

		_		Date		
		-				
THIS IS AN INQUIRY CONCERNING:		Exam No		List No		
Name	Address			_		
Employed By You As		From		То		
Social Security No.	[Date Of Birth				
therein. I further request that such record named below.	ls be forwarde		Police Departn	nent Investigator,		
		Social Security Number				
The above named person is an apin the Police Department of the City of Napacity and for the period(s) shown ab	New York and			employed by you in the		
I have been assigned by the Polithis applicant in order to determine his/h				haracter and record of		
You can assist this department in if you will furnish the information reques as confidential.	•	•	•	•		
Your cooperation and prompt rep	ly will be grea	itly appred	ciated.			
Rank/Name	Squad No.	E-mai	il Address			

						<u></u>		
NAME OF FIRM	M OR AGENCY		TYPE OF B	BUSINESS OR FUNCTION OF A	GENCY	DAT	ΓE	
EMF	PLOYED	PART TIME			AVERA	GE		
FROM	ТО	FULL TIME	TITL	E OR DUTY	WEEKLY S	ALARY SO	CIAL SECURITY NO.	
IF NOT	PRESENT	TLY EMPLO	YED BY YO	U, INDICATE MAN	NER OF LI	EAVING YOU	JR EMPLOY	
(Check	•	ED VOLUNTAF	RILY (State reaso	on given.)				
			•	n.)				
			·	,				
	□ DISCHAF	r I E	tase					
	□ LAID OFF	rea	ison ———					
	□ OTHER							
CANDI	DATE'S EI	MPLOYMEN	IT RECORD	(Check yes or no. If y	ou desire to	elaborate, do	so in "details.")	
Honest	□ Yes □ No	Amenable To Orders	□ Yes □ No	Excessively Late	□ Yes □ No	Was He Ever Disciplined	□ Yes □ No	
Sober	□ Yes □ No	Able To Get Along With Others	□ Yes □ No	Excessively Absent	□ Yes □ No	Injured or Given First Aid	□ Yes □ No	
IS SUBJECT CONSIDERED ☐ Yes "ELIGIBLE FOR REHIRE"? ☐ No					WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS THE CANDIDATE?			
DETAILS	S OR ADDI	TIONAL CC)MMENT:					
RESIDENCE								
ADDRESSES	_							
IN YOUR EM	IPLOY							
NAMES AND								
ADDRESS								
OF PREVIOUS EMPLOYERS								
SIGNATURE			TITLE OF Y	OUR POSITION		YOUR BUSINESS	S TELEPHONE NO.	