

**Draft
POLICE DEPARTMENT**

APD-5

CITY OF NEW YORK



Personal History of: ,
Applicant for appointment as: Police Officer
Exam Number:
List Number:
Social Security No.:

APPLICANT PROCESSING DIVISION

INSTRUCTIONS FOR THE ONLINE PERSONAL HISTORY QUESTIONNAIRE

(APD-5 BOOKLET)

The following is a list of instructions, information and documents that an eligible candidate for the position of New York City Police Officer should have available to them prior to registering and obtaining a password on the website to complete the online Personal History Questionnaire (APD-5 Booklet). The documents listed will be presented to your investigators at the first initial interview when the investigation process commences.

- **Birth Certificate** - an official copy with a raised seal. If no record of your birth is on file at the Department of Health or the Bureau of Vital Statistics of the State in which you were born, obtain a statement from the agency attesting to the fact.
- **Name Change** – obtain records of name change, if applicable.
- **Naturalization Certificate** – foreign born candidates. Police Officers must be U.S. Citizens at the time of appointment.
- **High School Diplomas, High School Equivalency Diploma, or Armed Forces GED Certificate** (the record of scores you obtained in the individual tests must be presented), **Diplomas and Degrees from Colleges attended.** Official Transcripts from all colleges you attended either part time or full time must be obtained.
- **Marriage Certificate** – if married. Certificate must be issued by a governmental agency. Birth Certificates of Children – if any.
- **Registered Domestic Partnership or Civil Union** - Certificate must be issued by a governmental Agency.
- **Divorce** - records of divorce, annulment or legal separation, if applicable.

- **Social Security Card** - A Detail Earnings Report for a fee obtained from the Social Security Administration for the employments you had since leaving high school is required.
- **Motor Vehicle Driver's License** – Certificate of Motor Vehicle Registration – for any vehicle owned by you or your spouse. A DMV abstract from the Department of Motor Vehicles would be helpful for summons records.
- **Selective Service Registration** - and classification cards (male candidates only) to register, obtain or check on a registration via the internet go to www.sss.gov.
- **Original Discharge or Separation papers for all military service** (DD214 member 4 page).
- **W-2 Forms** - Withholding tax certificates and copies of income tax returns for the past five years (especially for self employment).
- **Employments** – all dates of employments and contact information since leaving high school (Detailed Social Security Earnings Report).
- **Unemployment** – all dates of unemployment since leaving high school with a notarized letter obtained from persons other than yourself stating that they financially supported you.
- **Disability Benefits** – Worker's Compensation – provide all records.
- **Membership Cards** – all labor union, fraternal or social organizations to which you belong.
- **Debts – Judgments – Garnishees** – provide all records.
- **Proof of Residence** – two (2) proofs of residence (rent stub, utility bill, etc. for current address).
- **Court Dispositions** – transcripts and/or dispositions from the Court Clerk of the court of trial for any arrest in which you were the defendant. Proof of payment for any summonses you received (other than traffic summonses).
- **Licenses** – any licenses held by you (both past and present) from a government agency (pistol, rifle, hack, liquor, etc.).

DISCLOSURE NOTICE

This is an acknowledgement that the information provided above has been read, reviewed and understood by the candidate completing the Personal History Questionnaire. The items and documents listed above will ensure that you have access to authentic and accurate information for the processing of your investigation. Failure to truthfully disclose authentic, accurate information and/or presenting false documentation can result in your disqualification from the investigation process of becoming a New York City Police Officer.

Agree Disagree

I. Personal Data

Last Name: **First Name:** **Middle Initial:** **SSN:**

a. Have you ever had a legal name change? null

If so:

From: N/A

To: N/A

Reason: N/A

b. List below any other name, alias, or nickname by which you have ever been known (including maiden name, if you are a married female) with reason for such use:

N/A

c. Do you have any tattoos, brands, body piercings, or other body art? null

If yes, include the location and complete description, including symbolized meaning, and reason for getting same: N/A

2. Sex: null

3. Date of Birth: N/A

4. Birth Certificate:

Certificate Number: N/A

City or Town: N/A

County Of: N/A

State: NA

5. Citizenship: Citizen of the U.S.A.? null

a. What country were you born in? Not Available

b. If not born in the U.S.A., date entered U.S.A.: N/A

c. Are you a naturalized citizen of the U.S.A.?

null

If so, list below:

Naturalization Certificate No.: N/A

Date: N/A

Court: N/A

City: N/A

State: NA

d. Do you have a dual citizenship with another country? null

If yes, what country? Not Available

When was it obtained? N/A

How was it obtained? N/A

6. Do you have a U.S. Resident Alien Card? null

If yes, how was it obtained? (Lottery, etc.)

N/A

Expiration Date: N/A

Alien Registration No.: N/A

7. Do you now have, or have you ever had a US passport? null

If yes, enter information below:

Passport No.: N/A

Date Issued: N/A

Expiration Date: N/A

a. Have you ever reported a passport lost or stolen? null

If yes, describe the circumstances of the loss to include the date, location, and police report number.

b. Do you now have or have you ever had a foreign passport? null

If yes:

Date Issued: N/A

Date of Surrender/Expiration: N/A

Issuing Country: Not Available

c. Have you ever applied for a travel visa to travel to or from another country? null

If yes:

Date: N/A

Country: Not Available

Reason: N/A

d. Has a visa ever been denied? null

8. Have you traveled to countries outside of the U.S.A.? null

If yes, what countries outside of the U.S.A. have you traveled to? Include dates and how long you were in the country:

Country and Town or City	Dates	Length of Stay	Purpose of Visit	Person(s) Traveled With
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9. Marital Status: null

Spouse/Registered Domestic Partner(s):

Initial here to indicate that you have provided complete and accurate information for this section: _____

II. Residence Record

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

From: Mo./Yr.	To: Mo./Yr.	Street Address:	Apt No.:	City or Town:	County:	State:	Zip Code:	Country:
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a. Do you own or co-own any Real Estate?: null

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

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

d. All email address(es) ever used: N/A

e. Do you have an account on a social networking website, such as MySpace, Facebook, or Twitter? null

If yes, indicate address(es): N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

III. Family Record

11. Do you have any children? null

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

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

N/A

b. Do any of your children receive child support or other supportive income? (Social Security, disability, etc.)?

null

If yes, explain:

N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

IV. Family Record and References

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

12a. List the full names of all biological brothers and sisters; half-brothers/half-sisters; stepbrothers/stepsisters; uncle; aunt; great aunt; great uncle; first cousin; nephew; niece; fiancé or fiancée, living or deceased:

12b. List any person(s) who has (have) ever resided with you, whether they are related to you or not (include females' maiden names). The complete address for each must be listed (include city and state):

12c. List 5-6 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere:

Initial here to indicate that you have provided complete and accurate information for this section: _____

V. Foreign Contacts

13. a. Do you speak, read, write, or understand a foreign language? null

If yes, list language(s) and educational level of proficiency:

N/A

b. How often is each language used?

N/A

c. With whom is each language used?

N/A

d. Is this person inside or outside of the United States? null

If outside, list country:

N/A

VI. Education Record

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

School Name/Address	Month/Year Attended		No. of Credit Hours Completed		Type of Degree (e.g. H.S.Diploma, B.A., M.A.)	Month/Year of Graduation/Degree
	From	To	Semester	Quarter		
-						-

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

N/A

b. High school diploma from an accredited U.S. Institution?

null

G.E.D.?

null

If yes, enter information below:

G.E.D.-Issuing State: NA

Date Issued: N/A

Other: N/A

c. Were you ever the subject of any disciplinary action at any educational institution which you attended?

null

If yes, explain (School name, disposition date, etc.):

N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

VII. Employment Record

15. Have you ever been fired or suspended from any job, or has any form of disciplinary action been taken against you by any employer?

null

If yes, explain:

N/A

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

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

N/A

17. Are you currently employed by the New York City Police Department?

null

If yes, enter information below:

Current Title: N/A

Supervisor's Name: N/A

Telephone Number: N/A

Command: N/A

a. Have you ever applied for any position or taken any civil service examinations for any position with any City, Municipal, Village, Town, Country, State, and/or Federal Authority?

null

This includes if you have been interviewed without an examination. If “yes,” state name of agency concerned, position/title, year of exam, list position (if any), and current status:

N/A

b. Have you ever been employed by any City, Municipal, Village, Town, County, State, Federal Authority and/or Foreign Government?

null

If yes, state name of agency concerned:

N/A

c. Are you employed by and/or do you have an interest in an individual or organization

that has business dealings with the City of New York?

null

If yes state name of company concerned:

N/A

d. Have you ever taken a polygraph examination?

null

If yes, list and explain:

What were the results?

N/A

e. Have you ever been disqualified or barred from employment by any City, State, or Federal agency?

null

If yes, list and explain:

N/A

f. Have you ever been drug screened for employment?

null

If yes, when and for which employment?

Describe circumstances and results:

N/A

18. Have you ever applied for, claimed, received or are now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare, or other social services assistance? This includes housing, food stamps and Medicaid.:

null

If yes, give details:

N/A

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

N/A

a. Do any of these organizations have contact with any foreign government organizations or their representatives?

null

b. List any organization of which you are now or have been a member (or officer, if so, please state) foreign or domestic, that advocates violence:

N/A

20. *Income Tax Returns*: Have you filed a Federal and State income tax return for each of the past (5) years?

null

If no, explain:

N/A

21. Do you now or have you ever had a business relationship (such as a real estate co-tenancy, partnership or significant stock ownership) with anyone?

null

If yes, please list associate information (name/type of business, address, city, state, zip, phone):

N/A

a. a. Have you ever received support from or supported an individual in a foreign country?

null

If yes, give details:

N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

VIII. Arrest and Summons Record

22. a. Have you ever been arrested?

b. If yes, list all arrests returnable to any court in any jurisdiction including arrests which occurred while you were a juvenile (under age 16). Every arrest should be included below, even if dismissed, sealed, those resulting in Youthful Offender Adjudication, or otherwise ended without a conviction. You should also list any cases still pending:

Date	Location	Original Charge(s)	Final Charge(s)	Disposition	Explanation
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23. a. Do you have any summonses?

b. If yes, list all summonses served upon you by a law enforcement officer, court, or other authority in any jurisdiction, which were returnable to a Criminal Court, Transit Adjudication Bureau, Environmental Control Board, etc. (for example, turnstile jumping, drinking alcohol in public, disorderly conduct, etc.):

Date	Location	Original Charge(s)	Final Charge(s)	Disposition	Explanation
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24. Has any member of your immediate family (spouse, parent, brother, sister) or any person with whom have resided, who resides with you, although not related to you, ever been arrested?

If yes, explain:

25. Have any individuals with whom you have a child in common ever been arrested or incarcerated?

If yes, explain:

26. Have you ever been involved in any domestic incidents?

If yes, explain:

a. Has an Order of Protection ever been issued against you?

27. Were you a 1) a plaintiff, defendant, or witness in any civil court proceeding, or 2) a

complainant or a witness in any Criminal Court proceeding, or 3) a plaintiff, defendant, or witness in any Family Court proceeding, or 4) investigated by any city, state, or federal agency, or 5) a witness to any administrative hearing? Do not include any court appearances due to arrests made as a law enforcement officer, peace officer, or security guard:

If yes, list all incidents in which you were 1) a plaintiff, defendant, or witness in any civil court proceeding, or 2) a complainant or a witness in any Criminal Court proceeding, or 3) a plaintiff, defendant, or witness in any Family Court proceeding, or 4) investigated by any city, state, or federal agency, or 5) a witness to any administrative hearing. Do not include any court appearances due to arrests made as a law enforcement officer, peace officer, or security guard:

Date	City/Town & State	Court or Agency	Purpose of the Hearing, and Your Involvement in Case
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a. Were you ever the subject/witness or have you ever been questioned during a police investigation in which you were not charged with a crime?

If yes, explain:

Initial here to indicate that you have provided complete and accurate information for this section: _____

IX. License Record

28. a. Do you possess, or have you ever possessed a valid NY State Driver's License?
null

If yes, complete:

Class	License No.	Date Issued	Expiration Date	State
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b. Has your NYS Driver License ever been suspended or revoked?
null

If yes, then list below:

Date	Reason	State
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c. Are there any restrictions on your license?
null

If yes, then list below:

N/A

d. Have you ever been issued a Driver License by a state other than NY?
null

If yes, then list below:

Class	License No.	Date Issued	Expiration Date	State
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e. Has any driver license issued to you by a state other than NY ever been suspended or revoked?
null

If yes, then list below:

Date	Reason	State
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f. Do you possess, or have you ever possessed a valid U.S. Military License?
null

If yes, then list branch of service below:

Military Branch	License No.	Date Issued	Expiration Date
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g. Do you now possess, or have you ever possessed, a foreign driver license?
null

If yes, issuing government(s):

License No.:

Date issued:

N/A

29. Do you have any summonses or citations you have ever received for violations of any traffic laws or regulations in any jurisdiction?

null

If yes, List ALL summonses or citations you have ever received for violations of any traffic laws or regulations in any jurisdiction:

Date of Violation	City/Town, State & Country	Violation or Charges	Court Disposition & Date
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30. Do you have any motor vehicles ever owned by you and registered to you?

null

If yes, list below all motor vehicles ever owned by you or registered to you. Include all motor vehicles a) owned by you and registered to you, b) owned by you but registered to someone else, c) registered to you but owned by someone else:

Year	Make	Type	Owned From	Owned To	Reg. Plate No.	Licensing State
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31. Do you have any outstanding, unpaid parking summonses?

null

If yes, how many?

0

32. Have you ever been involved in a motor vehicle accident in which YOU WERE THE DRIVER OF THE VEHICLE?

null

If yes, list all accidents below:

Date	Vehicle Owner	Accident Location	Police Pct./Accident No.	Any Injuries?	To Whom?	Claims Pending?	By Whom?
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Initial here to indicate that you have provided complete and accurate information for this section: _____

X. License and Firearm Record

33. Do you now own or possess, or have you ever owned or possessed a pistol, rifle, or firearm?

null

If yes, list below:

Type	Manufacturer	Model	Calibre	Serial Number	Owned From	Owned To	How Obtained?	Where Obtained?
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a. For each weapon listed above, give details below:

Weapon	License/Certification No.	Issuing Agency	Date Issued	Expiration Date	Suspended/Revoked?
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34. Have you ever been issued a license by any city, state, or federal agency, for any purpose, including, but not limited to: attorney, teacher, real-estate broker, doctor, taxi driver, security guard, notary public, locksmith, or for any premises licensed by the State Liquor Authority?

null

If yes, list below:

Kind of License	License No.	Issuing Agency	Date Issued	Expiration Date	Ever Suspended/Revoked?
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Initial here to indicate that you have provided complete and accurate information for this section: _____

XI. Military Service Record

35. Have you performed any military services on either Active Duty or on Reserve or National Guard Status? Include any foreign Military Service.

null

If yes, list below military service performed on either Active Duty or on Reserve or National Guard Status:

From	To	Active or Reserve	Branch Service	Rank	Service Ser. No.	Type of Discharge or Separation
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36. Have you ever been disciplined while in military service, including but not limited to, Court Martial, and/or action(s) under Article 15, Code of Military Justice?

null

If yes, list below all disciplinary actions against you in military service, including, but not limited to, Court Martial and/or action(s) under Article 15, Code of Military Justice:

Date	Charges Against You (SPECIFIC)	Reason	Type of Action	Disposition of Charges
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Initial here to indicate that you have provided complete and accurate information for this section: _____

XII. Selective Service Record

XIII. Debts - Financial Status

38. Do you owe money to any persons or entities (including student loans not yet due for payment) such as banks, credit cards, mortgages, personal loans, tax liens, revolving or store credit, etc.?

null

If yes, list below all persons or entities to whom you presently owe money (including student loans not yet due for payment) such as banks, credit cards, mortgages, personal loans, tax liens, revolving or store credit, etc.:

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

Total Annual Income \$

Student Loans \$

Credit Cards \$

Mortgage \$

Other \$

a. Have you ever filed for bankruptcy?

null

If yes, explain:

N/A

b. Have you ever been in default, or had any garnishment, wage assignment, or judgment filed against you for failure to pay a debt?

null

If yes, explain:

N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

XIV. Controlled Substance / Alcohol Use

39. Answer either “Yes” or “No” after each question below. An answer of “Yes” to any question requires an explanation below in the text area provided, including dates, frequency, treatment, cure, etc. The phrase “ever used” in this context includes everything from one (1) time usage or occasional usage to frequent or regular usage.

a. Do you now or have you ever used marijuana?

null

Explanation:

N/A

b. Do you now or ever have you ever used crack and/or cocaine?

null

Explanation:

N/A

c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)?

null

Explanation:

N/A

d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)?

null

Explanation:

N/A

e. Do you now or have you ever used any other non-prescribed controlled substance?

null

Explanation:

N/A

f. Do you now or have you ever used any non-prescribed amphetamines, barbiturates, or other tranquilizers?

null

Explanation:

N/A

g. Do you now or have ever used steroids?

null

Explanation:

N/A

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

a. Do you use alcohol?

null

Explanation:

N/A

b. Is alcohol a part of your social life?

null

Explanation:

N/A

c. Does a relative or friend worry or complain about your drinking?

null

Explanation:

N/A

d. Do you miss days from work because of drinking?

null

Explanation:

N/A

e. Have you awakened the morning after drinking and could not remember part of the previous evening?

null

Explanation:

N/A

f. Has drinking created medical, financial, relationship or work-related problems for you?

null

Explanation:

N/A

g. Do you get into arguments or fights when you are drinking?

null

Explanation:

N/A

h. Have you ever used more alcohol than you intended?

null

Explanation:

N/A

i. Has any member of your family disapproved of the way you use alcohol on any occasion?

null

Explanation:

N/A

Initial here to indicate that you have provided complete and accurate information for this section: _____

XV. Miscellaneous

41. Are you now, have you ever been, or have you ever applied for a position as an auxiliary police officer?

null

If yes, list dates of application service, precinct or location of service, and name of supervisor and/or coordinator:

N/A

42. Are you now, or have you ever been a volunteer firefighter?

null

If yes, give dates of service, location of service, and name of supervisor.

N/A

43. Were you a member of the NYPD Explorer Program?

null

If yes, dates of service, location, and name of Supervisor:

N/A

44. Have you ever provided volunteer service to any organization?

null

If yes, list dates of service, location of service, and name of supervisor or coordinator:

N/A

45. Have you ever visited any persons incarcerated in any Correctional Facilities?

null

If yes, list the identity of the person(s):

Last Name	First Name	Relationship	Purpose of Visit	Name of Facility	Date of Visit
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46. Have you ever been involved with any known street gangs or identified with Organized Crime Organizations?

null

If yes, list all groups, reason, and dates of involvement:

Group	Reason	Dates of Involvement
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47. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied?

null

If yes, explain:

N/A

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

Initial here to indicate that you have provided complete and accurate information for this section: _____

Closing

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

State of: _____

City of: _____

County of: _____

I, _____, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

Signature of candidate in presence of Notary Public

Sworn to before me this _____ day of
_____ 20_____

Notary Public or Commissioner of Deeds
(or Commissioned Officer for Military Personnel on Active Duty)

DO NOT SIGN BELOW UNTIL DIRECTED BY YOUR INVESTIGATING OFFICER:

Signature of Applicant at interview

Date

Rank/Signature of Investigator