



**THE CITY OF NEW YORK
DEPARTMENT OF INVESTIGATION**

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NEW YORK, NY 10038
(212) 825-5900

BACKGROUND INVESTIGATION QUESTIONNAIRE

DEPARTMENT OF INVESTIGATION (DOI) BACKGROUND INVESTIGATIONS ARE DETAILED AND THOROUGH. INFORMATION PROVIDED BY INDIVIDUALS IN THE BACKGROUND QUESTIONNAIRE IS VERIFIED BY THIS DEPARTMENT WITH OUTSIDE AGENCIES. FOR EXAMPLE, CRIMINAL CONVICTIONS ARE VERIFIED WITH THE FEDERAL BUREAU OF INVESTIGATION AND/OR THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES; TAX FILING DATES ARE VERIFIED WITH THE INTERNAL REVENUE SERVICE AND THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE; EDUCATIONAL DEGREES ARE VERIFIED WITH SCHOOLS AND UNIVERSITIES; EMPLOYMENT HISTORY IS VERIFIED WITH PREVIOUS EMPLOYERS, ETC.

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 YOU TO CRIMINAL PROSECUTION.

THIS DEPARTMENT WILL NOT APPROVE YOUR TERMS AND CONDITIONS OF APPOINTMENT IF YOU FAIL TO PROVIDE ALL INFORMATION REQUESTED OR OTHERWISE FAIL TO COOPERATE FULLY IN THIS INVESTIGATION.

THIS BACKGROUND INVESTIGATION QUESTIONNAIRE (BIQ), ONCE COMPLETED BY THE CANDIDATE AND SUBMITTED TO THE DEPARTMENT OF INVESTIGATION, IS NOT A PUBLIC DOCUMENT.

For DOI Use Only

Candidate: _____

Candidate Telephone #: _____

Investigator: _____

Background Interview Date: ___ / ___ / ___

DOI Review Date: ___ / ___ / ___

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6A. Are you a citizen of the United States?

Yes 9 No 9

If you are **not** a U.S. citizen, state the country of your citizenship:

Country of citizenship _____

IF YOU ARE NOT A UNITED STATES CITIZEN, BRING YOUR ORIGINAL IMMIGRATION DOCUMENT(S) AUTHORIZING YOUR ENTRY INTO, AND EMPLOYMENT IN, THE UNITED STATES WITH YOU TO YOUR BACKGROUND INTERVIEW.

6B. If you are a naturalized U.S. citizen, provide the following information:

| Certificate # | Alien Registration # | Date of Issuance | | | Court of Issuance |
|---------------|----------------------|------------------|-----|------|-------------------|
| | | Month | Day | Year | |
| | | / | / | | |

IF YOU ARE A NATURALIZED CITIZEN OF THE UNITED STATES, BRING YOUR ORIGINAL CERTIFICATE OF NATURALIZATION WITH YOU TO YOUR BACKGROUND INTERVIEW.

RESIDENCE

7A. State below your present residence.

Street address & apartment number

City, State, Zip Code

Dates of residence

7B. List your mailing address, if different than above.

Street address & apartment number

City, State, Zip Code

Dates used and reason

7C. Home telephone number(s)

() _____ - _____

() _____ - _____

Business telephone number(s)

() _____ - _____

Fax number(s)

() _____ - _____

Cellular telephone number(s)

() _____ - _____

() _____ - _____

Beeper number(s)

() _____ - _____

() _____ - _____

E-mail address(es) _____

Web site address(es)
(personal & business) _____

7D. Do you currently maintain any other home(s) or residence(s)? Yes ⁹ No ⁹

If "yes," provide the following information:

| Street Address, Apt. Number City, State, Zip Code | Type of Residence & Amount of Time Spent There (e.g., weekend, vacation) |
|--|--|
| | |
| | |

7E. List below your previous residences over the past ten (10) years, most recent first, if different than residence listed in Question 7A.

| Street Address, Apt. Number | City, State, Zip Code | Dates of Residence | | | |
|-----------------------------|-----------------------|--------------------|------|-------|------|
| | | From | | To | |
| | | Month | Year | Month | Year |
| | | / | | / | |
| | | / | | / | |
| | | / | | / | |
| | | / | | / | |
| | | / | | / | |

7F. List below each period of time you lived outside New York State, for three months or more, while you were an adult, age 18 or over.

If attending school, state the name of institution.

| City, State (and School) | Dates of Residence | | | | |
|--------------------------|--------------------|-------|------|-------|------|
| | From | | To | | |
| | | Month | Year | Month | Year |
| | | / | | / | |
| | | / | | / | |
| | | / | | / | |
| | | / | | / | |

8. State below the address at which you are registered to vote.

If you are not registered to vote, check the following box:

Not Registered

| Street Address | County, City, State, Zip Code |
|----------------|-------------------------------|
| | |

9. If you became an employee of the City of New York on or after January 4, 1973, and if, while so employed, you were a nonresident of the City during any period of your employment, you are subject to §1127 of the New York City Charter. This condition of employment mandates the filing of Form NYC-1127 and payment of an amount equal to the City personal income tax computed as if you were a resident of the City.

Have you filed Form NYC-1127 with the New York City Department of Finance for each year you were subject to §1127 of the Charter and made payment of any amount due?

Yes No

If this question does not apply to you, check the following box:

N/A

If "no," provide details, including year(s) not filed and amount of any payment(s) due:

FAMILY/HOUSEHOLD INFORMATION

10A. List below the full names of your spouse or domestic partner, children, mother, father, sisters, brothers, and any dependents, **whether living with you or not**, and **any person(s) who is(are) residing in any residence(s) you maintain, whether related to you or not**, and provide the following information.

| Full Name | Relationship | Date of Birth | | | Street Address, Apt. Number City, State, Zip Code |
|-----------|--------------|---------------|-----|------|--|
| | | Month | Day | Year | |
| | | / | / | | |
| | | / | / | | |
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| | | / | / | | |
| | | / | / | | |
| | | / | / | | |
| | | / | / | | |

10B. List below the occupation, employment, profession, or business of your spouse or domestic partner and provide the following information.

| Spouse/Domestic Partner | Occupation, Employment, Profession or Business | Name and Address of Business or Employer |
|-------------------------|--|--|
| | | |
| | | |

10C. Is any individual listed in response to Question 10A employed by the City of New York (or any of its agencies)?

Yes No

If “yes,” provide the following information as to such employment:

| Full Name | City Agency | Title/Position |
|-----------|-------------|----------------|
| | | |
| | | |
| | | |

10D. Is any individual listed in response to Question 10A a director, officer, principal, or partner of any organization which does business with the City of New York (or any of its agencies) (e.g., receives funds from the City, has any contracts with the City, provides any materials or services to the City, has any matters pending before the City, or holds any franchise, license, permit, or other privilege from the City)?

Yes No

If “yes,” provide the following information:

| Full Name | Organization | Nature of Involvement with the City |
|-----------|--------------|-------------------------------------|
| | | |
| | | |
| | | |

DRIVING RECORD/MOTOR VEHICLE INFORMATION

11A. Do you have a driver's license?

Yes No

If “yes,” list below all domestic and foreign driver’s licenses:

| Name on License | License #/ State | Address Recorded with DMV |
|-----------------|------------------|---------------------------|
| | | |
| | | |

11B. 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 | 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 only possess 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.

12A. Do you or your spouse or domestic partner currently have a motor vehicle(s) registered or leased in either of your names, or in the name of a business in which you or your spouse or domestic partner have an ownership interest?

Yes No

If "yes," provide the following information:

| Year/Make | License Plate # | Name of Owner | Address at Which Registered |
|-----------|-----------------|---------------|-----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

12B. Are there any other vehicles you regularly drive?

Yes No

If "yes," provide the following information:

| Year/Make | License Plate # | Registrant's Name | Address at Which Registered |
|-----------|-----------------|-------------------|-----------------------------|
| | | | |
| | | | |
| | | | |

12C. Do you have any summonses outstanding for parking violations with New York City Parking Violations Operations (PVO)?

Yes No

If "yes," provide the following information for each outstanding summons:

| Date Issued | | | Amount Due | Reason Pending |
|-------------|-----|------|------------|----------------|
| Month | Day | Year | | |
| / | / | | \$ | |
| / | / | | \$ | |
| / | / | | \$ | |
| / | / | | \$ | |

Note: Candidates undergoing a background investigation MUST satisfy all outstanding parking summonses with PVO, either by making payment or by entering into a payment agreement. Attach to this questionnaire your proof of payment (receipt or canceled check) or a copy of your payment agreement.

12D. Do you have any summonses outstanding for parking violations in any jurisdiction, other than New York City?

Yes No

If "yes," provide the following information for each outstanding summons:

| Date Issued | | | Jurisdiction | Amount Due | Reason Pending |
|-------------|-----|------|--------------|------------|----------------|
| Month | Day | Year | | | |
| / | / | | | \$ | |
| / | / | | | \$ | |
| / | / | | | \$ | |
| / | / | | | \$ | |

12E. Do you have any summonses outstanding for violations of traffic regulations or laws in this or any other jurisdiction?

Yes No

If "yes," provide the following information for each outstanding summons:

| Date Issued | | | Jurisdiction | Nature of Violation | Amount Due | Reason Pending |
|-------------|-----|------|--------------|---------------------|------------|----------------|
| Month | Day | Year | | | | |
| / | / | | | | \$ | |
| / | / | | | | \$ | |
| / | / | | | | \$ | |
| / | / | | | | \$ | |

ACADEMIC/EDUCATIONAL RECORD

13. List below all colleges, universities, graduate schools, professional schools, or technical schools you attended. **If you have received a degree from a foreign educational institution, attach to this questionnaire a copy of the original degree and a certified translation.** If you have not received a college degree, list high school attended and indicate if a diploma or equivalency diploma was awarded.

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

PROFESSIONAL LICENSES AND CERTIFICATIONS

14A. 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 | | | Date Expires | | | Issuing State/Organization/ Department | Identification No. |
|-------------------------------------|-------------|-----|------|--------------|-----|------|--|--------------------|
| | Month | Day | Year | Month | Day | Year | | |
| | / | / | | / | / | | | |
| | / | / | | / | / | | | |
| | / | / | | / | / | | | |
| | / | / | | / | / | | | |
| | / | / | | / | / | | | |
| | / | / | | / | / | | | |

14B. Have you ever been censured, admonished, or disciplined by any licensing or certifying organization?

Yes No

14C. Have you ever been denied a professional license or certification, or has your professional license or certification ever been suspended or revoked?

Yes No

14D. Have you ever surrendered a professional license or certification?

Yes No

If “yes” to 14B, 14C, or 14D, provide the following information:

| Type of License or Certification | Nature of Action | Date of Action Month Year | Reason for Action |
|----------------------------------|------------------|---------------------------------|-------------------|
| | | / | |
| | | / | |
| | | / | |
| | | / | |

14E. Do you currently have any charges 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 Month Year | Status |
|----------------------------------|--------------------------|------------------------------|--------|
| | | / | |
| | | / | |
| | | / | |
| | | / | |

PROCEED TO NEXT PAGE

| 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. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 4. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 5. _____ _____ _____ Supervisor: _____ 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. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 7. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 8. _____ _____ _____ Supervisor: _____ 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 |
|--|--|--|---|--------------------|
| 9. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 10. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |
| 11. _____ _____ _____ Supervisor: _____ Phone: () - | | From: Month Year / To: Month Year / | \$ | |

16A. Have you ever been disciplined, in any manner, in connection with any employment (e.g., suspended, demoted, reprimanded, fined, penalized, or terminated)?

Yes No

If "yes," provide the following information:

| Name of Employer | Date | | | Action | Reason for Action |
|------------------|-------|-----|------|--------|-------------------|
| | Month | Day | Year | | |
| | / | / | | | |
| | / | / | | | |
| | / | / | | | |

16B. Have you ever resigned from any employment while any charge or disciplinary action was pending against you?

Yes No

If "yes," provide the following information:

| Name of Employer | Date | | | Nature of Charge(s) or Disciplinary Action |
|------------------|-------|-----|------|--|
| | Month | Day | Year | |
| | / | / | | |
| | / | / | | |
| | / | / | | |

16C. Have you ever been asked to resign from any employment?

Yes No

If "yes," provide the following information:

| Name of Employer | Date | | | Reason for Resignation |
|------------------|-------|-----|------|------------------------|
| | Month | Day | Year | |
| | / | / | | |
| | / | / | | |
| | / | / | | |

16D. Have you ever resigned from any employment to avoid being fired or disciplined, or after having been told that you would be fired or disciplined?

Yes No

If "yes," provide the following information:

| Name of Employer | Date | | | Anticipated Employer Action |
|------------------|-------|-----|------|-----------------------------|
| | Month | Day | Year | |
| | / | / | | |
| | / | / | | |
| | / | / | | |

17A. 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 |
|--------------------|---|----------------------------------|---------------------------------------|
| / | | | |
| / | | | |
| / | | | |

17B. 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 |
|--------------------|--------|----------|---------------------------------------|
| / | | | |
| / | | | |

18. 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

19A. Have you ever served in any branch of the Armed Forces of the United States? Yes No

If "yes," attach to this questionnaire a copy of your discharge (Form DD214), provide the following information, and answer Question 19B:

| Branch and Period of Service | Type of Discharge |
|------------------------------|-------------------|
| | |

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

19B. For the military service listed in response to Question 19A, were you ever found guilty, after trial or by settlement, in any disciplinary proceeding, including court martial?

Yes No

If "yes," provide details of the charges and disposition, including dates, below:

CRIMINAL/INVESTIGATORY HISTORY

20A. 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).

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.)

Yes No

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

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

20B. Are you currently on probation? Yes No

20C. Are you currently on parole or supervised release? Yes No

If "yes" to 20B or 20C, provide details, including dates, below:

21. Have you ever been named as an unindicted co-conspirator in any indictment or other accusatory instrument, or been named in, or the subject of, a search warrant or court-ordered electronic surveillance?

Yes No

If "yes," provide details, including dates, below:

22. 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 | | | Charge(s) | Court and Location |
|---------------------------------------|-----|------|-----------|--------------------|
| Month | Day | Year | | |
| / | / | | | |
| / | / | | | |

23. Have you ever been subpoenaed, called as a witness, questioned or interviewed, or asked to provide testimony or documents before any federal, state, or local prosecutor, court, legislative, civil, regulatory, or criminal investigative body (including DOI and its Inspectors General), or grand jury?

Yes No

If "yes," provide the following information:

| Date | | | Body/Agency | Matter Involved | Role |
|-------|-----|------|-------------|-----------------|------|
| Month | Day | Year | | | |
| / | / | | | | |
| / | / | | | | |

If you were granted immunity, in any form, or entered into a consent decree, in any of the above matter(s), please explain:

24. Have you ever asserted the Fifth Amendment privilege against self-incrimination or refused to testify before any federal, state, or local prosecutor, court, legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury, or been cited for contempt of any court, legislative, civil, or criminal investigative body, or grand jury?

Yes No

If "yes," provide the following information:

| Date | | | Body/Agency | Matter Involved |
|-------|-----|------|-------------|-----------------|
| Month | Day | Year | | |
| / | / | | | |
| / | / | | | |

25. 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 |
|-------------|------------------------|-------------------|
| | | |
| | | |

26A. Have you been informed, or do you have reason to believe, that you currently are, or have previously been, the subject of an investigation, or of a complaint filed, which alleged child abuse or domestic violence?

Yes No

26B. Has a Family Court or any other lawful authority ever rendered a finding indicating that you have abused or neglected a child?

Yes No

If "yes" to 26A or 26B, provide details, including dates, below:

27. Have you ever knowingly associated with any person known or reputed to be a member or associate of an organized crime group?

Yes No

If "yes," provide details, including the identity of the person and the nature and dates of your association, below:

CIVIL/ADMINISTRATIVE PROCEEDINGS

28A. 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 proceedings? (Bankruptcy proceedings should be disclosed in Question 43.)

Yes No

If "yes," provide the following information:

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

28B. Have you ever been informed of an overpayment of, or requested or required to repay any federal, state, or local government-issued benefit or payment (e.g., Public Assistance, Food Stamps, Unemployment Insurance, Workers' Compensation, Medicaid, Social Security, public pension, public housing/Section 8 rent subsidy, etc.)?

Yes No

If "yes," provide details, including dates and the reason(s) for the repayment/recoupment, below:

28C. Have you ever had an order of protection entered against you?

Yes No

If "yes," provide details, including dates and court of issuance, below:

ORGANIZATIONAL/BUSINESS AFFILIATIONS

Note: Organization means any firm, company, corporation, union, partnership, joint venture, or other business entity, including not-for-profit and charitable entities.

29A. Are you currently, or were you within the past ten (10) years, a director, officer, principal, or partner of any organization?

Yes No

If "no," proceed to Question 30A.
If "yes," answer 29B through 29I .

29B. List below all organizations with which you currently are, or were within the past ten (10) years, affiliated as a director, officer, principal, or partner, and provide all additional information requested as to each:

1. Name of organization: _____

Address of organization: _____

Nature of business conducted by organization: _____

Position and nature of services rendered by you: _____

Dates of affiliation with organization: _____

Did the organization do business with, or receive money from, the City of New York (or any of its agencies) during the period of your tenure?

Yes No

If "yes," describe the nature of the organization's business or relationship with the City (include agencies involved) and your involvement, if any:

2. Name of organization: _____

Address of organization: _____

Nature of business conducted by organization: _____

Position and nature of services rendered by you: _____

Dates of affiliation with organization: _____

Did the organization do business with, or receive money from, the City of New York (or any of its agencies) during the period of your tenure?

Yes No

If "yes," describe the nature of the organization's business or relationship with the City (include agencies involved) and your involvement, if any:

3. Name of organization: _____

Address of organization: _____

Nature of business conducted by organization: _____

Position and nature of services rendered by you: _____

Dates of affiliation with organization: _____

Did the organization do business with, or receive money from, the City of New York (or any of its agencies) during the period of your tenure?

Yes No

If "yes," describe the nature of the organization's business or relationship with the City (include agencies involved) and your involvement, if any:

29C. Have you been informed, or do you have reason to believe, that any of the organizations listed in response to Question 29B currently are, or have previously been, a target or subject of any investigation or litigation conducted by any federal, state, or local prosecutor, legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury, concerning activities which occurred during the period of your tenure?

Yes No

If "yes," provide the following information:

| Name of Organization | Body Conducting Inquiry & Date of Inquiry | Matter Involved | Outcome or Status |
|----------------------|---|-----------------|-------------------|
| | | | |
| | | | |

29D. Do any of the organizations listed in response to Question 29B have any tax liens and/or judgments outstanding, or otherwise owe any money to any tax authority for the period of your tenure?

Yes No

If "yes," provide the following information:

| Name of Organization | Tax Authority | Amount Owed | Year Imposed/ Status |
|----------------------|---------------|-------------|----------------------|
| | | \$ | |
| | | \$ | |

29E. Has any of the organizations listed in response to Question 29B been a party to any litigation or administrative proceeding involving the City of New York (or any of its agencies) during the period of your tenure?

Yes No

If "yes," provide the following information:

| Name of Organization | Matter Involved & Date | Outcome or Status |
|----------------------|------------------------|-------------------|
| | | |
| | | |

29F. During the period of your tenure, has any of the organizations listed in response to Question 29B failed to file all required federal, state, and local business tax returns, or failed to file by the due date or within a properly obtained extension period?

Yes No

If "yes," provide the following information:

The year(s) in which the organization failed to file, or failed to file by the due date or within a properly obtained extension period. Indicate the specific federal, state, or local business tax return(s) you are referring to:

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

29G. Has any tax return filed by any of the organizations listed in response to Question 29B been the subject of an audit by any tax authority within the past ten (10) years?

Yes No

If "yes," give details, including findings of audit and any interest and penalties assessed and/or paid. In addition, attach to this questionnaire a copy of the tax authority's findings.

29H. Has any of the organizations listed in response to Question 29B been suspended, debarred, disqualified, or found not responsible, or had a prequalification denied or revoked, or otherwise been declared ineligible to bid on a contract, by any government agency, including the City of New York (and any of its agencies), during the period of your tenure or based upon activities which occurred during the period of your tenure?

Yes No

If "yes," provide the following information:

| Date <small>Month Day Year</small> | Gov't. Agency Involved | Nature of Action Taken and Reason |
|---------------------------------------|------------------------|-----------------------------------|
| / / | | |
| / / | | |

29I. Has any of the organizations listed in response to Question 29B filed for bankruptcy, or been the subject of a bankruptcy or reorganization proceeding, during the period of your tenure?

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 <small>Month Day Year</small> | Court | Date Discharged <small>Month Day Year</small> | Total Amt. of Debt | Reason for Filing |
|-------------------|---|-------|--|--------------------|-------------------|
| | / / | | / / | \$ | |
| | / / | | / / | \$ | |

30A. Upon your appointment or employment with the City of New York, will you serve as a director, officer, principal, or partner of any for-profit, not-for-profit, or charitable corporation, institution, or other entity?

Yes No

30B. Upon your appointment or employment with the City of New York, will you engage in any other employment, profession, business, or other activity from which compensation, direct or indirect, will be derived?

Yes No

30C. Upon your appointment or employment with the City of New York, will you engage in any volunteer activity with a charitable, civic, or community organization?

Yes No

If “yes” to 30A, 30B, or 30C, answer 30D and 30E; otherwise, proceed to Question 31A.

30D. List below the organization(s) in which you will serve or engage in volunteer activity, and/or the business(es) or activity(ies) from which you will derive compensation:

| Name of Organization, Business, Client, or Type of Activity | Position and Nature of Services Rendered | Expected Annual Compensation | Time to Be Expended |
|---|--|------------------------------|---------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

30E. Does any of the organizations, businesses, or clients listed in response to Question 30D do business with the City of New York (or any of its agencies) (e.g., receive funds from the City, have any contracts with the City, provide any materials or services to the City, have any matters pending before the City, or hold any franchise, license, permit, or other privilege from the City)?

Yes No

If “yes,” provide the following information:

| Name of Organization, Business or Client | Nature of Involvement with City |
|--|---------------------------------|
| | |
| | |
| | |

Note: Be advised that, pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles or serving provisionally in competitive titles are not permitted to engage in any private employment, profession, business, or other activity from which compensation, direct or indirect, is derived, or serve as directors or officers of any corporation or institution, except upon a specific determination by the New York City Conflicts of Interest Board that such activity is not prohibited by Chapter 68 of the New York City Charter.

SOURCES OF INCOME

31A. State the total amount of gross income that you and your spouse or domestic partner earned or received in the **prior calendar year** from each of the following sources:

If you did not have income in any of the categories listed below, state "NONE."

Calendar Year: 20____

| SOURCE | APPLICANT | SPOUSE OR DOMESTIC PARTNER |
|--|-------------------------|----------------------------|
| Salary earned as an officer or employee of the City of New York | | |
| Other Salary _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| Business or Profession Income (including self-employment) | | |
| Honoraria/Royalties | | |
| Bank Interest | | |
| Bond Interest (whether taxable or not) | | |
| Dividends (whether taxable or not) | | |
| Sale or redemption of stocks, bonds, or other securities | | |
| Sale or exchange of real property | | |
| Interest or principal repayments received on loans made to others | | |
| Real estate rents received | | |
| Inheritances | | |
| Gifts - monetary or other _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| Pension Benefits _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| All other income (Itemize sources, e.g., alimony, child support, gambling winnings, public assistance) | _____ _____ _____ | _____ _____ _____ |
| TOTAL | \$ | \$ |

31B. State the total amount of gross income that you and your spouse or domestic partner earned or received **this calendar year**, from January 1st to the date of your completion of this questionnaire, from each of the following sources:

If you did not have income in any of the categories listed below, state "NONE."

Calendar Year: 20_____

| SOURCE | APPLICANT | SPOUSE OR DOMESTIC PARTNER |
|--|-------------------------|----------------------------|
| Salary earned as an officer or employee of the City of New York | | |
| Other Salary _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| Business or Profession Income (including self-employment) | | |
| Honoraria/Royalties | | |
| Bank Interest | | |
| Bond Interest (whether taxable or not) | | |
| Dividends (whether taxable or not) | | |
| Sale or redemption of stocks, bonds, or other securities | | |
| Sale or exchange of real property | | |
| Interest or principal repayments received on loans made to others | | |
| Real estate rents received | | |
| Inheritances | | |
| Gifts - monetary or other _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| Pension Benefits _____ (Itemize sources) _____ | _____ _____ | _____ _____ |
| All other income (Itemize sources, e.g., alimony, child support, gambling winnings, public assistance) | _____ _____ _____ | _____ _____ _____ |
| TOTAL | \$ | \$ |

NET WORTH TABLE

32. State below the assets and liabilities of yourself and your spouse or domestic partner. 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: You must itemize certain categories of assets and liabilities in Questions 33 - 47 on the following pages (those which require itemization are indicated below). Make sure that the total amount entered in the asset or liability category below matches the total amount of the assets or liabilities itemized in the questions on the following pages. Where not specifically requested to do so, you need not itemize.

| 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 Question 33) \$ _____ | Amount outstanding on mortgages. (Itemize in Question 40) \$ _____ |
| Stocks not held in brokerage accounts and bonds that are not government-issued. (Itemize in Question 34) \$ _____ | Amount outstanding on any other loan, whether secured or unsecured. (Itemize in Question 40) \$ _____ |
| Government-issued bonds, notes, and bills (e.g., 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 42) \$ _____ |
| Annuities and retirement accounts. (Including, but not limited to, IRAs, deferred compensation, Keoghs, 401(k) accounts, etc.) (Itemize in Question 35) \$ _____ | Amount outstanding on tax liens entered against you or your spouse or domestic partner by any tax authority. (Itemize in Question 45) \$ _____ |
| Other financial interest in any entity, whether or not income has been received. (Itemize in Question 36) \$ _____ | Amount owed to any tax authority which is past due, other than liens. (Itemize in Question 46) \$ _____ |
| Value of real property interests. (Itemize in Question 37A) \$ _____ | Credit card balances in excess of \$1,000 per card. (Itemize in Question 47) \$ _____ |
| Loans and notes held (money owed to you). (Itemize in Question 38A) \$ _____ | TOTAL LIABILITIES \$ _____ |
| Other assets (excluding personal clothing and household furniture). (Itemize in Question 39) \$ _____ | TOTAL ASSETS \$ _____ |
| TOTAL ASSETS \$ _____ | - TOTAL LIABILITIES \$ _____ |
| | = TOTAL NET WORTH \$ _____ |

35. List below all annuities and retirement accounts (including, but not limited to, IRAs, deferred compensation, Keoghs, and 401(k) accounts) held by you or your spouse or domestic partner, and provide the information requested below.

| Name and Address of Entity Where Account is Maintained | Name(s) of Account Holder(s) | Account #/Type | Current Balance |
|--|------------------------------|----------------|-----------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

36. 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 Month Year | Current Approx. Market Value of Interest | Income Earned Prior Calendar Year |
|----------------|--------------------|-----------------------------|--|-----------------------------------|
| | | / | \$ | \$ |
| | | / | \$ | \$ |
| | | / | \$ | \$ |
| | | / | \$ | \$ |

37A. 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. If you or your spouse or domestic partner rent, lease, or sublease your residence or any other property, list them in Question 37D.

| Property Address | Date Acquired Month Year | Person or Entity From Whom Acquired | Approximate Acquisition Cost/ Monthly Maint. | Current Value |
|------------------|-----------------------------|-------------------------------------|--|---------------|
| | / | | \$ | \$ |
| | / | | \$ | \$ |
| | / | | \$ | \$ |
| | / | | \$ | \$ |

37B. Do you or your spouse or domestic partner receive rental income from any of the properties listed in response to Question 37A?

Yes No

If “yes,” provide the following information:

| Property Address | Annual Income Received |
|------------------|------------------------|
| | \$ |
| | \$ |
| | \$ |

37C. Are any of the tenants renting the properties listed in response to Question 37B employed by the City of New York (or any of its agencies) or do they do business with the City of New York (or any of its agencies) (e.g., receive funds from the City, have any contracts with the City, provide any materials or services to the City, have any matters pending before the City, or hold any franchise, license, permit, or other privilege from the City)?

Yes No

If “yes,” provide the following information:

| Tenant’s Name & Property Address | Nature of Involvement with City | Monthly Rent |
|----------------------------------|---------------------------------|--------------|
| | | \$ |
| | | \$ |
| | | \$ |

37D. List below any property for which you or your spouse or domestic partner pay rent or make lease or sublease payments.

| Property Address | Date of Original Lease or Tenancy <small>Month Year</small> | Name of Owner, Landlord, Primary Tenant, Management Company | Rent Paid |
|------------------|---|---|-----------|
| | / | | \$ |
| | / | | \$ |

37E. Are any of the individuals or entities listed in response to Question 37D as receiving rent or lease payments employed by the City of New York (or any of its agencies) or do they do business with the City of New York (or any of its agencies) (e.g., receive funds from the City, have any contracts with the City, provide any materials or services to the City, have any matters pending before the City, or hold any franchise, license, permit, or other privilege from the City)?

Yes No

If “yes,” provide the information below:

| Name of Owner, Landlord, Primary Tenant, Mgmt. Company, etc., & Property Address | Nature of Involvement with City |
|--|---------------------------------|
| | |
| | |

37F. If you or your spouse or domestic partner neither own nor rent, lease, or sublease the premises at which you reside, explain below.

38A. List below all monies (e.g., loans and notes) currently **owed to** you or your spouse or domestic partner.

| Name & Address of Debtor | Original Amount & Date of Loan | Terms of Loan & Security, if Any | Balance Outstanding |
|--------------------------|--------------------------------|----------------------------------|---------------------|
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |

38B. What is your relationship to the debtor(s) listed in response to Question 38A?

| Name of Debtor | Relationship to Debtor |
|----------------|------------------------|
| | |
| | |
| | |

38C. Are any of the debtor(s) listed in response to Question 38A employed by the City of New York (or any of its agencies) or do they do business with the City of New York (or any of its agencies) (e.g., receive funds from the City, have any contracts with the City, provide any materials or services to the City, have any matters pending before the City, or hold any franchise, license, permit, or other privilege from the City)?

Yes No

If "yes," provide the following information:

| Name of Debtor | City Agency Involved |
|----------------|----------------------|
| | |
| | |

39. List below each asset with a value in excess of \$2,000 (other than those previously itemized) which is held directly or indirectly by you or your spouse or domestic partner. **You may exclude personal clothing and household furniture, but must include the cash surrender value of a life insurance policy, motor vehicles, watercraft, aircraft, jewelry, art, and collectibles.**

| Item | Value |
|------|-------|
| | \$ |
| | \$ |
| | \$ |

ITEMIZATION OF LIABILITIES

40. List each creditor to whom you or your spouse or domestic partner is currently indebted in an amount of \$2,000 or more. Debts to be listed include real estate mortgages, home equity loans, lines of credit, student loans, car loans/leases, and any other secured or unsecured debts or obligations made, guaranteed, or co-signed by either you or your spouse or domestic partner. (Credit card debt should be listed in Question 47.)

| | CREDITOR 1 | CREDITOR 2 | CREDITOR 3 |
|--|----------------|----------------|----------------|
| (1) Name and address of creditor | _____ _____ | _____ _____ | _____ _____ |
| (2) Original amount of debt | \$ _____ | \$ _____ | \$ _____ |
| (3) Date incurred | / / | / / | / / |
| (4) Nature of indebtedness | | | |
| (5) Terms of repayment: Interest rate ÷ | _____ % | _____ % | _____ % |
| Length of loan ÷ | _____ | _____ | _____ |
| Frequency of payments ÷ | _____ | _____ | _____ |
| Amount of each payment ÷ | \$ _____ | \$ _____ | \$ _____ |
| (6) Nature of security, if any (e.g., house for mortgage or car for auto loan) | | | |
| (7) Date loan matures or is due | / / | / / | / / |
| (8) Approximate outstanding balance as of date of this report | \$ _____ | \$ _____ | \$ _____ |

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(FOR ADDITIONAL SPACE)

| | CREDITOR 4 | CREDITOR 5 | CREDITOR 6 |
|--|----------------|----------------|----------------|
| (1) Name and address of creditor | _____ _____ | _____ _____ | _____ _____ |
| (2) Original amount of debt | \$ _____ | \$ _____ | \$ _____ |
| (3) Date incurred | / / | / / | / / |
| (4) Nature of indebtedness | | | |
| (5) Terms of repayment: Interest rate ÷ | _____ % | _____ % | _____ % |
| Length of loan ÷ | _____ | _____ | _____ |
| Frequency of payments ÷ | _____ | _____ | _____ |
| Amount of each payment ÷ | \$ _____ | \$ _____ | \$ _____ |
| (6) Nature of security, if any (e.g., house for mortgage or car for auto loan) | | | |
| (7) Date loan matures or is due | / / | / / | / / |
| (8) Approximate outstanding balance as of date of this report | \$ _____ | \$ _____ | \$ _____ |

41. Are any of the creditors listed in response to Question 40, other than a commercial lending institution, employed by the City of New York (or any of its agencies) or do they do business with the City of New York (or any of its agencies) (e.g., receive funds from the City, have any contracts with the City, provide any materials or services to the City, have any matters pending before the City, or hold any franchise, license, permit, or other privilege from the City)?

Yes 9 No 9

If "yes," provide the following information:

| Name of Creditor | Nature of Involvement with City |
|------------------|---------------------------------|
| | |
| | |
| | |
| | |
| | |

42. 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 |
|--------------------------|---|---------------------------|---------------------------|--------------------|
| | / / | | \$ | \$ |
| | / / | | \$ | \$ |
| | / / | | \$ | \$ |
| | / / | | \$ | \$ |

43. 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?

Yes⁹ No⁹

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 |
|-------------------|------------------------------|-------|-----------------------------------|--------------------|-------------------|
| | / / | | / / | \$ | |

44A. Are you currently obligated to make child support payments?

Yes⁹ No⁹

If "yes," provide the following information:

| Full Name of Child (Last, First) | Date Obligation Commenced Month Day Year | Amount/Frequency of Payments | Person To Whom Payments Are To Be Made | Date and Amount of Most Recent Payment Month Day Year |
|----------------------------------|---|------------------------------|--|--|
| | / / | \$ | | / / \$ |
| | / / | \$ | | / / \$ |

If you have been ordered by any court to make child support payments, provide the following information:

| Name and Location of the Court, (e.g., Supreme Court of the State of New York, New York County, or Family Court of the State of New York) | Name (Caption) and Index Number of the Case | Amount/Frequency of the Payments Ordered by the Court | Date of the Most Recent Order of the Court Month Day Year |
|---|---|---|--|
| | | \$ | / / |
| | | \$ | / / |

44B. Are you in arrears on any child support payments?

Yes⁹ No⁹

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

45. 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 undergoing a 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. Attach to this questionnaire your proof of payment (receipt or canceled check) or a copy of your payment agreement.

46. List any monies currently owed by you or your spouse or domestic partner to tax authorities other than those listed in response to Question 45. 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 |
|------------------------|-------------|-----------------------|--------|--------|
| / / | | | \$ | |
| / / | | | \$ | |
| / / | | | \$ | |

PROCEED TO NEXT PAGE

TAX INFORMATION

Note: Review your tax records and provide precise filing information. This Department 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 undergoing a background investigation who were required by law to file a federal and/or state income tax return for a previous year, and who have not filed as of yet, **MUST** file all outstanding tax returns. To avoid delaying the completion of your background investigation, promptly file any outstanding return(s) **IN PERSON**, and attach to this questionnaire a copy of the return(s), stamped as having been received by the tax authority, as proof of filing.

Question 49 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.

49. 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?

Yes⁹ No⁹

If "yes," proceed to Question 50. 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.

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):

Note: Attach to this questionnaire a copy of any statement of settlement, consent decree, or other dispositive document issued by the tax authority regarding the above return(s).

50. Other than any tax years listed in response to Question 49, 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:

Note: Attach to this questionnaire a copy of any statement of settlement, consent decree, or other dispositive document issued by the tax authority regarding the above return(s).

51. Has any tax return filed by you been the subject of an audit by any tax authority within the past ten (10) years?

Yes No

If "yes," give details, including findings of audit and any interest or penalties assessed and/or paid. In addition, attach to this questionnaire a copy of the tax authority's findings.

52. Provide the address(es) of the tax residence(s) you reported on your return(s) for the past ten (10) years:

| Tax Year | Street Address, Apt. Number City, State, Zip Code |
|----------|--|
| | |
| | |
| | |
| | |
| | |

CONFLICTS OF INTEREST

53A. Are there any matters which may involve a conflict of interest in connection with your appointment to the position for which you are being considered which are not fully covered by your answers to this questionnaire?

Yes No

If “yes,” state below the pertinent facts, including an explanation of how you propose to resolve such conflict(s) (e.g., resignation, divestiture, recusal, etc.):

53B. If you hold, or held, a position with the City of New York or any agency that requires the filing of an annual financial disclosure report with the Conflicts of Interest Board (“COIB”) or the Department of Investigation (“DOI”), did you so file for each year required and, if so, did you so file by the due date?

Yes No

If this question does not apply to you, check the following box:

N/A

If “no,” provide details, including report not filed (COIB, DOI, or both), year(s) not filed or filed late, and any penalty or fine assessed, below:

POLITICAL PARTY POSITIONS

Note: Be advised that, pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles or serving provisionally in competitive titles are not permitted to serve as officers of any political party or political organization or as members of any political party committee, including political party district leader (however designated).

In addition, a deputy mayor, agency head, or other public servant charged with substantial policy discretion may not be a member of the national or state committee of a political party, serve as an assembly district leader of a political party, or serve as the chair or as an officer of the county committee or county executive committee of a political party. See *City Charter §2604(b)(15)*.

54A. Do you serve as an officer of any political party or political organization, or as a member of any political party committee, including political party district leader (however designated)?

Yes No

54B. Are you a member of the national or state committee of a political party, or do you serve as an assembly district leader of a political party, or as the chair or as an officer of the county committee or county executive committee of a political party?

Yes No

If “yes” to 54A or 54B, provide the following information and answer 54C; otherwise, proceed to Question 55.

| Name of Political Organization | Title or Position Held | Term of Office |
|--------------------------------|------------------------|----------------|
| | | |
| | | |

54C. Upon your appointment or employment with the City of New York, do you intend to resign from any of the position(s) listed in response to Question 54A or 54B?

Yes No

If "yes," explain below:

55. Have you ever held elective or appointive public office?

Yes No

If "yes," give the title of the office held and the dates of your service in office:

| Title of Office | Date(s) in Office |
|-----------------|-------------------|
| | |
| | |

56. Have you ever been involved in any activity, such as a political campaign, in which you were required to file for yourself, or on behalf of another party, reports or statements which are open to public inspection?

Yes No

If "yes," indicate nature of materials filed, circumstances under which filed, date(s) filed, and location(s) where filed:

MISCELLANEOUS

57A. Do you have a license or permit to possess or carry a firearm?

Yes No

If "yes," provide the following information and attach to this questionnaire a copy of the license or permit:

| Issuing Body | License/Permit #/Type | Basis for License/Permit | Date Issued <small>Month Day Year</small> | Date Expires <small>Month Day Year</small> |
|--------------|-----------------------|--------------------------|--|---|
| | | | / / | / / |
| | | | / / | / / |

57B. Have you ever had a license or permit to possess or carry a firearm revoked or suspended, or an application for a license or permit to possess or carry a firearm denied?

Yes No

If "yes," provide the following information:

| Date of Revocation, Suspension or Denial <small>Month Day Year</small> | Issuing Body | Reason or Basis for Revocation, Suspension or Denial |
|---|--------------|--|
| / / | | |
| / / | | |

58. Have you ever been refused or denied a bond or surety, or had a bond or surety revoked or suspended?

Yes No

If "yes," provide the following information:

| Bond/Surety Agency | Date Month Year | Reason Refused or Denied, Revoked, or Suspended |
|---------------------------|--------------------------------|--|
| | / | |
| | / | |

59. Is there any fact, issue, condition or other circumstance not covered in this background questionnaire, which you feel may be relevant to your fitness to perform the duties of the position for which your background is being investigated?

Yes No

If "yes," explain below:

60. Attach to this questionnaire a copy of the resume you submitted to the hiring or appointing authority in connection with the position for which your background is being investigated.

Resume Attached?

Yes No

TURN PAGE FOR CERTIFICATION AND SIGNATURE

CERTIFICATION AND SIGNATURE

**THIS 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 40 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 BACKGROUND INVESTIGATION QUESTIONNAIRE
IS NOT A PUBLIC DOCUMENT**

MAKE ADDITIONAL COPIES OF THIS ADDENDUM PAGE AS NEEDED

QUESTION _____ PAGE _____

QUESTION _____ PAGE _____

QUESTION _____ PAGE _____

NAME: _____

SSN: _____