Control No

#### POLICE DEPARTMENT

CITY OF NEW YORK

# APD-5A CIVILIAN TITLES

Personal History	of:		
•	Surname	First Name	M.I.
Applicant for app	ointment as:		
Evam No	Liet No	Social Security No :	



The answers to questions in this questionnaire must be printed in **BLACK INK BY THE APPLICANT. TWO (2)** copies of this questionnaire are furnished, BOTH are to be completed, notarized in the space provided on page 18, and returned to your assigned investigator as directed. If the space is insufficient to complete your answer to any question, use pages eighteen through twenty-two (18-22) which have been provided for that purpose. Indicate the question number and continue your answer. If a question is not applicable, indicate such by entering "N/A" or "NONE". Do not leave any question blank. Mistakes made should ONLY be corrected by drawing a single line through the mistake, placing your initials at the end. MISTAKES ARE NEVER TO BE CORRECTED WITH OPAQUE CORRECTION FLUID.

Applicants are cautioned to answer every question, truthfully, completely and without evasion. Both the N.Y. State Civil Service Law and the Personnel Rules of the City of New York, (which have the force and effect of the law) provide penalties for making a false statement of material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment, revocation of appointment, and prosecution.

Civil Service lists are valid for a period of up to four (4) years from the date of promulgation. Once the Civil Service list expires, appointment from that list is no longer possible. For this reason, all candidates are urged to submit all documents as expeditiously as possible. All candidates are cautioned that failing to appear for scheduled appointments could jeopardize chances for appointment.

## THE NEW YORK CITY POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER

### I. PERSONAL DATA

a. Have you ever	had a legal name	change? If so			
	=	=		Reason:	
Court:					
are a married fen	ale, with the reas				eluding maiden name i
					d reason for getting sar
				Day:	Year:
Birth Certificate:	Certificate Number	er City or	Town	County	State
Citizenship:	Citizen of the U	J.S.A.? Yes □	No □		
a. What country v	vere you born in?				
b. If not born in U	S.A., date entere	ed U.S.A		· · · · · · · · · · · · · · · · · · ·	
c. If you are a na	turalized citizen	of the U.S.A., list be	low,		
Naturally all and Ocalification	- Data			Oit.	01-1-
Naturalization Certifica			<u> </u>	City	State
-	-	rith another country?			
•	•				
		n Card? Yes □			
-				expiration:	
	•	y, etc.)			
Do you have a U					
•			e legued	Expiration	n Date
					ibe the circumstances
•		•		•	ibe the circumstances
1110 1033 10 1110100	e trie date, locatio	mana police report i	umber		
h Do you now ha	ave or have you e	ever had a foreign pa	ssport? Yes	Π No Π If ves	, date issued
	-	• .	•	•	
c. Have you ever					
Country					
Country Has a visa ever be What countries of	een denied? utside of the U.S	.A. have you travele	d to? Include	dates and how long	you were in the countr
Country Has a visa ever be What countries of	een denied? utside of the U.S	.A. have you travele	d to? Include	dates and how long	
Country Has a visa ever be What countries of	een denied? utside of the U.S	.A. have you travele	d to? Include	dates and how long	you were in the countr

9.	9. Marital Status:						
	Single ☐ Married ☐ Lega	ally Separated ☐ Divorced ☐	☐ Widowed ☐	Registered Domest	tic Partner/0	Civil Union <b>E</b>	
	Spouse/Registered Domest	ic Partner					
	Name	Home Address (number/stre	eet/apt.)	City	State	ZIP	
N/A	D.O.B.	Occupation					
	Home Phone	Work Address (number/stree	et/apt.)	City	State	ZIP	
	Work Phone	Cell Phone	Email				
	, ,	en, An Order Of Protection Or Rest	raining Order Issued	Against This Individua	l?		
	Yes No No		_				
	Former Spouse/Registered						
	Name	Home Address (number/stre	eet/apt.)	City	State	ZIP	
N/A	D.O.B.	Occupation					
	Home Phone	Work Address (number/stre	et/apt.)	City	State	ZIP	
	( )	·					
	Work Phone	Cell Phone	Email				
	( )	( )					
		en, An Order Of Protection Or Resti	raining Order Issued	Against This Individua	l?		
	Yes No No						
	Farman Crawas /Danistanad	Damastia Dartman					
	Former Spouse/Registered Name	Home Address (number/stre	act/ant \	City	State	ZIP	
	- Name	Home Address (Hamber/stre	эвиарі.)	City	State	ZII	
	D.O.B.	Occupation					
N/A	- D.O.B.	Coodpation					
	Home Phone	Work Address (number/stre	et/ant )	City	State	ZIP	
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	Work Phone	Cell Phone	Email				
	( )	( )					
		en, An Order Of Protection Or Resti	raining Order Issued	Against This Individua	l?		
	Yes No No						
	Former Spouse/Registered						
	Name	Home Address (number/stre	eet/apt.)	City	State	ZIP	
	D 0 D						
N/A	D.O.B.	Occupation					
	Home Phone	Work Address (number/stre	et/ant \	City	State	ZIP	
	( )	VVOIR AUGIESS (HUHIDEI/STIE	συαμι.)	City	Sidit	∠اا <sup>ح</sup>	
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	Work Phone	Cell Phone	Email				
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Parent's Occupation

			:									
FR Mo.	Yr.	TO Mo.	Yr.		Street Address		Apt. No.	City Tow		County of	State	
	1	WIO.			Address		NO.	TOW	11	County of	State	
		PRESI	ENT									
-												
			Addr	ess		City/Town		State	Zip		Count	tν
I- 100	tl <b>.</b>		Addr			City/Town		State	Zip		Count	ty
		-	ou co	o-own?					· · · · · · · · · · · · · · · · · · ·			
c. All	Resid	lence t	ou co	o-own? one numb	er(s): (Area Co				· · · · · · · · · · · · · · · · · · ·			_
c. All d. All	Resid	lence to	ou co eleph	o-own? one numb er(s): (Are	oer(s): (Area Co ea Code)	ode)						_
c. All d. All e. Em	Resid Cell p nail ad	lence to hone r dress(e	ou co eleph numbe es):	o-own? one numb er(s): (Are	oer(s): (Area Co ea Code)	ode)						
c. All d. All e. Em f. Do	Resid Cell p nail ad you n	lence to hone r dress(e ow hav	ou co eleph numbe es): ve or	o-own? one numb er(s): (Are  have you	oer(s): (Area Co ea Code)	ode)						
c. All d. All e. Em f. Do Twitte	Residence Reside	lence to hone reduced the design of the desi	vou co eleph numbe es): ve or l	o-own? one numb er(s): (Are have you	per(s): (Area Co ea Code) ever had an ac	ode)	ocial ne	  , etworking s	ite, such	as MySpace,		
c. All d. All e. Em f. Do Twitte	Residence Reside	lence to hone reduced the design of the desi	vou co eleph numbe es): ve or l	o-own? one numb er(s): (Are have you	oer(s): (Area Co ea Code)	ode)	ocial ne	  , etworking s	ite, such	as MySpace,		
c. All d. All e. Em f. Do Twitte If yes	Resid Cell p nail ad you n er?	lence to hone reduced the design of the desi	vou co eleph numbe es): ve or l No dress(	o-own? one numb er(s): (Are have you	per(s): (Area Co ea Code) ever had an ac	ode)	ocial ne	  , etworking s	ite, such	as MySpace,		
c. All d. All e. Em f. Do Twitte If yes	Residence Reside	lence to hone r dress(e ow hav Yes  ate add  ECOI all of ye	vou co eleph numbe es): ve or l No dress(	o-own? one number(s): (Are have you	er(s): (Area Co ea Code) ever had an ac eased children	count on a s	ocial ne	etworking s	ite, such	as MySpace,	Facebo	 oo
c. All d. All e. Em f. Do Twitte If yes  FAMII List b childi	Residence Cell per ail ad you neer? The cell cell cell cell cell cell cell ce	lence to shone rodress(ow have see the	vou co eleph numbe es): ve or   No dress( RD our liv	o-own? one numb er(s): (Are have you  (es) ring or dec	per(s): (Area Co ea Code) ever had an ac eased children vith you. Provide	ode), count on a s	ocial ne atural, a and conf	etworking s	ite, such a	as MySpace, er care. Include other paren	Facebo le any c	oth
c. All d. All e. Em f. Do Twitte If yes  FAMII List b childi	Residence Cell per ail ad you neer? The cell cell cell cell cell cell cell ce	lence to hone r dress(e ow hav Yes  ate add  ECOI all of ye	vou co eleph numbe es): ve or   No dress( RD our liv	o-own? one numb er(s): (Are have you  (es) ring or dec	er(s): (Area Co ea Code) ever had an ac eased children	ode), count on a s	ocial ne atural, a and conf	etworking s	ite, such a	as MySpace,	Facebo le any c	oth
c. All d. All e. Em f. Do Twitte If yes  FAMII List b child	Resid Cell phail ad you ner? , indic LY Relow ren wh	lence to shone redress(con have see the see th	vou co eleph numbe es): ve or   No dress( RD our live e ever	o-own? one number(s): (Are have you	ever had an ace eased children with you. Provide	count on a s , including nae the name a	ocial ne	etworking s adopted, ar tact informa	ite, such and/or fosteration of the	as MySpace, er care. Include other paren	Facebo le any c	oth
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c. All d. All e. Em f. Do Twitte If yes  FAMII List b childi Who	Resid Cell phail ad you ner? , indic LY Relow ren wh	lence to shone redress(con have see the see th	vou co eleph numbe es): ve or   No dress( RD our live e ever	o-own?oone number(s): (Are have you (es) ting or decorresided wast)	ever had an acceptance bear had acceptance	nde), count on a set the name a Does Chillelationship Na	ocial ne	etworking s adopted, ar tact informa	ite, such and/or fosteration of the	as MySpace, er care. Include other paren	Facebo le any c t or gua nter Full	ooo I A
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c. All d. All e. Em f. Do Twitte If yes  FAMII List b child Who Pare	Residence Cell property of the	lence to shone redress(con have add all of you no have me (Lacustody .O.B.	vou co eleph numbe es): ve or   No dress( RD our live e ever st, Fire	o-own? one number(s): (Are have you logical (es) resided v st)  Parent's	ever had an accessed children with you. Provide Sex D.O.B.	count on a s including nate the name a Does Chil	ocial ne	adopted, artact informate with You?  Candidate's	ite, such and/or fosteration of the Yes N	as MySpace, er care. Include other paren lo  If No, E	Facebook and the any of the any o	ooo Tho

Initial this page to indicate that you have provided complete and accurate information: \_\_\_

Parent's Work Address

Candidate's Current Relationship with other Parent

	Child's Name (Last, Firs	t)	Sex	D.O.B.	Does C	Child Resid	e with You?	Yes 🗖 No	☐ If No, E	Inter Full A	ddress
	Who has Custody of Chi	ild? Include	e Nam	ne and Rela	tionship	Name of o	other Parent				
	Parent's D.O.B.	Pa	arent's	s Home Add	dress				Parent's C	ontact Pho	ne No.
	Parent's Occupation	Parent's V	Vork A	Address			Candidate's	Current Re	lationship	with other	Parent
	Child's Name (Last, Firs	t)	Sex	D.O.B.	Does C	Child Resid	e with You?	Yes No	☐ If No, E	Enter Full A	ddress
	Who has Custody of Child? Include Name and Relationship Name of other Parent										
	Parent's D.O.B.	Pa	arent's	s Home Add	dress				Parent's C	ontact Pho	ne No.
	Parent's Occupation	Parent's V	Vork A	Address			Candidate's	Current Re	lationship	with other	Parent
	Child's Name (Last, Firs	t)	Sex	D.O.B.	Does C	Child Resid	e with You?	Yes 🔲 No	☐ If No, E	Enter Full A	ddress
	Who has Custody of Chi	ild? Include	Nam	ne and Rela	tionship	Name of o	other Parent				
	Parent's D.O.B.	Pa	arent's	s Home Add	dress				Parent's C	ontact Pho	ne No.
	Parent's Occupation	Parent's V	Vork A	Address			Candidate's	Current Re	lationship	with other	Parent
	Iditional children listed nat provisions have you r	. •				No □ en listed at	pove? _				
c. Do	any of your children rec						ne? (Social	Security, di	sability)	Yes □ No	
	FAMILY RECORD A List the full names of biolomother-in-law, living or	ogical mot	her a	nd father; s							in-law;
	Father's Name		ŀ	Home Addre	ess (nun	nber/street	/apt.)	Cir	ty	State	ZIP
	Work Address (number/s	street/apt.)	'		City		State ZIP	Occupation	1		
	Home Phone			Work Phone	е		(	Cell Phone			
	D.O.B.					Email					
	Place of Birth (Village or	Town, City,	State	e, Country)							

Mother's Name	Home Address (number	/street/apt.)		City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation		
Home Phone	Work Phone		C	ell Phone		
D.O.B.	Er	mail				
Place of Birth (Village or Town, City, Sta	ate, Country)					
□ N/A						
Stepfather's Name	Home Address (number	/street/apt.)		City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation		
Home Phone	Work Phone		C	ell Phone		
D.O.B.	  Er	mail				
Place of Birth (Village or Town, City, Sta	oto Country)					
Place of Biltin (Village of Town, City, St	ale, Country)					
□ N/A						
Stepmother's Name	Home Address (number	/street/apt.)		City	State	ZIP
				•		
Work Address (number/street/apt.)	City	State	ZIP	Occupation		
Home Phone	Work Phone		C	ell Phone		
D.O.B.	Er	mail				
Place of Birth (Village or Town, City, Sta	ate, Country)					
□ N/A	Illana Addresa (m.m.b.a.	/- ( (/ ( )		0.4	01-1-	710
Father-in-law's Name	Home Address (number	/street/apt.)		City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation		
Home Phone	Work Phone		C	ell Phone		
D.O.B.	Er	mail				
Place of Birth (Village or Town, City, Sta	ate, Country)					
□ N/A						
Mother-in-law's Name	Home Address (number	/street/apt.)		City	State	ZIP
Work Address (number/street/apt.)	City	State	ZIP	Occupation		
Home Phone	Work Phone		C	ell Phone		
D.O.B.	Er	mail				
Place of Birth (Village or Town, City, Sta	ate, Country)					

□ N/A								
Grandmoth	er's Name	Home	Address (num	ber/street/apt.)		City	State	ZIP
Work Addre	ess (number/street/	apt.)	City	State	ZIP	Occupation		
Home Pho	ne	Work	Phone		С	ell Phone		
D.O.B.				Email				
Place of Bir	th (Village or Town,	City, State, Cou	intry)					
☐ N/A Grandfathe	r's Name	Home	Address (num	nber/street/apt.)		City	State	ZIP
			•		ZID			
	ess (number/street/		City	State	ZIP	Occupation		
Home Pho	ne	Work	Phone		С	ell Phone		
D.O.B.		I		Email				
Place of Bir	th (Village or Town,	City, State, Cou	intry)	l				
und fen	cle; aunt; great aur nales' maiden nan Name	nt; great uncle; nes). The comp	first cousin; ne	ephew; niece; fia for each must b	ancé c	alf-sisters; stepbro or fiancée, living or c d (must include city	leceased (in	
Home Add	ress (number/stree	t/apt.)	City	State	ZIP	D.O.B.		
Work Addre	ess (number/street/	apt.)	City	State	ZIP	Occupation		
Home Pho	ne	Work Phone		Cell Phone		Email		
□ N/A	Name		Relation	nship				
Home Add	ress (number/stree	t/apt.)	City	State	ZIP	D.O.B.		
Work Addre	ess (number/street/	apt.)	City	State	ZIP	Occupation		
Home Pho	ne	Work Phone		Cell Phone		Email		
□ N/A	Name		Relation	nship				
	ress (number/stree	t/apt.)	City	State	ZIP	D.O.B.		
Work Addre	ess (number/street/	apt.)	City	State	ZIP	Occupation		
			-	0-11-51		le		
Home Pho	ne	Work Phone		Cell Phone		Email		

□ N/A	Name		Relationship						
Home Add	dress (number/stree	t/apt.)	City	State	ZIP	D.O.B.			
Work Add	ress (number/street/	(apt.)	City	State	ZIP	Occupation			
Home Pho	one	Work Phone		Cell Phone		Email			
	T		5						
□ N/A	Name		Relation	ship					
Home Add	dress ( <i>number/stree</i>	t/apt.)	City	State	ZIP	D.O.B.			
Work Address (number/street/apt.)			City	State	ZIP	Occupation			
Home Pho	one	Work Phone		Cell Phone		Email			
□ N/A	Name		Relation	ship					
Home Add	dress (number/stree	t/apt.)	City	State	ZIP	D.O.B.			
Work Addi	ress (number/street/	/apt.)	City	State	ZIP	Occupation			
Home Pho	one	Work Phone		Cell Phone		Email			
		ho has ever resided te address for each				r not (include females' maider d state).			
□ N/A	Name		Relationship						
Home Add	dress (number/stree	t/apt.)	City	State	ZIP	D.O.B.			
Work Addı	ress (number/street/	(apt.)	City	State	ZIP	Occupation			
Home Pho	one	Work Phone		Cell Phone		Email			
□ N/A	Name		Relation	ship					
Home Add	 dress ( <i>number/stree</i>	t/apt.)	City	State	ZIP	D.O.B.			
Work Addi	ress (number/street/	/apt.)	City	State	ZIP	Occupation			
Home Pho	one	Work Phone		Cell Phone		Email			
□ N/A	Name		Relation	ship					
Home Add	dress ( <i>number/stree</i>	t/apt.)	City	State	ZIP	D.O.B.			
Work Addı	ress (number/street/	(apt.)	City	State	ZIP	Occupation			
					,				
Home Pho	one	Work Phone		Cell Phone		Email			

List 5-6 people who know you well, such as social and family friends, co-workers, military acquaintances. C. Do not include relatives, employers or housemates, or other individuals listed elsewhere. Name How do you know this person? (for example: friend, teacher, family friend, co-worker) Home Address (number/street/apt.) City State ZIP D.O.B. Work Address (number/street/apt.) City ZIP State Occupation Home Phone Work Phone Cell Phone Email Name How do you know this person? (for example: friend, teacher, family friend, co-worker) ZIP D.O.B. Home Address (number/street/apt.) City State City Work Address (number/street/apt.) ZIP State Occupation Work Phone Cell Phone Home Phone Email How do you know this person? Name (for example: friend, teacher, family friend, co-worker) ZIP Home Address (number/street/apt.) D.O.B. City State Work Address (number/street/apt.) City State ZIP Occupation Cell Phone Home Phone Work Phone Email Name How do you know this person? (for example: friend, teacher, family friend, co-worker) Home Address (number/street/apt.) ZIP D.O.B. City State Work Address (number/street/apt.) City State ZIP Occupation Home Phone Work Phone Cell Phone Email How do you know this person? Name (for example: friend, teacher, family friend, co-worker) ZIP D.O.B. Home Address (number/street/apt.) City State Work Address (number/street/apt.) City State ZIP Occupation Home Phone Work Phone Cell Phone **Email** How do you know this person? Name (for example: friend, teacher, family friend, co-worker) ZIP D.O.B. Home Address (number/street/apt.) City State Occupation Work Address (number/street/apt.) City State ZIP Home Phone Work Phone Cell Phone Email

educational level of proficiency:											
With whom is each language used? How often? Is this person inside or outside of the United States? Inside \( \Boxed \) Outside \( \Documea \)											
	le this person incide or	outside of the	e United State	s2 Inside [	110 L Outsida l						
If outside, list country											
E	EDUCATION RECORD										
	List all schools you have attended beginning with the 9th grade:										
	School Nar		N	onth and Year		Credit Hours	Type of Degree	Month and Y			
	City, State and Z	zip Code	From	Attended To	Semester	Quarter	(e.g. H.S. Diploma, B.A., M.A.)	Degree			
	List any other schools	s attended	including bu	t not limited	to trade	vocation	husiness pro	ofessiona			
	High school diploma fro										
	If "Yes", G.E.DIssuing S				ssued						
	Ware you ever the subject										
	Yes ☐ No ☐ If "yes" (	-		-	cational ins		hich you attende ion date, etc.)				
	Yes ☐ No ☐ If "yes" (	give details o		-	cational ins						
		give details o R <b>D</b> ed or suspend	on pages 18 th	ob, or has an	cational ins chool name	e, disposit	ion date, etc.)	d?			
	Yes No If "yes" of MPLOYMENT RECOREMENT RECOREMENT RECOREMENT RECOREMENT RECOREMENT.	give details o R <b>D</b> ed or suspend	on pages 18 th	ob, or has an	cational ins chool name	e, disposit	ion date, etc.)	d?			
N	Yes No If "yes" of MPLOYMENT RECORD Have you ever been fire by any employer? Yes List below, starting with ment and period of une vice. If you were discharged	give details of RD ed or suspend No . If N your current employment arged from a	ded from any yes, explain be at employmen you have had any employmen	ob, or has an elow.  t-or <b>unemplo</b> d. Include witent, or reque	y form of di  yment - a hin the sested to res	e, disposit sciplinary a	action been take	n against y			
•	Yes No If "yes" of MPLOYMENT RECORD Have you ever been fire by any employer? Yes In the List below, starting with ment and period of une	give details of RD ed or suspend No . If N your current employment arged from a	ded from any yes, explain be at employmen you have had any employmen	ob, or has an elow.  t-or <b>unemplo</b> d. Include witent, or reque	y form of di  yment - a hin the sested to res	e, disposit sciplinary a	action been take	n against y			
•	Yes No If "yes" of MPLOYMENT RECORD Have you ever been fire by any employer? Yes In List below, starting with ment and period of une vice. If you were discharged the property of the property	give details on RD  ed or suspend  No . If No	ded from any yes, explain be at employmen you have had any employmen	ob, or has an elow.  i-or unemplod. Include witent, or reque	y form of di  yment - a hin the sested to res UNTED FO	e, disposit sciplinary a nd working quence ar sign, so st	action been take	n against y			
•	Yes No If "yes" of MPLOYMENT RECOR Have you ever been fire by any employer? Yes List below, starting with ment and period of une vice. If you were dischargement". DO NOT I	give details of RD ed or suspend No . If \( \) your current employment arged from a LEAVE ANY	ded from any yes, explain be at employmen you have had any employment TIME PERIOR	cob, or has an elow.  di-or unemplod. Include with ent, or reque	y form of di  yment - a hin the se sted to res UNTED FO	e, disposit sciplinary a nd working quence ar sign, so st	g back, each pe ny period of actitate under "Rea	n against y			
N	Yes □ No □ If "yes" of MPLOYMENT RECOREMENT RECOREMENT RECOREMENT RECOREMENT RECOREMENT AND ADDRESS OF THE STATE OF THE S	give details of RD ed or suspend No . If \( \) your current employment arged from a LEAVE ANY	ded from any yes, explain be at employmen you have had any employment TIME PERIOR	cob, or has an elow.  di-or unemplod. Include with ent, or reque	y form of di  yment - a hin the se sted to res UNTED FO  Name or Type of	nd working quence ar sign, so si	g back, each peny period of actitate under "Rea	n against y			
N	Yes □ No □ If "yes" of MPLOYMENT RECORD Have you ever been fire by any employer? Yes □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	give details of RD ed or suspend No . If \( \) your current employment arged from a LEAVE ANY	ded from any yes, explain be at employmen you have had any employment TIME PERIOR	cob, or has an elow.  di-or unemplod. Include with ent, or reque	yment - a hin the se sted to res UNTED FC  Name of he Type of Employe	nd working quence ar sign, so si	g back, each peny period of actitate under "Rea	n against y			
N	Yes □ No □ If "yes" of MPLOYMENT RECORD Have you ever been fire by any employer? Yes □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	give details of RD ed or suspend No . If \( \) your current employment arged from a LEAVE ANY	ded from any yes, explain be at employmen you have had any employment TIME PERIOR	cob, or has an elow.  di-or unemplod. Include with ent, or reque	y form of di  yment - a hin the sested to res UNTED FC  Name of Type of Employe Reason	e, disposit sciplinary a nd working quence ar sign, so si oR. f Supervisor: work you per r's Telephone	g back, each peny period of actitate under "Rea	n against y			
N	MPLOYMENT RECOMENT RECOMENT RECOMENT RECOMENT RECOMENT RECOMENT RECOMENT PROPERTY OF THE PROP	give details of RD ed or suspend No . If Y your current employment arged from a LEAVE ANY To ed, so state)	ded from any yes, explain be at employmen you have had any employment TIME PERIOR	drough 22. (Solob, or has an elow.  d-or unemplod. Include wite ent, or requence of the part Time Part Time of the part Time	y form of di  yment - a hin the se sted to res UNTED FC  Name of Employe  Reason  Name of	e, disposit sciplinary a nd working quence ar sign, so si oR. supervisor: work you per r's Telephone	g back, each peny period of actitate under "Rea	n against y riod of em			
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N	Yes □ No □ If "yes" of MPLOYMENT RECOR Have you ever been fire by any employer? Yes □ List below, starting with ment and period of une vice. If you were discharged employment". DO NOT I From Mo.:	give details of RD ed or suspend No	ded from any yes, explain be temploymen you have had any employment PERIO	irough 22. (Soob, or has an elow. i-or unemplod. Include with ent, or reque DS UNACCO    Part Tim	y form of di  yment - a hin the sested to res UNTED FO  Employe  Reason  Reason  Type of  Type of  Type of	e, disposit sciplinary a sciplinary a nd working quence ar sign, so si DR. f Supervisor: work you per r's Telephone for leaving er	g back, each peny period of actitate under "Rea	n against y			

### **Continued Employment Entries**

16.

a.

17.

From	То		☐ Full Time	Name of Supervisor:				
Mo.: Yr.:	Mo.:	Yr.:	☐ Part Time					
Company Name (if unemployed	, so state)			Type of work you performed:				
Street Address of Company				Employer's Telephone Number:				
City, State and Zip Code				Reason for leaving employment:				
From	То		☐ Full Time	Name of Supervisor:				
Mo.: Yr.:	Mo.:	Yr.:	☐ Part Time					
Company Name (if unemployed	, so state)			Type of work you performed:				
Street Address of Company			Employer's Telephone Number:					
City, State and Zip Code			Reason for leaving employmen	nt:				
				<u> </u>				
From	То		☐ Full Time	Name of Supervisor:				
Mo.: Yr.:	Mo.:	Yr.:	☐ Part Time					
Company Name (if unemployed	, so state)			Type of work you performed:				
Street Address of Company				Employer's Telephone Number:				
City, State and Zip Code				Reason for leaving employmen	nt:			
From	То		☐ Full Time	Name of Supervisor:				
Mo.: Yr.:	Mo.:	Yr.:	□ Part Time					
Company Name (if unemployed	, so state)			Type of work you performed:				
Street Address of Company				Employer's Telephone Number:				
City, State and Zip Code				Reason for leaving employment:				
From	То		☐ Full Time	Name of Supervisor:				
Mo.: Yr.:	Mo.:	Yr.:	☐ Part Time					
Company Name (if unemployed	, so state)			Type of work you performed:				
Street Address of Company				Employer's Telephone Number:				
City, State and Zip Code				Reason for leaving employmen	nt:			
Additional employme	<b>nt</b> listed on na	iges 18 throug	h 22?	Yes				
If you listed any period(s	s) of unemploy	ment, state ho	ow you were s	supported during that tim	e:			
				<del></del>	<del> </del>			
Additional statements li	sted on pages	s 18 through 22	2?	Yes	No 🗆			
Are you currently emplo	oved by the Ne	ew York City Po	olice Departn	nent? Yes	No 🗖			
If yes, indicate current titl								
•					Command			
Supervisor's Name		Ie	elephone Num	inei	Command			

a.	Have you ever applied for any position or taken any civil service examinations for a position with any City,
	Municipal, Village, Town, County, State, and/or Federal Authority? Yes \(\sigma\) No \(\sigma\) 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:
	Additional applications listed on page 18 through 22 Yes $\Box$ No $\Box$
b.	Have you ever been employed by any City, Municipal, Village, Town, County, State, and/or Federal Authority?
υ.	Yes $\square$ No $\square$ If "yes" state name of agency concerned
C.	Are you employed by, or do you have an interest in an individual or organization that has business dealings with the
	City of New York? Yes ☐ No ☐ If "yes", state name of company concerned:
d.	Have you ever taken a polygraph examination? Yes D No D If "yes" list and explain
	What were the results?
e.	Have you ever been disqualified or barred from employment by any City, State, or Federal agency? Yes $\Box$ No $\Box$
	If "yes", explain:
f.	Have you ever been drug screened for employment?  Yes No If "yes", when and for which employment:
_	Describe circumstances and results
8.	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. Yes $\square$ No $\square$ If "yes" give details:
9.	List the names of any not-for-profit organization(s) to which you have made contributions of money or property, or otherwise supported, inside or outside the United States, within the last ten years:
∄.	Do any of these organizations have contact with any foreign government organizations or their representatives?  Yes  No  \( \subseteq \)
<b>)</b> .	List any organization of which you are now or have ever been a member (or officer, if so, please state) foreign or domestic, that advocates violence.
<b>c</b> .	Income Tax Returns
	Have you filed a Federal and State income tax return for each of the past (5) years?  Yes  No  If "no" explain
0.	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? Please list associate information:
	Name: Address:
	City, State ZIP: Phone:
	Name/Address of Business
	Type of Business
а.	Have you ever received support from or supported an individual in a foreign country Yes  No
/III.	CONVICTION RECORD/PENDING CRIMINAL ACTIONS
21.	List all incidents (including summonses which were returnable to a criminal court) which resulted in a <b>CONVICTION</b> , including <b>YOUTHFUL OFFENDER ADJUDICATIONS</b> . List all criminal actions that are still pending.
	You must also include any convictions which have been sealed pursuant to CPL §§160.55 and 160.59.  Date Location Original Charge(s) Final Charge(s) Disposition
	Disposition Disposition
nitial t	this page to indicate that you have provided complete and accurate information:

Date	Location	Original Charge(s)	Final Charge(s)	Dispositi
Llos on i m	ambar of your immedi	ata family (anguas narant bro	ther eighter) or any nerson y	with whom you b
resided wi	th you, although not re	ate family (spouse, parent, bro elated to you, ever been conv Yes  □ No □ If "yes", expl	ricted or incarcerated? Incl	ude any person
•		ou have a child in common eve		
Yes 🗖 No	☐ If "yes" explain:			
Have you	ever been involved in a	any domestic incidents? Yes [		
		arry domestic incidents: Tes E		
, ,				
Has an ord	ler of protection ever b	een issued against you? Yes	□ No □	
		Date(s) Expi		
ist any ca petitioner o proceeding	or respondent in a Fam g, 4) the subject, comp	th you were: 1) a plaintiff, defenily Court Proceeding, 3) a conclainant, or witness of any invented and any administrative hearing. I	nplainant or witness in a cri estigation by any city, state	iminal court or gi e, or federal age
List any ca petitioner o proceedino subject, co	or respondent in a Fam g, 4) the subject, comp Implainant or witness i	nily Court Proceeding, 3) a con plainant, or witness of any inve	nplainant or witness in a cri estigation by any city, state Do not include any court ap	iminal court or gi e, or federal age opearances mad
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List any capetitioner of proceeding subject, coofficial capedate  LICENSE Do you postif "yes" compared to the proceeding subject, coofficial capedate	or respondent in a Fam g, 4) the subject, comp mplainant or witness i acity as a law enforcer  City/Town & State  E RECORD  ssess, or have you ever plete: Class Licens	er possessed a valid NY State I	pplainant or witness in a criestigation by any city, state Do not include any court apecurity guard.  Purpose of the Hearing, and Your te issuedE	iminal court or give, or federal age opearances made or live in Cas or live in Ca
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List any capetitioner of proceeding subject, coofficial capedate  LICENSE Do you postif "yes" compared to the proceeding subject, coofficial capedate	or respondent in a Fam g, 4) the subject, comp mplainant or witness i acity as a law enforcer  City/Town & State  E RECORD  Ssess, or have you ever plete: Class Licens  IYS Driver's License ever	er possessed a valid NY State Ise No	Driver's License? Yes \( \text{No} \) No \( \text{If "yes" ex} \)	iminal court or give, or federal age opearances made or live in Cas or live in Ca

List ALL summonses served upon you by a law enforcement officer, court or other authority in any jurisdiction which

22.

Have you	ever bee	en issued a Dr	iver's	Licen	se by	a sta	te oth	er tha	an NY	? Yes <b>[</b>	⊐ No l		
If "yes", iss	suing sta	ate(s)											
License No	)				_ Dat	e issu	ued				E	xpires	
Has any d	river's lic	cense issued t	o you	by a	state o	other	than	NY e	ver be	en sus <sub>l</sub>	pende	d or revoked?	Yes 🗖 No
If "yes", ex	olain: iss	suing state(s):											
When:							W	'hy: _					
Do you pos	sess, or	have you ever	posse	essed	a valid	dU.S	. Milita	ry Lic	cense?	'If "yes'	'what l	oranch of servi	ce?
License No	)				_ Dat	e issu	ued _				E	xpires	
Ever suspe	ended o	r revoked? Yes	s $\square$ N	10 П	If "yes	" to s	uspe	nded	or rev	oked, e	xplain		
When:		· · · · · · · · · · · · · · · · · · ·					W	'hy: _					
Do you nov	w posses	ss, or have you	ever	posse	ssed,	a fore	eign d	river I	icense	? If "y	/es", is	suing	
governmer	nt(s)					_ Lic	ense l	No				Date Issue	ed
List <b>ALL</b> si jurisdiction		ses or citations	you l	nave e	ever re	eceiv	ed vio	latior	ns of a	ny traffi	ic laws	or regulations	s, in any
Date of Violation	Citv/Tov	vn & State & Coun	trv	Viola	tion or (	Charges	3				Cou	rt Disposition & Dat	te
	,		,										
				-	-	_		-				r vehicles a) o	
someone	•	ou, b) owned	Бу уо	u but	regisi	ereu	10 501	neon	e eise	, c) reg	isterec	I to you but ow	ned by
						Period	Owned						State
Year of \	/ehicle	Make of Vehicle	Type of	f Vehicle	From		То			Re	eg. Plate	No.	Licensing
											15.4	" .	•
•	-	outstanding, ur			•						-	es", how many	
		a motor vehicle dents below.	accio	dent ir	1 whic	h YO	U WE	RE I	HE D	RIVER	OF II	HE VEHICLE?	Yes 🗀
Vehicle Ow		Accident Location	Α	ny Inju	ries?	То	Whom'	?	Police F	Pct./Accid	ent No.	Claims Pending?	By Who

Type of Weapo	n Manufact	turer Model	Calibre	Serial Number	Dates Owned	How Obtaine	ed? Where
For each we	-	d above, give de		OW.			
Weapon	Li	icense/Certification 1	No.	Issuing Agency	Date Issued	Date Expire	ed Suspended/
Kind of		License		Issuing	Issue	Expire	Ever Suspen
Kind of		Liconco		Issuina	Issue	Exnire	Ever Suchan
License		Number		Agency	Date	Date	Or Revoked
License				•			
License				•			
License				•			
License				•			
MILITARY		Number  CE RECORD		Agency	Date	Date	Or Revoked
MILITARY	ilitary serv	Number  CE RECORD vice performed of		Agency	Date	Date	
MILITARY List below m foreign milita	ilitary serv ary service	CE RECORD vice performed of the control of the cont	on either	Agency  Active Duty or o	on Reserve or N	Date	Or Revoked
MILITARY List below m	ilitary serv	Number  CE RECORD vice performed of	on eithei	Agency  Active Duty or o	Date on Reserve or N	Date	Or Revoked
MILITARY List below m foreign milita	ilitary serv ary service	CE RECORD vice performed of the control of the cont	on either	Agency  Active Duty or o	on Reserve or N	Date	Or Revoked
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MILITARY List below m foreign milita	ilitary serv ary service	CE RECORD vice performed of the control of the cont	Bra Ser	Agency  Active Duty or o	on Reserve or N  Service Ser. No.	Date	Or Revoked  Type of Discharge or Separation
MILITARY List below m foreign milita  From  Have you ev	ilitary serv ary service To	CE RECORD vice performed of the control of the cont	Bra Ser	Agency  Active Duty or o	on Reserve or N  Service Ser. No.	Date	Or Revoked
MILITARY List below m foreign milita  From  Have you ev	rer been de 15, Code	Number  CE RECORD  vice performed of the control of	Bra Ser	Agency  Active Duty or o	on Reserve or N  Service Ser. No.	Date	Or Revoked  Type of Discharge or Separation
MILITARY List below m foreign milita  From  Have you ev	rer been de 15, Code	CE RECORD vice performed of the second secon	Bra Ser	Agency  Active Duty or o	on Reserve or N  Service Ser. No.	lational Guar	Or Revoked  Type of Discharge or Separation
MILITARY List below m foreign milita  From  Have you evunder Article	rer been de 15, Code	Number  CE RECORD  vice performed of the control of	Bra Ser	Agency  Active Duty or	on Reserve or N  Service Ser. No.	lational Guar	Or Revoked  Type of Discharge or Separation
MILITARY List below m foreign milita  From  Have you evunder Article	rer been de 15, Code	Number  CE RECORD  vice performed of the control of	Bra Ser	Agency  Active Duty or	on Reserve or N  Service Ser. No.	lational Guar	Or Revoked  Type of Discharge or Separation

X.

LICENSE AND FIREARM RECORD

					e Service System. If you a Date of registration:	
	n:					
	FINANCIAL STAT					
			esently owe	money (including s	student loans not yet due	for renayment)
	iks, credit cards, mo					iorrepayment)
	d address of person o whom debt is owed	Original Amount	Present Balance	Monthly or Periodic Payment	Purpose of Debt	Date Made
Total amount	t of debt \$	Stude	ent Loan(s)	\$	Mortgage \$	
	income \$		t Card(s)	\$	Other \$	
	er filed for bankrupt	cy? Yes □	_		w:	
					judgement filed against	
CONTROI Answer either on pages 18	LED SUBSTAN er "Yes" or "No" afte through 22, includi	CE / ALCOHer each question	HOL USE on below. Ar uency, treat	n answer of "Yes" t	o any question requires he phrase <b>"ever used</b> "	an explanation
CONTROL Answer eithe on pages 18 includes eve	LED SUBSTAN er "Yes" or "No" afte through 22, includi rything from one (1)	CE / ALCOP er each questing dates, frequency time usage or	HOL USE on below. Ar uency, treat	n answer of "Yes" t	o any question requires he phrase <b>"ever used</b> "	an explanation
CONTROL Answer either on pages 18 includes eve Do you now of	LED SUBSTAN er "Yes" or "No" afte through 22, includir rything from one (1) or have you ever use	CE / ALCOHer each question dates, frequentime usage or discours.	HOL USE on below. And uency, treat occasional	n answer of "Yes" to ment, cure, etc. The usage to frequent o	o any question requires he phrase " <b>ever used</b> " or regular usage.	an explanation
CONTROL Answer either on pages 18 includes eve Do you now on the page of the p	LED SUBSTAN er "Yes" or "No" afte through 22, includir rything from one (1) or have you ever use or ever have you eve	CE / ALCOHer each question dates, frequence usage or dimarijuana?_r used crack ar	HOL USE on below. An uency, treat occasional o	n answer of "Yes" to the ment, cure, etc. To usage to frequent of the mere.	o any question requires he phrase <b>"ever used</b> " or regular usage.	an explanation
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Signature

State of:				
City of:		S.S		
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I,			, being duly s	sworn, do hereby depose and
say that I am thereto which a contained here	appear on pages 18 ein are complete ar	person and that I have comp 3 through 22 following, and that nd correct in every respect. I all appointment or disqualification	leted the foregoing question t I understand the contents. Iso understand that any ma	nnaire, including the additions I further state that the answers terial misrepresentation of fac
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Sworn to before	e me this	day of		20
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DO NOT SIGN	BELOW UNTIL DI	RECTED BY YOUR INVESTIGA	ATING OFFICER:	
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	(If additional space is required, use $8^{1/2}$ " x 11" bond paper and attach to this questionnaire)

The following space is provided for detailed answers to preceding questions. Indicate the question number to which