



**REQUEST FOR APPLICANT'S
EMPLOYMENT RECORD**

PD 407-163 (Rev. 2-99)-Pent

THIS IS AN INQUIRY CONCERNING:

Exam/List No. _____

NAME		ADDRESS	
EMPLOYED BY YOU AS		FROM	TO
SOCIAL SECURITY NO.		DATE OF BIRTH	

I hereby give my written consent and request and authorize you to turn over any and all employment records relating to my employment.

I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein.

I further request that such records be forwarded to the Police Department Investigator, named below.

Applicant's Signature

Social Security Number

The above named person is an applicant for the position of _____ in the Police Department of the City of New York and states that he/she was employed by you in the capacity and for the period(s) shown above.

I have been assigned by the Police Commissioner to investigate the character and record of this applicant in order to determine his/her eligibility for the position.

You can assist this department in its effort to appoint competent persons of good character if you will furnish the information requested on the reverse side of this letter. All information will be treated as confidential.

Your cooperation and prompt reply will be greatly appreciated.

Rank/Name

NAME OF FIRM OR AGENCY

TYPE OF BUSINESS OR FUNCTION OF AGENCY

DATE

EMPLOYED		PART TIME OR FULL TIME	TITLE OR DUTY	AVERAGE WEEKLY SALARY	SOCIAL SECURITY NO.
FROM	TO				

IF NOT PRESENTLY EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOY

(Check One)

RESIGNED VOLUNTARILY (State reason given.) _____

REQUESTED TO RESIGN (State reason.) _____

DISCHARGED } Please _____

LAID OFF } Specify _____

OTHER } Reason _____

CANDIDATE'S EMPLOYMENT RECORD (Check yes or no. If you desire to elaborate, do so in "details.")

Honest	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amenable To Orders	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessively Late	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was He Ever Disciplined	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sober	<input type="checkbox"/> Yes <input type="checkbox"/> No	Able To Get Along With Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessively Absent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injured or Given First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No

IS SUBJECT CONSIDERED "ELIGIBLE FOR REHIRE"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS CANDIDATE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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DETAILS OR ADDITIONAL COMMENT:

RESIDENCE ADDRESSES WHILE IN YOUR EMPLOY	

NAMES AND ADDRESS OF PREVIOUS EMPLOYERS	

SIGNATURE

TITLE OF YOUR POSITION

YOUR BUSINESS TELEPHONE NO.