



**The City of New York
Department of Investigation**
180 Maiden Lane, 16th Floor
New York, NY 10038
(212) 825-5911

Background Investigation Questionnaire

Your Terms and Conditions of Appointment will not be approved unless you provide all information requested and cooperate fully with this background investigation. If you fail to do so, you may incur disciplinary action, including the termination of your employment or removal from your appointment.

Department of Investigation (DOI) background investigations are detailed and thorough; information you provide will be verified during the investigation.

A false statement or intentional omission made in this questionnaire, or in connection with this background investigation, may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

Your completed Background Investigation Questionnaire is not a public document and cannot be obtained through a Freedom of Information Act request. However, upon request your questionnaire may be provided for use in another government agency's background investigation, or for the purposes of administrative action (e.g., internal investigations, disciplinary proceedings) by your agency, the City's Office of Administrative Trials and Hearings, the Conflicts of Interest Board, or others.

DOI recommends that you make a photocopy of this completed questionnaire for your personal records, and for reference in completing any future DOI Background Investigation Questionnaires.

I have read and I understand this information.

Initial and date: _____

For DOI Use Only:

Candidate's Name	_____	Phone Number	_____
Investigator	_____	Review Date	_____
Supervisor	_____	Review Date	_____

DEPARTMENT OF INVESTIGATION BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS

- This questionnaire must be typed, or completed in blue or black ink.
- Every question must be answered completely and accurately.
- Do not leave any question blank. Indicate "N/A" (not applicable) if a question does not apply to you.
- If you need more space to answer a question, use the addendum provided. Check the box at the bottom of the page on which the question appears, and note in the addendum the question and page number.
- This questionnaire is an affidavit. Upon completion, it must be signed and sworn to before a Notary Public or Commissioner of Deeds.

I have read and I understand these instructions. Initial and date: _____

PERSONAL INFORMATION

1.	Full Name	Last Name	First Name	Middle Name	Jr., II, etc.
				<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

2.	Other Names Used	If you have ever used or been known by another name, including a maiden name or alias, provide details below.	<input type="checkbox"/> N/A
	Full Name	Dates Used (Month/Year)	Reason Used
		to	
		to	

3.	Date of Birth	Month	Day	Year

4.	Place of Birth	City	State	Country

5.	Social Security Number	
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6.	Additional Social Security Number	If you have ever used or been issued a Social Security number other than the one listed in response to Question 5, provide details below.	<input type="checkbox"/> N/A
Additional Social Security Number		Dates Used (Month/Year)	Reason Used/Issued
		to	

Authorization to Work in the United States	
7.	<input type="checkbox"/> I am legally authorized to work in the United States. <input type="checkbox"/> I am not legally authorized to work in the United States. Provide details below, including your plan to resolve the matter, and whether your agency has been notified. Include copies of any correspondence you have sent to or received from the United States government in your effort to resolve this matter.
Details	

8.	Contact Information	Enter your e-mail address(es) and phone number(s).
Work E-mail Address		<input type="checkbox"/> N/A
Personal E-mail Address		<input type="checkbox"/> N/A
Primary Work Phone Number <input type="checkbox"/> Desk <input type="checkbox"/> Cell		<input type="checkbox"/> N/A
Secondary Work Phone Number <input type="checkbox"/> Desk <input type="checkbox"/> Cell		<input type="checkbox"/> N/A
Primary Personal Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Secondary Personal Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		<input type="checkbox"/> N/A

Social Media Accounts and Personal Websites

9. Provide the information below for all social media accounts, personal websites, and blogs used or maintained by you or your spouse or domestic partner.

Type of Site	Your Screen Name (e.g., username, profile name, handle)		Spouse or Domestic Partner's Screen Name (e.g., username, profile name, handle)	
Blog	URL:	<input type="checkbox"/> N/A	URL:	<input type="checkbox"/> N/A
Facebook		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Instagram		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
LinkedIn		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Personal Website	URL:	<input type="checkbox"/> N/A	URL:	<input type="checkbox"/> N/A
Reddit		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Snapchat		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Tumblr		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Twitter		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
YouTube		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A
Other (specify)		<input type="checkbox"/> N/A		<input type="checkbox"/> N/A

10. Current Marital Status (Select One)

<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<p>Domestic Partner applies to persons who have a registered domestic partnership pursuant to New York City Administrative Code Section 3-241, or a domestic partnership registered in accordance with New York City Mayoral Executive Order No. 123, dated August 7, 1989, or New York City Mayoral Executive Order No. 48, dated January 7, 1993.</p>
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Spouse or Domestic Partner			
11. If you have a spouse or domestic partner, provide their information below. <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner			<input type="checkbox"/> N/A
Name (Last, First)	Social Security Number	Date of Birth (Month/Day/Year)	Date of Marriage or Registration (Month/Day/Year)
Maiden Name (if applicable):			
Spouse or Domestic Partner's Address <input type="checkbox"/> Same as my current primary residence (if different, provide address below)			
Street Address		City, State, and ZIP Code	
Spouse or Domestic Partner's Employment			
Name and Address of Business or Employer		Job Title	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/> N/A	

Former Spouse or Domestic Partner		
12. If you have been legally separated, divorced, or widowed, or have a terminated domestic partnership, provide details below. Include a copy of your separation agreement, divorce decree, or termination statement with your background paperwork.		<input type="checkbox"/> N/A
<input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Terminated Domestic Partnership		
Spouse or Domestic Partner's Name (Last, First)	Date of Birth (Month/Day/Year)	Date of Action or Death (Month/Day/Year)

Family Members

- 13.** List all of the following **living** family members: mother and father (including step), brothers and sisters (including half and step), children (including step), and dependents. For each family member, check all boxes that apply. Use the addendum to list additional family members.

If you indicate "Identity Unknown," leave the remaining details for that person blank.

Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Parent	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Child	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Child	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Child	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Stepson <input type="checkbox"/> Stepdaughter <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Sibling	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Stepbrother <input type="checkbox"/> Stepsister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Sibling	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Stepbrother <input type="checkbox"/> Stepsister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Sibling	<input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Stepbrother <input type="checkbox"/> Stepsister <input type="checkbox"/> Half-brother <input type="checkbox"/> Half-sister <input type="checkbox"/> Identity Unknown <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

Dependent	Relationship to you: _____ <input type="checkbox"/> N/A		
Name (Last, First)	Date of Birth	Street Address	City, State, and ZIP Code

☐ Check here if additional information is provided in the addendum.

Family Members Employed by the City of New York
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14. Provide details below if any person listed in response to Question 13 is **employed by the City of New York** (or any of its agencies), or is **employed as a director, officer, principal, or partner of any organization** (non-City entity) **that does business with the City of New York** (or any of its agencies).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

☐ **N/A**

Full Name (Last, First) and Relationship to You	City Agency or Non-City Entity	Title/Position

RESIDENCE INFORMATION

If the position for which you are being investigated requires New York City residency, you must comply with such requirement within the time period established for your agency.

Residence History

- 15.** Starting with your current primary address and working backward, list the full address of every place you have resided during the past **10 years**.

For purposes of this question, **reside** means living or having lived in such residence on a regular and consistent basis by staying or having stayed in such residence for a total of at least 30 nights (consecutive or nonconsecutive) in a calendar year.

Dates (Month/Year)	Street Address	City, State, and ZIP Code
to Present		
to		
to		
to		
to		
to		
to		

Time Spent Outside New York State

- 16.** List each period of time (if not already listed in response to Question 15) you have lived somewhere other than New York State for three months or more **since the age of 18**. If you were attending school during that time, include the name of the institution.

☐ N/A

Dates (Month/Year)	City, State (and School)
to	
to	
to	
to	

17.	Mailing Address	List your mailing address if different from your current primary residence listed in response to Question 15.	<input type="checkbox"/> N/A
Street Address or P.O. Box		City, State, and ZIP Code	Began Using (Month/Year)
			Reason Used

18.	Voter Registration Address	<input type="checkbox"/> Same as Primary Residence <input type="checkbox"/> Not Registered	
Street		City, State, and ZIP Code	County

Owner of Current Primary Residence		
<p>19. Provide the name of the owner of your current primary residence and indicate whether the owner is employed by the City of New York (or any of its agencies), or does business with the City of New York (or any of its agencies), provide details below.</p> <p>Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.</p>		
Name of Owner(s)	Relationship to You (e.g., self, spouse or domestic partner, landlord, parents)	City Agency and Job Title, or Nature of Involvement with City
		<input type="checkbox"/> N/A
Select One: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		
If you selected "Other," provide the details of your living arrangement and your relationship to the property owner:		

Additional Property

- 20.** List any **other property** owned or rented by you or your spouse or domestic partner, or any property at which you reside, other than your current primary residence (e.g., property that generates rental income, vacation home, the residence of a family member or significant other).

☐ **N/A**

For purposes of this question, **reside** means living or having lived in such residence on a regular and consistent basis by staying or having stayed in such residence for a total of at least 30 nights (consecutive or nonconsecutive) in a calendar year.

Property Address	Name of Owner and Your Relationship to Them	Amount of Time Spent There (e.g., three nights per week, weekends, holidays)

Property Violations

- 21.** For all properties owned by you or your spouse or domestic partner, provide details of any **outstanding** violations issued by a government entity, including but not limited to building, environmental, sanitation, and fire departments.

☐ **N/A**

Property Address	Date Issued (Month/Year)	Issuing Entity and Violation/Summons Number	Violation Details

PROPERTY RECORD

Residents and Tenants

22. List every person, **whether related to you or not**, who has resided at any time in the **past 12 months** in **your current primary residence**, or in **any other property** owned or rented by **you or your spouse or domestic partner**.

Include your spouse or domestic partner and children, even if you have already listed them in response to other questions.

For purposes of this question, **reside** means living or having lived in such residence on a regular and consistent basis by staying or having stayed in such residence for a total of at least 30 nights (consecutive or nonconsecutive) in a calendar year.

☐ N/A

Full Name (Last, First)	Relationship (e.g., spouse, child, tenant, friend)	Property Address	Dates of Residence in the Past 12 Months (Month/Year)
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to
		<div style="border: 1px solid black; height: 30px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Same as my primary residence</div>	to

Residents and Tenants Employed by the City of New York

23. Provide details below if any person listed in response to Question 22 is **employed by the City of New York, does business with the City of New York** (or any of its agencies), or **is employed as a director, officer, principal, or partner of any organization that does business with the City of New York** (or any of its agencies).

Do not include any person whom you have already listed in response to Question 14.

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

☐ N/A

Full Name (Last, First)	City Agency and Job Title, or Nature of Involvement with City	Annual Rent	
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A
			<input type="checkbox"/> N/A

DRIVING AND VEHICLE RECORD

Driver's Licenses and Permits

24. List all valid driver's licenses or permits issued to you.

☐ N/A

Name on License or Permit	License or Permit Number	Address (City, State, and ZIP Code)	Issuing Entity (e.g., New York State Department of Motor Vehicles)

Pursuant to New York State Vehicle Traffic Law § 250, you may possess only one U.S. driver's license at a time, and within 30 days of becoming a New York State resident, you must surrender your out-of-state driver's license.

Driver's License Records

25. If a driver's license issued to you has been revoked or suspended within the past **10 years**, provide details below.

☐ **N/A**

Date of Revocation or Suspension (Month/Year)	State Where License Was Issued	State Where License Was Revoked or Suspended	Reason or Basis for Revocation or Suspension	Date of Reinstatement (Month/Year) or Current Status

Registered Vehicles

26. List all vehicles, including but not limited to cars, trucks, vans, motorcycles, and recreational vehicles (e.g., mopeds, ATVs, boats), registered to or leased by you or your spouse or domestic partner, or in the name of a business in which you or your spouse or domestic partner has an ownership interest.

☐ **N/A**

Name on Registration	Address on Registration	License Plate Number	Make and Model	Vehicle Type

Pursuant to New York State Vehicle Traffic Law § 250, within 30 days of becoming a New York State resident, you must obtain a New York State registration for vehicle(s) maintained within the State.

Parking Violations

27. List any **outstanding** summonses for parking violations in this or any other jurisdiction.

☐ N/A

Date Issued (Month/Year)	City, State Where Issued	Violation or Charge	License Plate Number

Traffic Infractions

28. List any **outstanding** summonses or citations for violations of traffic regulations or laws in this or any other jurisdiction.

☐ N/A

Date Issued (Month/Year)	City, State Where Issued	Violation or Charge

FIREARM LICENSE/PERMIT RECORD**Firearm Licenses or Permits**

29. If you have a license or permit to possess or carry a firearm, provide details below.

Include a copy of the front and back of your license or permit with your background paperwork.

☐ N/A

Issuing Body	License/Permit Number and Type	Date Issued (Month/Year)	Expiration Date (Month/Year)

Firearm License or Permit Records

30. If you have ever had a license or permit to possess or carry a firearm revoked or suspended, or if you have ever had an application for a license or permit to possess or carry a firearm denied, or if you have ever had a firearm confiscated, provide details below.

☐ N/A

Include copies of documentation or correspondence from the licensing authority or confiscating agency with your background paperwork.

Licensing Authority or Confiscating Agency	Action (e.g., suspended, confiscated)	Date of Action (Month/Year)	Reason	Status

Firearms

31. List all firearms you own or possess, or to which you have access.

☐ N/A

Make, Model, and Type (e.g., Glock 19 handgun)	Owner (e.g., self, employer, friend)	Location of Firearm (Property Address)	Method of Safeguarding (for firearms you own or possess)	
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A
				<input type="checkbox"/> N/A

ACADEMIC AND LICENSING RECORD

Academic Degrees

32. List all high schools, technical schools, colleges, universities, graduate schools, and professional schools you have attended. **If you have received a High School Equivalency Diploma, provide details in Question 33.**

If you have received a degree from a foreign educational institution, include with your background paperwork a copy of the degree, a certified translation, and an evaluation from a foreign education evaluation service that has been approved by the City's Department of Citywide Administrative Services.

☐ N/A

Name of Institution	Location City, State, and Country	Dates Attended (Month/Year)	Type of Degree	Date Awarded (Month/Year)	
		to			<input type="checkbox"/> N/A
		to			<input type="checkbox"/> N/A
		to			<input type="checkbox"/> N/A
		to			<input type="checkbox"/> N/A
		to			<input type="checkbox"/> N/A
		to			<input type="checkbox"/> N/A

High School Equivalency Diploma

33. If you have received a High School Equivalency Diploma, also known as a General Equivalency Diploma (GED) or Test Assessing Secondary Completion, provide details below.

If you took the High School Equivalency Test or Test Assessing Secondary Completion in New York State before 1982, include a copy of your diploma with your background paperwork.

☐ N/A

Name of Accrediting Body or Institution (e.g., New York State Education Department)	Location of Test (City, State)	Date Awarded (Month/Year)

Professional Licenses

34. List all professional licenses that have ever been issued to you (e.g., architect, attorney, certified public accountant, engineer, medical doctor, notary public, nurse, physician's assistant, real estate salesperson, security guard, social worker, teacher).

☐ N/A

Type of License	Issuing Entity	Identification Number	Date Issued (Month/Year)	Expiration Date (Month/Year)

Professional License Records

35. Provide details below if any of the following have occurred in connection with a professional license issued to you:

- You have surrendered or been required to surrender a license.
- You have been disciplined (e.g., censured, fined, penalized, placed on probation, reprimanded, suspended).
- You have had a license canceled, denied, suspended, or revoked.
- You are the subject of any current investigations or pending charges.

☐ N/A

Include copies of documentation or correspondence from the licensing authority with your background paperwork.

Type of License	Date of Action (Month/Year)	Type of Action	Reason for Action	Disposition

EMPLOYMENT

Employment History

36. Provide your employment history, starting with your current position (**Employment #1**). Go back **10 years** (but not prior to your 18th birthday). **Include a copy of your resume or curriculum vitae with your background paperwork; however, you must also provide your employment history below.**

- Include **all** employment with the City of New York (not just within the past 10 years).
- Include self-employment, freelance work, military service, internships (paid or unpaid), and each period of unemployment for three or more months.
- If you were employed as a **consultant** or **temporary worker**, list the name of the consulting firm or staffing agency under "Name of employer." If you were placed at a City agency, add the name of the agency as follows: "Name of staffing company (name of City agency)."
- **If you were self-employed**, state the business conducted. Include with your background paperwork proof of income for the most recent **five years**, or less, as applicable (e.g., Form W-2, Form 1099, Form 1040 Schedule C, Form 1065 Schedule K-1).
- **If you were unemployed** for three or more months, state how you were financially supported during that time (e.g., family support, public assistance, savings, severance pay, student loans, unemployment insurance).

Employment #1 (current or most recent position)

Employment #1 (current or most recent position)		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

☐ Check here if additional information is provided in the addendum.

Employment #2 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #3 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #4 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #5 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #6			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	
Your most recent title			
Supervisor's name and title			
Supervisor's phone number			
Supervisor's e-mail address			
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Type of separation (e.g., voluntary resignation, termination, layoff)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Employment #7			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	
Your most recent title			
Supervisor's name and title			
Supervisor's phone number			
Supervisor's e-mail address			
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Type of separation (e.g., voluntary resignation, termination, layoff)			
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)			

Employment #8 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #9 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #10 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment #11 <input type="checkbox"/> N/A		
Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From:	To:
Your most recent title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Compensation and Status	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Type of separation (e.g., voluntary resignation, termination, layoff)		
<input type="checkbox"/> Unemployed (if unemployed, state your source of financial support)		

Employment Records

37. Provide details below if any of the following ever occurred during your employment history, including internships (whether paid or unpaid).

- You were disciplined in **any** manner (for example: demoted, fined, penalized, reprimanded, suspended), for **any** type of misconduct (for example: absence/lateness issues, violations of internal policies, or violations of Equal Employment Opportunity policies, including sexual harassment).
- You were laid off.
- You were terminated.
- You were asked to resign.
- You resigned to avoid being fired or disciplined, or after being told that you would be fired or disciplined.
- You resigned while aware that there was an allegation of misconduct pending against you (including but not limited to the examples of workplace misconduct listed above).
- You separated by mutual agreement following allegations of unsatisfactory performance.

☐ **N/A**

You must provide details of any of these types of events whether or not your former employer would disclose the information, and without regard to any non-disclosure or non-disparagement agreement that might prevent the employer from disclosing the information.

Employment Record #1

Name of employer		
Street address		
City, State, and ZIP Code		
Dates of employment (month/year)	From: To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your title		
Supervisor's name and title		
Supervisor's phone number		
Supervisor's e-mail address		
Date of action (month/year)		
Description of what occurred		
Outcome		

Employment Record #2			<input type="checkbox"/> N/A
Name of employer			
Street address			
City, State, and ZIP Code			
Dates of employment (month/year)	From:	To:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Your title			
Supervisor's name and title			
Supervisor's phone number			
Supervisor's e-mail address			
Date of action (month/year)			
Description of what occurred			
Outcome			

Investigations for Government Positions			
38. If you have ever been investigated for a position (e.g., employment, board or commission appointment, consulting and/or temporary position, internship, fellowship) with a government agency, including DOI, provide details below.			<input type="checkbox"/> N/A
Date Initiated (Month/Year)	Agency Name	Position for Which You Were Investigated	Outcome or Status of Investigation

Government or Civil Service Employment Records

39. If you have **ever** been disqualified or barred from appointment to a position with a government agency, or if you have **ever** been disqualified for employment in a civil service position, provide details below.

☐ N/A

Include a copy of the agency's findings with your background paperwork.

Date of Action (Month/Year)	Agency Name	Position	Reason for Disqualification or Debarment

MILITARY SERVICE RECORD**Military Service History**

40. Provide details below if you serve, or have served, in any branch of the U.S. military (e.g., Air Force, Army, Coast Guard, Marine Corps, Navy, Space Force, National Guard).

☐ N/A

Include with your background paperwork a copy of your unedited or undeleted military discharge document (e.g., DD Form 214, DD Form 256, NGB Form 22).

Branch of Service	Dates of Service (Month/Year)	Type of Discharge (if you did not receive an Honorable Discharge, explain the circumstances)
	to	

Military Service Records

41. For the military service listed in response to Question 40, provide details below if you have **ever** been subject to administrative corrective measures (e.g., reprimand, censure, administrative withholding of privileges) or nonjudicial punishment (Captain's or Admiral's Mast, Office Hours, Article 15, etc.), or found guilty or convicted by court-martial, under the Uniform Code of Military Justice.

☐ N/A

Date of Action (Month/Year)	Description of What Occurred	Outcome

COURT, INVESTIGATIVE, AND GOVERNMENT RECORD

Select one of the following then proceed to the appropriate question number:

☐ I am a **peace officer**. If this applies to you, proceed to **Question 42**.

☐ I am a **police officer**. If this applies to you, proceed to **Question 42**.

☐ I am being appointed to a position with one of the **law enforcement** agencies listed below, and I am **not** a peace officer or police officer. If this applies to you, proceed to **Question 43**.

☐ I am **not** being appointed to a position with one of the law enforcement agencies listed below, and I am **not** a peace officer or police officer. If this applies to you, proceed to **Question 44**.

New York City Law Enforcement Agencies

- Board of Correction
- Business Integrity Commission
- Civilian Complaint Review Board
- Commission to Combat Police Corruption
- Department of Correction
- Department of Investigation
- Department of Probation
- Mayor's Office of Criminal Justice
- Police Department

Court Record (Peace Officer/Police Officer)

42. Complete this section **only** if you are a peace officer or police officer.

Instructions:

- Disclose all offenses, including violations, misdemeanors, and felonies, or similar offenses in other states, for which you have been convicted in any jurisdiction.
- Disclose all summonses (other than traffic summonses), desk appearance tickets (DATs), arrests, and indictments.
- Disclose all criminal proceedings that were terminated in your favor (e.g., declined to prosecute; dismissal or acquittal of charges).
- Disclose all matters that resulted in an adjournment in contemplation of dismissal.
- Disclose material that may have been sealed, set aside under federal or state law, as well as youthful offender adjudications.
- Disclose all Uniform Code of Military Justice offenses for which you were charged.
- **Do not** disclose any charge for the possession of 25 grams or less of marihuana that occurred prior to August 28, 2019.
- **Do not** disclose dispositions from family court.

A guilty plea, guilty verdict, or plea of nolo contendere is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities.

Include an original Certificate(s) of Disposition with your background paperwork, along with any Certificate(s) of Relief from Disabilities.

☐ **N/A (After reading the instructions above, I have no information to disclose.)**

Date of Charge (Month/Year)	Date of Conviction (Month/Year)	Disposition
	<input type="checkbox"/> Not convicted	
	<input type="checkbox"/> Not convicted	
	<input type="checkbox"/> Not convicted	

☐ Check here if additional information is provided in the addendum.

Court Record (Law Enforcement Agency)

43. Complete this section **only** if you are being appointed to a position with one of the law enforcement agencies listed on page 28.

Instructions:

- Disclose all offenses, including violations, misdemeanors, and felonies, or similar offenses in other states, for which you have been convicted in any jurisdiction.
- Disclose material that may have been sealed, set aside under federal or state law, as well as youthful offender adjudications.
- **Do not** disclose any charge for the possession of 25 grams or less of marihuana that occurred prior to August 28, 2019.
- **Do not** disclose dispositions from family court.

A guilty plea, guilty verdict, or plea of nolo contendere is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities.

Include an original Certificate(s) of Disposition with your background paperwork, along with any Certificate(s) of Relief from Disabilities.

☐ **N/A (After reading the instructions above, I have no convictions to disclose.)**

Date of Charge (Month/Year)	Date of Conviction (Month/Year)	Disposition

Court Record (Other Agency)

44. Complete this section **only** if you are you are **not** a peace officer or police officer, and you are **not** being appointed to a position with one of the law enforcement agencies listed on page 28.

Instructions:

- Disclose all misdemeanor or felony convictions (or similar offenses in other states) in any jurisdiction.
- Disclose all convictions for the following violations: driving while ability is impaired, and loitering for the purpose of engaging in prostitution, or equivalent convictions in other states.
- **Do not** disclose any charge for the possession of 25 grams or less of marihuana that occurred prior to August 28, 2019.
- **Do not** disclose dispositions from family court.
- **Do not** disclose youthful offender adjudications. You are not considered a youthful offender simply because of your age at the time of the offense; only a specific court finding determines youthful offender status. If you are unsure whether you were determined to be a youthful offender, review your records or contact the court.
- **Do not** disclose convictions that have been sealed, expunged, or set aside under federal or state law.

A guilty plea, guilty verdict, or plea of *nolo contendere* is a conviction even if, upon sentencing, you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged, or received a Certificate of Relief from Disabilities.

Include an original Certificate(s) of Disposition with your background paperwork, along with any Certificate(s) of Relief from Disabilities.

☐ **N/A (After reading the instructions above, I have no convictions to disclose.)**

Date of Charge (Month/Year)	Date of Conviction (Month/Year)	Disposition

Probation, Parole, or Supervised Release**45.** If you are on probation, parole, or supervised release, provide details below.☐ **N/A**

Start Date (Month/Year)	Anticipated End Date (Month/Year)	Supervising Authority and Type (Probation, Parole, Supervised Release)	Terms of Probation, Parole, or Supervised Release

Orders of Protection**46.** Provide details of any order of protection that has **ever** been entered against you.
Include a copy of the order(s) of protection with your background paperwork.☐ **N/A**

Court name and location	
Provide the specific directions in the order of protection (e.g., follow custody orders, pay child support, stay away from spouse and children, not have a gun)	
Name of the protected person(s) and your relationship to them	
Date issued (month/year)	
Date of expiration (month/year)	

Bond or Surety**47.** Provide details below if you have **ever** been refused or denied a cash bond or surety bond (e.g., bail bond, business surety bond, public official bond), or if you have **ever** had a bond revoked or suspended.☐ **N/A**

Bond/Surety Issuer Name and Address	Date of Action (Month/Year)	Reason Refused, Denied, Revoked, or Suspended

Pending Matters

48. Provide details of any summonses (other than traffic summonses), desk appearance tickets (DATs), arrests, or indictments that are **pending** against you.

☐ **N/A**

Date of Charge (Month/Year)	Description of the Specific Nature of the Offense(s)	Court Name and Address

Active Investigations

49. Provide details below if you have been informed, or have reason to believe, that you **are currently** under investigation by a federal, state, or local prosecutor, or legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury. This **does not include background investigations** conducted by DOI or another government agency.

☐ **N/A**

Date (Month/Year)	Government Agency or Court	Matter Involved

Government Inquiries

50. Provide details below if you have **ever** been subpoenaed, called as a witness, questioned or interviewed, or have been asked to provide testimony or documents before a federal, state, or local prosecutor or court; a legislative, civil, regulatory, or criminal investigative body (including DOI and its Inspectors General); or grand jury. **Do not include matters for which you testified as part of your official employment duties.**

☐ **N/A**

Date (Month/Year)	Government Agency or Court	Matter Involved	Your Role

If you were granted immunity in any form, or you entered into a consent decree, in any of the above matter(s), please explain below:

Privilege/Contempt

51. Provide details below if you have **ever** asserted the Fifth Amendment privilege against self-incrimination or refused to testify before a federal, state, or local prosecutor or court, a legislative, civil, or criminal investigative body (including DOI and its Inspectors General), or grand jury, or if you have been cited for contempt of a court, or legislative, civil, or criminal investigative body, or grand jury.

☐ **N/A**

Date (Month/Year)	Government Agency or Court	Matter Involved

Criminal Proceedings

52. Provide details below if you have **ever** been named or referred to (including as an unindicted co-conspirator) in an indictment or other accusatory instrument, or if you have **ever** been named in, or were the subject of, a search warrant or court-ordered electronic surveillance.

☐ **N/A**

Date (Month/Year)	Court (Name and Location)	Details

Criminal Associations

53. If you have **ever knowingly** associated with a person, including a family member, known or reputed to be a member or associate of an organized crime or terrorist group, provide details below.

☐ **N/A**

Do not include associations occurring during the performance of your official employment duties.

Name of Person	Name of Organized Crime or Terrorist Group	Relationship	Dates of Relationship (Month/Year)
			to
			to
			to

Civil Litigation and Lawsuits

54. If you have been involved as a plaintiff, defendant, or respondent in any civil litigation or lawsuit commenced within the past **10 years**, provide details below. **Do not include bankruptcies or financial judgments.**

☐ **N/A**

Title of Action and Date Commenced (Month/Year)	Government Agency or Court	Matter Involved	Your Role	Outcome or Status

Administrative Proceedings

55. If you have been involved as a party to, or have been the subject of, an administrative proceeding (e.g., disciplinary proceeding, censure, Conflicts of Interest Board enforcement action) commenced within the past **10 years**, provide details below.

☐ N/A

Do not include any Equal Employment Opportunity matters that were unsubstantiated, or in which you were the complainant.

Disposition (Month/Year)	Name of Government Agency or Company	Matter Involved	Outcome or Status	Fine or Penalty Issued Against You
				<input type="checkbox"/> No fine/penalty
				<input type="checkbox"/> No fine/penalty

Government Benefits

56. Provide details below if you have **ever** been informed of an overpayment of, or if you have been requested or required to repay, a federal, state, or local government-issued benefit or payment (e.g., public assistance, food stamps, unemployment insurance, workers' compensation, Medicaid, Social Security, public pension, public housing/Section 8 rent subsidy).

☐ N/A

Benefit-Issuing Entity	Date of Overpayment (Month/Year)	Date of Notification of Overpayment (Month/Year)	Reason for Overpayment	Status
				<input type="checkbox"/> Satisfied <input type="checkbox"/> Outstanding
				<input type="checkbox"/> Satisfied <input type="checkbox"/> Outstanding

INCOME AND TAX FILING RECORD

Income Earned (New York State)

57. List the total annual income you earned in New York State for each of the past five years. (For the "Tax Year," refer to the five years listed on the Federal and State Tax Release forms included with your background investigation paperwork.) Include income from all sources (e.g., employment; self-employment, including freelance, consulting, and temporary work; paid internships/fellowships; rental income).	<input type="checkbox"/> N/A												
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; padding: 5px;">Tax Year</th> <th style="padding: 5px;">Total Annual Income Earned in New York State</th> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> </table>	Tax Year	Total Annual Income Earned in New York State	20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	
Tax Year	Total Annual Income Earned in New York State												
20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000												
20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000												
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20____	<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000												

Income Earned (Other States)

58. List the total annual income you earned in any other state(s) for the past five years. (For the "Tax Year," refer to the five years listed on the Federal and State Tax Release forms included with your background investigation paperwork.) Include income from all sources (e.g., employment; self-employment, including freelance, consulting, and temporary work; paid internships/fellowships; rental income). If you earned income in more than one state in a tax year, use a separate row for each state. Use the addendum to list additional states.	<input type="checkbox"/> N/A																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; padding: 5px;">Tax Year</th> <th style="width: 10%; padding: 5px;">State</th> <th style="padding: 5px;">Total Annual Income Earned</th> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> <tr> <td style="padding: 5px;">20____</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000 </td> </tr> </table>	Tax Year	State	Total Annual Income Earned	20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000	
Tax Year	State	Total Annual Income Earned																	
20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000																	
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20____		<input type="checkbox"/> No income <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000–\$50,000 <input type="checkbox"/> More than \$50,000																	

Federal and State Tax Returns

59. Refer to the five years listed on the Federal and State Tax Release forms included with your background investigation paperwork. For these five years, have you filed your federal and state income tax returns by the due date, or within a properly obtained extension period?

☐ **Yes (proceed to Question 61)**

☐ **No (proceed to Question 60)**

Federal and State Tax Returns (Late and Non-Filing Information)

60. If you answered "No" to Question 59, complete the chart below. Use the addendum if needed. **This information is required only for the years you did not file your federal or state income tax return(s) by the due date, or within a properly obtained extension period.** If you did not file, or were not required to file, because you were a dependent or were unemployed, or because you earned less than the amount required for filing, state this in the "Reason for late or non-filing" section.

☐ **N/A**

Tax Return Year	State(s) in Which You Resided	State(s) in Which You Worked	Tax Returns (Federal, State, or Both)	Late Filing Date of Federal Return (Month/Year)	Late Filing Date of State Return (Month/Year)
20____					

Reason for late or non-filing for the tax year listed above:

Tax Return Year	State(s) in Which You Resided	State(s) in Which You Worked	Tax Returns (Federal, State, or Both)	Late Filing Date of Federal Return (Month/Year)	Late Filing Date of State Return (Month/Year)
20____					

Reason for late or non-filing for the tax year listed above:

Tax Return Year	State(s) in Which You Resided	State(s) in Which You Worked	Tax Returns (Federal, State, or Both)	Late Filing Date of Federal Return (Month/Year)	Late Filing Date of State Return (Month/Year)
20____					

Reason for late or non-filing for the tax year listed above:

Filing Instructions and Documentation to Satisfy the Non-Filing of Tax Returns

For any of the past **five years**, if you were **required** to file federal and/or state income tax returns and have not done so by the due date, or within a properly obtained extension period, **you are required to file such returns promptly as instructed below.**

Federal Income Tax Returns: Your federal returns can be filed electronically or submitted in person at a local Internal Revenue Service (IRS) office (check IRS.gov for locations). If you file electronically, provide DOI with a copy of the first page and signature page of the returns and a filing confirmation receipt. If you submit your returns in person, provide DOI with a copy of the first page and signature page of the returns stamped as received by the IRS.

New York State Income Tax Returns: Your New York State returns can be filed electronically or by mail. Provide DOI with a copy of the first page and signature page of the returns, along with an electronic filing confirmation receipt, or an official receipt from the United States Postal Service or an authorized shipping agent.

Other State Income Tax Returns: If you have not filed your income tax returns for any other state by the due date, or within a properly obtained extension period, file such returns in accordance with the state's filing guidelines. Provide DOI with a copy of the first page and signature page of the returns, along with an electronic filing confirmation receipt, or an official receipt from the United States Postal Service or an authorized shipping agent.

Non-Resident Employees of the City of New York

61. As a condition of City employment, most employees who were hired by the City on or after **January 4, 1973**, and who **live outside of the City**, must file Form NYC-1127 (pursuant to Section 1127 of the City Charter). This form calculates an amount equal to a personal income tax on City residents, as if you were a resident of the City. If you have not filed Form NYC-1127, and are unsure whether you are required to do so, check with your agency's Human Resources Department.

☐ **N/A**

For all years you were **required to file** Form NYC-1127 and you did not file or make the required payment(s), provide details below.

Tax Year	Reason for Non-Filing
20____	
20____	
20____	

OUTSIDE ACTIVITIES

Pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles, and management employees in mayoral agencies serving provisionally in competitive titles, are not permitted to expend time or otherwise engage in any private employment, profession, business, or other activity from which compensation, direct or indirect, is derived, and are not permitted to serve as directors or officers of any corporation or institution, except upon a specific determination by the New York City Conflicts of Interest Board that such activity is not prohibited by Chapter 68 of the New York City Charter.

Details of Your Outside Activities

62. Provide details below if, upon your employment with or appointment to the City of New York, you intend to:

- **serve** as a director, officer, principal, or partner of any for-profit, not-for-profit, or charitable corporation, institution, or other entity;
- **engage** in any other employment, profession, business, or other activity from which compensation, direct or indirect, will be derived, or from which you will receive honoraria or royalties; and/or
- engage in any **volunteer activity** (whether paid or unpaid) with a charitable, civic, or community organization (do not include appointments to New York City boards or commissions in this question).

☐ **N/A**

Name of Organization/Business	Your Position and Job Description	Expected Annual Compensation	Time to be Expended (e.g., 10 hours per month, one semester per academic year)

If you intend to participate in any of the activities described in response to Question 62 during your employment with or appointment to the City of New York, you must follow the guidelines for outside activities established by your agency, board, or commission and, when necessary, must seek advice from the City's Conflicts of Interest Board.

Business Relationships with the City of New York

63. Provide details below if any organization or business listed in response to Question 62 does business with the City of New York (or any of its agencies).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

☐ **N/A**

Name of Organization/Business	Nature of Involvement with the City

APPOINTMENTS TO GOVERNMENT BOARDS AND COMMISSIONS**Boards and Commissions**

64. If you serve or have served on a government board or commission, provide details below.

☐ **N/A**

Name of Board or Commission and Location (City, State)	Your Position	Term of Appointment (Month/Year)
		to
		to

Resignation or Removal

65. If you have **ever** resigned or been removed from a government board or commission listed in response to Question 64, provide details below.

☐ **N/A**

Name of Board or Commission and Location (City, State)	Resignation or Removal (Month/Year)	Reason

If you intend to serve on a government board or commission during your employment with or appointment to the City of New York, you must follow the guidelines for such activities established by your agency, board, or commission and, when necessary, must seek advice from the City's Conflicts of Interest Board.

ORGANIZATIONAL AFFILIATIONS

Organizations

66. Within the past 10 years, if you have been a director, officer, principal, partner, or trustee of an organization, or have served in a management capacity for an organization, provide details below, then answer Questions 67 through 74.

☐ N/A (Proceed to Question 75)

For this question, do not provide details of any government employment for which you serve or have served as a manager, director, or officer.

Organization means any firm, company, corporation, union, partnership, joint venture, or other business entity, including not-for-profit and charitable entities.

Doing business with the City of New York includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

Organization #1

Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Organization #2		<input type="checkbox"/> N/A
Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Organization #3		<input type="checkbox"/> N/A
Name of organization		
Address of organization		
City, State, and ZIP Code		
Organization's website		
Dates involved with organization (month/year)	From:	To:
Type of business conducted by organization		
Your position and/or ownership interest		
Description of your duties		
During your involvement with the organization, did it do business with or receive money from the City of New York (or any of its agencies)? If yes, state the City agency, the type of business dealings, and your involvement, if any.		<input type="checkbox"/> N/A

Investigation and Litigation History of the Organization(s)

67. Provide details below if you know or believe that any organization listed **in response to Question 66** is, or has been, the subject of an investigation or a party to litigation **concerning activities that occurred during your time with that organization (but no more than 10 years ago)**. This includes investigations or litigation conducted by a federal, state, or local prosecutor, or a legislative, civil, or criminal investigative body (including DOI and its Inspectors General).

☐ N/A

Name of Organization	Government Agency or Court Conducting Inquiry	Date of Inquiry (Month/Year)	Subject Matter and Your Involvement	Outcome or Status

City of New York Litigation Involving the Organization(s)

68. Provide details below if any organization listed **in response to Question 66** has been a plaintiff, defendant, or respondent in litigation involving the City of New York (or any of its agencies) **during your time with that organization (but no more than 10 years ago)**.

☐ N/A

Name of Organization	Date of Action (Month/Year)	City Agency	Subject Matter and Your Involvement	Outcome or Status

City of New York Administrative Proceedings Against the Organization(s)

69. Provide details below if any organization listed **in response to Question 66** has been a party to, or has been the subject of, an administrative proceeding involving the City of New York (or any of its agencies) **during your time with that organization (but no more than 10 years ago)**.

☐ N/A

Name of Organization	Date of Action (Month/Year)	City Agency	Subject Matter and Your Involvement	Outcome or Status

Government Agency Action Against the Organization(s)

70. Provide details below if any organization listed **in response to Question 66** has been suspended, debarred, disqualified, or found not responsible, or has had a prequalification denied or revoked, or has otherwise been declared ineligible to bid on a contract, by any government agency, including the City of New York (or any of its agencies), **during your time with that organization (but no more than 10 years ago)**.

☐ N/A

Name of Organization	Date of Action (Month/Year)	Government Agency Involved	Action Taken	Reason for Action

Bankruptcy Filings by the Organization(s)

71. Provide details below if any organization listed in response to Question 66 filed for bankruptcy, or was the subject of a bankruptcy or reorganization proceeding, during your time with that organization (but no more than 10 years ago).

☐ N/A

Petition Filed by	Court	Filed (Month/Year)	Discharged (Month/Year)	Total Debt Discharged	Basis for Filing

Failure of the Organization(s) to File Tax Returns

72. Provide details below if any organization listed in response to Question 66 failed to file all required federal, state, and local business tax returns, or failed to file by the due date or within a properly obtained extension period, during your time with that organization (but no more than 10 years ago).

☐ N/A

Name of Organization	Tax Year(s)	Type of Tax Return and Name of Tax Authority	Reason(s) for the Late or Non-Filing	Outcome or Status

Tax Judgments or Liens Against the Organization(s)

73. If any organization listed in response to Question 66 has tax judgments and/or liens that have not been satisfied, or owes money to a tax authority, and these debts were incurred **during your time with that organization (but no more than 10 years ago)**, provide details below.

☐ N/A

Name of Organization	Tax Authority	Tax Year(s)	Date of Judgment or Lien (Month/Year)	Amount	Status (e.g., payment plan)
				Original	
				Outstanding	
				Original	
				Outstanding	
				Original	
				Outstanding	

Tax Audits of the Organization(s)

74. Provide details below if any tax return filed by an organization listed in response to Question 66 has been the subject of an audit by a tax authority **during your time with that organization (but no more than 10 years ago)**.

☐ N/A

Include a copy of the tax authority's findings with your background paperwork.

Name of Organization	Tax Year(s)	Tax Authority Conducting Audit	Findings of Audit (Interest and Penalties Assessed and/or Paid)	Outcome or Status

POLITICAL PARTY POSITIONS

Pursuant to Personnel Order No. 88/5, management employees in mayoral agencies serving in unclassified, exempt, or non-competitive titles, or serving provisionally in competitive titles, are not permitted to serve as officers of any political party or political organization or as members of any political party committee, including political party district leader (however designated). In addition, a deputy mayor, agency head, or other public servant charged with substantial policy discretion may not be a member of the national or state committee of a political party, and may not serve as an assembly district leader of a political party, or serve as the chair or as an officer of the county committee or county executive committee of a political party. See City Charter Section 2604(b)(15).

Details of Your Political Party Positions

75. Provide details below if you are a member, officer, or chair of a political party committee, or if you are an officer or leader of a political party or political organization.			<input type="checkbox"/> N/A
Name of Political Organization	Title or Position Held	Term of Office (Month/Year)	Date of Intended Resignation (Month/Year)
		to	
			<input type="checkbox"/> I do not intend to resign
		to	
			<input type="checkbox"/> I do not intend to resign

If you hold or intend to hold a political position during your employment with or appointment to the City of New York, you must follow the guidelines for such activities established by your agency, board, or commission and, when necessary, must seek advice from the City's Conflicts of Interest Board.

Reports or Statements Open to Public Inspection

76. Provide details below if you have ever been involved in an activity, such as a political campaign, in which you were required to file reports or statements which are open to public inspection, either for yourself or on behalf of another party.			<input type="checkbox"/> N/A
Type of Materials Filed	Reason for Filing	Date Filed (Month/Year)	Location Where Filed

Public Office

77. If you have **ever** been elected or appointed to public office, provide details below.

☐ N/A

Title of Office	Government Body	Location (City, State)	Term of Office (Month/Year)
			to
			to

Public Office Records

78. If you have **ever** been disciplined or removed (e.g., censured, expelled, recalled, impeached) from any public office listed in response to Question 77, provide details below.

☐ N/A

Government Body and Title of Office	Type of Action	Date of Action (Month/Year)	Reason for Action and Outcome

ADDITIONAL INFORMATION

Gifts

79. Provide details if, within the **past 12 months**, you or your spouse or domestic partner has received a gift from a person, entity, or donor who is employed by the City of New York, or who does business with the City of New York.

Gift means anything of value for which a person pays nothing or less than fair market value. A gift may be in the form of money, service, forgiveness of debt, travel, entertainment, hospitality, a promise, a loan, a discount, or any other form. This includes gifts of securities or real estate, as well as wedding gifts (except from a relative).

Doing business with the City includes receiving funds from the City, having contracts with the City, providing materials or services to the City, having matters pending before the City, or holding any franchise, license, permit, or other privilege from the City.

☐ **N/A**

Name of Gift Giver	Name(s) of Gift Recipient(s)	Gift Giver's City Agency or Nature of Business with the City	Description of Gift	Value of Gift

Potential Conflicts of Interest

80. Provide details of **any** potential conflicts of interest that may not have been fully addressed by your previous answers in this background questionnaire.

☐ **N/A**

Details of Potential Conflict	Plan to Resolve the Conflict (e.g., advice from COIB, resignation, divestiture, recusal)

Potential Issues

81. Provide details of **any** fact, issue, or other circumstance not covered in this background questionnaire, which may be an issue or concern regarding your appointment or employment with the City of New York.

☐ **N/A**

Details

CERTIFICATION AND SIGNATURE

**This Questionnaire must be signed and sworn to by you before a
Notary Public or Commissioner of Deeds.**

I, _____, being duly sworn, state that I have read and I understand all of the questions and answers contained in the foregoing 52 pages of this questionnaire and the _____ page(s) of the addendum that I have attached hereto; that I have supplied full and complete information in answer to each question herein to the best of my knowledge, information and belief; and that all information I have supplied is true.

I further understand that a false statement or intentional omission made in this report or in connection with this background investigation may result in the imposition of disciplinary penalties, including but not limited to termination of employment or removal from appointment, disqualification from future employment or appointment, and criminal prosecution.

Candidate's Signature

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public or Commissioner of Deeds

ADDENDUM
(make additional copies of this blank page if needed)

Question _____ Page _____

Question _____ Page _____

Question _____ Page _____

Last Name: _____ Last four digits of SSN: _____ Date: _____