal matter which is still pending in court? Yes No

If "yes," provide the following information:

Date of Arrest, Charge, or Indictment Month/Day/Year	Charge(s)	Court and Location
/ /		
/ /		

19. Have you been informed, or do you have reason to believe, that you are currently a subject or target of any investigation being conducted by any federal, state, or local prosecutor, legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury? Yes No

If "yes," provide the following information:

Body/Agency	Matter Involved & Date	Outcome or Status

CIVIL / ADMINISTRATIVE PROCEEDINGS

20. Have you been involved as a party to any civil litigation, administrative action, or administrative proceeding commenced within the past ten (10) years, including divorce and bankruptcy proceedings? Yes No

If "yes," provide the following information for all such actions and proceedings except bankruptcy proceedings. (List any bankruptcy proceedings in Question 26.)

Title of Action & Date Commenced	Court or Agency	Subject Matter Involved	Outcome or Status of Action

NET WORTH TABLE

21. In the following table state the assets and liabilities of yourself and your spouse or domestic partner. (“**Domestic partner**” in this preliminary application and questionnaire applies to persons who have a registered domestic partnership pursuant to New York City Administrative Code § 3-241, or a domestic partnership registered in accordance with Executive Order No. 123, dated August 7, 1989, or Executive Order No. 48, dated January 7, 1993.)

Provide the approximate market value of each category of asset and liability as of the date of your completion of this questionnaire. If you do not have an asset or liability in any of the categories listed below, state "NONE."

Note: Certain assets and liabilities must be itemized in this application, where indicated below. If you are selected for further consideration, you will be required to complete a DOI background investigation questionnaire (“BIQ”) in which you must itemize additional categories of assets and liabilities, also indicated below.

ASSETS	LIABILITIES
Cash and bank, brokerage, and investment accounts. (Including, but not limited to, savings, checking, money market, mutual funds, certificates of deposit, credit union accounts, etc.) (Itemize in BIQ) \$ _____	Amount outstanding on mortgages. (Itemize in BIQ) \$ _____
Stocks not held in brokerage accounts and bonds that are not government-issued. (Itemize in BIQ) \$ _____	Amount outstanding on any other loan, whether secured or unsecured. (Itemize in BIQ) \$ _____
Government-issued bonds, notes, and bills (<u>e.g.</u> , savings and municipal bonds, and treasury notes). \$ _____	Amount outstanding on judgments entered in court against you or your spouse or domestic partner. (Itemize in Question 25) \$ _____
Annuities and retirement accounts. (Including, but not limited to, IRAs, deferred compensation, Keoghs, 401(k) accounts, etc.) \$ _____	Amount outstanding on tax liens entered against you or your spouse or domestic partner by any tax authority. (Itemize in Question 28) \$ _____
Other financial interest in any entity, whether or not income has been received. (Itemize in Question 22) \$ _____	Amount owed to any tax authority which is past due, other than liens. (Itemize in Question 29) \$ _____
Value of real property interests. (Itemize in Question 23) \$ _____	Credit card balances in excess of \$1,000 per card. (Itemize in BIQ) \$ _____
Loans and notes held (money owed to you). (Itemize in BIQ) \$ _____	TOTAL LIABILITIES \$ _____
Other assets (excluding personal clothing and household furniture). (Itemize in BIQ) \$ _____	TOTAL ASSETS \$
TOTAL ASSETS \$ _____	- TOTAL LIABILITIES \$
	= TOTAL NET WORTH \$

22. List below any interest, direct or indirect, which you or your spouse or domestic partner have in any business, firm, entity, or other organization, other than through ownership of publicly-traded stocks or bonds. Include partnership interests. Include all interests whether or not you have received income from them.

Name of Entity	Nature of Interest	Date Acquired Mth /Year	Current Approx. Market Value of Interest	Income Earned Prior Calendar Year
		/	\$	\$
		/	\$	\$
		/	\$	\$
		/	\$	\$

23. List below each interest in real property, including any ownership interest, direct or indirect, currently held by you or your spouse or domestic partner. Include homes, other houses, condominiums, shares in cooperative apartments, commercial properties, investment properties, and time shares in vacation properties.

Property Address	Date Acquired Month Year	Approximate Acquisition Cost/ Monthly Maint.	Current Value
	/	\$	\$
	/	\$	\$
	/	\$	\$
	/	\$	\$

24. Do you or your spouse or domestic partner receive rental income from any of the properties listed in response to Question 23? Yes No

If "yes," provide the following information:

Property Address	Annual Income Received
	\$
	\$
	\$
	\$

25. List below any civil judgments entered in any court against you or your spouse or domestic partner which are outstanding.

Judgment Entered Against	Date/Court in Which Entered Month/Day/Year	Name of Judgment Creditor	Original Amt. of Judgment	Amount Outstanding
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$

26. Have you or your spouse or domestic partner filed for bankruptcy, or been the subject of a bankruptcy or reorganization proceeding, within the past ten (10) years? Yes No

If "yes," provide the following information and attach to this questionnaire a copy of the discharge documents, including a list of creditors:

Petition Filed By	Date Filed Month/Day/Year	Court	Date Discharged Month/Day/Year	Total Amt. of Debt	Reason for Filing
	/ /		/ /	\$	
	/ /		/ /	\$	

27. Are you in arrears on any child support payments? Yes No

If "yes," provide a full explanation, including the current amount of arrears and the time period in which you have been in arrears

28. List below any liens, judgments, or warrants entered within the past ten (10) years against you or your spouse or domestic partner by any tax authority, even if previously satisfied. (Attach to this questionnaire copies of payment or installment agreements or other proof of payment, if applicable.)

Entered Against	Date Entered Month/Day/Year	Name of Tax Authority	Original Amount	Amount Outstanding
	/ /		\$	\$
	/ /		\$	\$
	/ /		\$	\$

Note: Candidates selected for further consideration will be required to undergo a DOI background investigation. **Candidates undergoing a DOI background investigation MUST satisfy all outstanding liens, judgments or warrants with the appropriate tax authority, either by making payment or by entering into a payment agreement.**

29. List any monies currently owed by you or your spouse or domestic partner to tax authorities other than those listed in response to Question 28. Indicate the status of the matter (e.g., the date by which you will make payment, whether the tax authorities have instituted proceedings against you, etc.). Attach to this questionnaire copies of any relevant documentation.

Date Month/Day/Year	Debtor Name	Name of Tax Authority	Amount	Status
/ /			\$	
/ /			\$	
/ /			\$	

TAX INFORMATION

Note: Review your tax records and provide precise filing information. DOI verifies with the tax authorities whether tax returns were filed and the dates of filing. Copies of your tax returns must be provided upon request.

Candidates selected for further consideration will be required to undergo a DOI background investigation. Any such candidate who was required by law to file a federal and/or state income tax return for a previous year, and who has not filed as of yet, MUST file all outstanding tax returns. To avoid delaying the completion of the candidate's DOI background investigation, DOI advises that the candidate promptly file any outstanding return(s) IN PERSON, and obtain a copy of the return(s), stamped as having been received by the tax authority, as proof of filing. DOI will require that such stamped-received copy be attached to the DOI background investigation questionnaire (BIQ).

Question 30 applies to EVERY year within the past ten (10) years. "Due date" means April 15th of the following year, or other date established by governing statute. "Properly obtained extension" is an extension period granted by the tax authority upon filing a timely application in accordance with applicable law and/or regulations.

30. Have you filed your federal and state income tax returns by the due date or within a properly obtained extension period for each of the past ten (10) years? Yes No

If "yes," proceed to Question 31 If "no," provide the following information:

During the past ten (10) years, if you have NOT filed a return for any year, or have NOT filed a return for any year by the due date or within a properly obtained extension period, provide the information requested below. If you were not required to file (e.g., you were unemployed or earned less than the amount required for filing), so state below.

List the year(s) in which you did not file, or did not file by the due date or within a properly obtained extension period. Indicate whether you are referring to your federal or state return, or to both:

The address(es) where you lived during the year(s) in question:

The date(s), if any, when you filed each year's return:

The reason(s) for the late or non-filing:

Any interest or penalties assessed for the year(s) in question:

Were you due a refund or did you owe money for the year(s) in question? If you owed money, state the amount(s):

31. Other than any tax years listed in response to Question 30, have you ever not filed your tax returns, or not filed your tax returns by the due date or within a properly obtained extension period, for a period of three (3) or more consecutive years?

Yes No

If "yes," provide the following information:

The years in which you failed to so file. Indicate whether you are referring to your federal or state return, or to both:

The address(es) where you lived during the years in question:

The date(s), if any, when you filed each year's return:

The reason(s) for the late or non-filing:

Any interest or penalties assessed for the years in question:

32. Are you related by birth or marriage to any present or former New York City Marshal? Yes No

If "yes," indicate to whom and the relationship.

City Marshal	Relationship to Applicant

33. Have you ever been employed by or had business dealings or a financial transaction with any present or former New York City Marshal? Yes No

If "yes," indicate with whom and the nature and dates of the employment, transaction or association.

City Marshal	Employment, Transaction, or Association	From	To

34. Have you or any member of your immediate family, including but not limited to your spouse, domestic partner, child, parent or sibling, ever held a direct or indirect financial interest in, been associated with or worked for a process serving agency, towing company, or furniture moving and storage company? Yes No

If "yes," state the name of the individual involved (if family member indicate relationship to you), the name and address of the company, the position held or the nature of the financial interest or other association and the dates thereof.

Name	Relationship to Applicant	Name & Address of Company	Position or Association	From	To

35. On this page, or on a separate page, in no more than 500 words, give the Committee the most important information that it should consider in evaluating your qualifications for appointment to the office of New York City Marshal. Please type or print clearly in black ink. If you use a separate page, please attach it to your completed application and include your name and social security number on the bottom of the page.

NAME: _____

SSN: _____

CERTIFICATION AND SIGNATURE

THIS PRELIMINARY APPLICATION AND QUESTIONNAIRE MUST BE
SIGNED AND SWORN TO BY YOU BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

I, _____, being duly sworn, state that I have read and understand all the questions and answers contained in the foregoing 20 pages of this questionnaire and the _____ page(s) of the addendum which I have appended thereto; that I have supplied full and complete information in answer to each question therein to the best of my knowledge, information, and belief; and that all the information supplied therein is true.

I further understand that a false statement or intentional omission made in this questionnaire or in connection with this background investigation may result in the imposition of disciplinary penalties, including termination of employment, or disqualification from future employment and, in addition, may subject me to criminal prosecution.

Signature

Subscribed and sworn to before me
this _____ day of _____ 20____

Notary Public or Commissioner of Deeds

THIS PRELIMINARY APPLICATION AND QUESTIONNAIRE
IS NOT A PUBLIC DOCUMENT

ADDENDUM PAGE - MAKE ADDITIONAL COPIES OF THIS ADDENDUM PAGE AS NEEDED

QUESTION _____ PAGE _____

QUESTION _____ PAGE _____

QUESTION _____ PAGE _____

NAME: _____

SSN: _____