



Thank you for your interest in seeking an assignment in the Training Bureau. The following are the steps involved in the application process:

1. ***Applicants should save and print a copy of the completed form for your own records.*** Please return the completed application and your last three (3) annual performance evaluations in a seal envelope to the **Training Bureau Personnel Coordinator, One Police Plaza, Room 1106.**
2. You may be scheduled for an interview before a panel of three (3) supervisors assigned to the Training Bureau.
3. A recommendation for your assignment will be made by the Commanding Officer/Section Head responsible for the position being sought. The final determination to request the individual for assignment to the Training Bureau will be made by the Deputy Commissioner of Training.
4. The Police Commissioner makes the final determination on all transfer for assignment, therefore the exact duration of the application process cannot be provided. If however after ninety (90) days of your application submission you have not been notified of eligibility or ineligibility, you may contact the Training Bureau Personnel Coordinator regarding the status of your application.
5. If a determination has been made that you will not be considered for the position being sought, you will be notified in writing within thirty (30) days of such fact. If it is determined that you are otherwise eligible for the position but there is no position vacancy or all positions have been filled, you will be notified of such fact and your entire application folder will be retained for future consideration.
6. Applicants who have been advised they are ineligible for a position may reapply after six (6) months, or such time indicted on the notice of ineligibility.
7. All subsequent requests from the Training Bureau for additional information must be complied with expeditiously.
8. All questions relating to the application process or the status of an application should be directed to the **Training Bureau Personnel Coordinator at (646) 610-4675.**
9. Failure to provide accurate and complete information may disqualify you from consideration for the position being sought.



**TRAINING BUREAU**  
**APPLICATION FOR ASSIGNMENT**

DCTr 001 (09-13)

\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 TAX NUMBER

POSITION / TITLE APPLYING FOR					
RANK		TAX NUMBER		SHIELD NUMBER	
LAST NAME			FIRST NAME		MI
DATE APPOINTED (MM/DD/YYYY)		DATE PROMOTED (MM/DD/YYYY)		COMMAND	
NAME OF IMMEDIATE SUPERVISOR				COMMAND TELEPHONE	
HOME ADDRESS					RESIDENCE PRECINCT
CITY		STATE NY	COUNTY		ZIP CODE
DATE OF BIRTH (MM/DD/YYYY)		HOME TELEPHONE		OTHER TELEPHONE	

**LIST YOUR FIVE MOST RECENT COMMANDS (INDICATE MONTH & YEAR)**

RANK	FROM (MM/YY)	TO (MM/YY)	COMMAND	ASSIGNMENT
		Present		

**MILITARY INFORMATION**

MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	DATES (MM/YY TO MM/YY) to	MILITARY RANK
	BRANCH	DATES (MM/YY TO MM/YY) to	MILITARY RANK

DESCRIPTION OF DUTIES, RESPONSIBILITIES, AND ACCOMPLISHMENTS

RESERVES <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
NATIONAL GUARD <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE





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\_\_\_\_\_  
 LAST NAME

\_\_\_\_\_  
 TAX NUMBER

**DEPARTMENT INFORMATION**

LAST THREE (3) EVALUATIONS	
YEAR	OVERALL EVALUATION
APPLICATIONS TO OTHER UNITS <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH UNITS
PROMOTIONAL LIST <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST NUMBER
OFF-DUTY EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF EMPLOYMENT

DEPARTMENT RECOGNITIONS			
EPD	MPD	COMMENDATION	OTHER

DESCRIBE ANY HIGH PROFILE ARRESTS/INCIDENTS YOU WERE INVOLVED IN

SICK RECORD					
NUMBER OF TIMES SICK FOR CAREER	NUMBER OF TIMES SICK IN PAST TWO (2) YEARS	CHRONIC <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, CATEGORY <input type="checkbox"/> A <input type="checkbox"/> B	RESTRICTED DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO	EXTENDED SICK REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES, EXPLAIN (INCLUDE DATES, RECURRING INJURIES)

LINE OF DUTY INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN (INCLUDE NUMBER OF TIMES)
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CHECK THE APPROPRIATE ANSWER (IF YES, EXPLAIN ON FOLLOWING PAGE)

1. Have you ever been SUSPENDED FROM DUTY?.....  YES    NO
2. Have you ever been placed on MODIFIED ASSIGNMENT? .....  YES    NO
3. Have you ever received CHARGES AND SPECIFICATIONS? .....  YES    NO
4. Have you ever received a SCHEDULE B COMMAND DISCIPLINE in the past three (3) years? .....  YES    NO
5. Have you ever been placed on DISCIPLINARY PROBATION?.....  YES    NO
6. Have you ever been the subject of ANY type of DEPARTMENT MONITORING? .....  YES    NO
7. Are you, at this time, the subject of any investigation?.....  YES    NO
8. Since your appointment to the department, have you ever been arrested? .....  YES    NO
9. Were you a driver in any motor vehicle accident in the past ten (10) years? .....  YES    NO
10. Have you ever been the plaintiff or respondent in civil action? .....  YES    NO
11. Would you be able to change your tour(s) if necessary? .....  YES    NO
12. Would you be able to travel out of the city if necessary? .....  YES    NO
13. Have you ever been the subject of an EEO COMPLAINT? .....  YES    NO



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**APPLICATION FOR ASSIGNMENT**

DCTr 001 (09-13)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
TAX NUMBER

\_\_\_\_\_  
EXPLANATIONS/DETAILS TO ANY **YES** ANSWERS ON THE PROCEEDING PAGE  
\_\_\_\_\_

\_\_\_\_\_  
PLEASE EXPLAIN WHY YOU WOULD BE AN ASSET TO THE TRAINING BUREAU  
\_\_\_\_\_



**TRAINING BUREAU**  
**APPLICATION FOR ASSIGNMENT**

DCTr 001 (09-13)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
TAX NUMBER

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PLEASE READ THE FOLLOWING BEFORE YOU SIGN THIS APPLICATION

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By signing this application, I affirm that the answers I have given are, to the best of my knowledge, true and complete. I understand that any false statements or materials omissions on my part will DISQUALIFY me from further consideration for this position.

\_\_\_\_\_  
RANK / SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)