



**THE CITY OF NEW YORK  
DEPARTMENT OF FINANCE  
OFFICE OF THE SHERIFF**  
30-10 Starr Avenue, 2<sup>nd</sup> Floor  
Long Island City, NY 11101  
(718) 707-2000

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

DEPARTMENT OF FINANCE, OFFICE OF CITY SHERIFF BACKGROUND INVESTIGATIONS ARE DETAILED AND THOROUGH. INFORMATION PROVIDED BY INDIVIDUALS IN THE BACKGROUND QUESTIONNAIRE IS VERIFIED BY THIS DEPARTMENT WITH OUTSIDE AGENCIES. FOR EXAMPLE, CRIMINAL CONVICTIONS ARE VERIFIED WITH THE FEDERAL BUREAU OF INVESTIGATION AND/OR THE NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES; TAX FILING DATES ARE VERIFIED WITH THE INTERNAL REVENUE SERVICE AND THE NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE; EDUCATIONAL DEGREES ARE VERIFIED WITH SCHOOLS AND UNIVERSITIES; AND EMPLOYMENT HISTORY IS VERIFIED WITH PREVIOUS EMPLOYERS, ETC.

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 TERMINATION OF EMPLOYMENT, OR DISQUALIFICATION FROM FUTURE EMPLOYMENT AND, IN ADDITION, MAY SUBJECT YOU TO CRIMINAL PROSECUTION.

THIS DEPARTMENT WILL NOT APPROVE YOUR TERMS AND CONDITIONS OF APPOINTMENT IF YOU FAIL TO PROVIDE ALL INFORMATION REQUESTED OR OTHERWISE FAIL TO COOPERATE FULLY IN THIS INVESTIGATION.  
PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS FOR AT 10 YEARS.

THIS BACKGROUND INVESTIGATION QUESTIONNAIR (BIQ) IS NOT A PUBLIC DOCUMENT AND CANNOT BE ACCESSED BY THE PUBLIC THROUGH THE FREEDOM OF INFORMATION LAW (FOIL).

**For Sheriff Use Only**

Candidate: \_\_\_\_\_

Candidate Telephone #: \_\_\_\_\_

Investigator: \_\_\_\_\_

Background Interview Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sheriff Review Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## **BACKGROUND INVESTIGATION QUESTIONNAIRE INSTRUCTIONS**

Dear Candidate,

The Background Investigation phase of The City of New York, Department of Finance, Office of the Sheriff recruitment effort is about to begin. In order to help facilitate this process, you are being supplied with the Required Document Checklist in advance of your Background Investigation Interview.

This checklist will not only let you know what you are required to provide but will also provide guidance on where to begin your search for these items. Please use the checklist to collect all the information listed, as some of the information required may not be readily accessible to you and may take some time to obtain. **Take time to organize your paperwork (original and photocopies) in the order listed on the checklist.**

Additionally, you are required to provide answers to the questions contained in this Background Investigation Questionnaire. All answers must be clearly **handwritten** in blue ink or **TYPED**.

**This Background Investigation Questionnaire is to be completed in its entirety.** If additional space is required to complete your answer to any question, additional space is provided at the end of this application. There, indicate the question number and continue your answer. If any question does not apply to you, mark the answer section with N/A or None. **NO QUESTION IS TO BE LEFT UNANSWERED AND NO ANSWER SECTION IS TO BE LEFT BLANK.** Candidates are required to answer each question truthfully, completely and without evasion. Failure to do so may result in your disqualification from the hiring process.

For the purpose of this application and background investigation, the word "**discipline**" shall include **ANY** action taken by an employer, volunteer organization, school, agency, department, branch, institution, organization, or **ANY OTHER ENTITY** of which the candidate is associated with or a member. The word "**arrest**" includes any "**detaining, holding, or taking into custody by any police or law enforcement agency**" of a person in order to answer for the alleged performance or commission of any "**charge, offense and/or crime**" in **ANY** jurisdiction, whether foreign or domestic. **Offenses include felonies, misdemeanors, violations and all criminal court summons.** 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. **You MUST disclose any material sealed, expunged, or set aside under Federal or State law, or any juvenile delinquent or youthful offender adjudications.**

When you arrive at your Background Investigation Interview, you will be required to provide the completed Background Investigation Questionnaire, one (1) photocopy and the original of each item on the document checkoff list. Photocopy only **ONE (1) ITEM PER PAGE. Each photocopy must be neat, clear, and legible and on "8½ X 11" paper.** Any photocopies larger than this or that are not neat, clear, and legible **WILL NOT BE ACCEPTED.** The original will be examined against the photocopy that you are to provide and then immediately returned to you. **You WILL NOT have the opportunity to make photocopies on this day. PROVIDE ONE (1) COLOR PASSPORT PHOTO. DO NOT STAPLE ANY PAGES.**

If you have any questions related to what you will need for the Background Investigation Questionnaire, review your copy of the required Document Checklist to see if it is answered there. If you still have questions about what you need for Background Investigation Questionnaire after reviewing the checklist, you may then contact Deputy Cadet Processing at [DeputySheriffCandidate@finance.nyc.gov](mailto:DeputySheriffCandidate@finance.nyc.gov). **ALL OTHER QUESTIONS WILL BE ANSWERED AT THE BACKGROUND INVESTIGATION INTERVIEW.**

## ELIGIBILITY REQUIREMENTS

**Education and Experience Requirements:** By the time you are appointed to this position, you must have:

1. a baccalaureate degree from an accredited college or university; or
2. a four-year high school diploma or its educational equivalent and two years of honorable full-time U.S. military service or two years of satisfactory, full-time professional or paraprofessional experience in law enforcement, civil enforcement, criminal justice, law, accounting, auditing, investigation, public administration, business administration, or a closely related field; or
3. a satisfactory combination of education and/or experience that is equivalent to "1" or "2" above. College education can be substituted for the required experience in "2" above on the basis that each 30 semester credits is equated to six months of experience. However, all candidates must have a four-year high school diploma or its educational equivalent.

The high school diploma or its educational equivalent must be approved by a State's Department of Education or a recognized accrediting organization. The college or university must be accredited by regional, national, professional, or specialized agencies recognized as accrediting bodies by the U.S. Secretary of Education and by the Council for Higher Education Accreditation (CHEA).

If you were educated outside the United States, you must have your foreign education evaluated to determine its equivalence to education obtained in the United States. You will receive instructions from the Department of Finance during the pre-employment screening process regarding the approved evaluation services that you may use for foreign education.

**Peace Officer Status and Training:** You must satisfy the requirements established by the State of New York for Peace Officers. You must meet and maintain the requirements for Peace Officer status for the duration of your employment. You must successfully complete a course of peace officer training which includes instruction in deadly physical force and the use of firearms and other weapons and will be required to carry a firearm on duty.

**Firearms Qualifications:** You must qualify and remain qualified for firearms usage and possession as a condition of employment for the duration of your employment. Failure to qualify and remain qualified for firearms usage and possession may result in termination.

**Driver License Requirement:** By the time you are appointed to this position, you must have a motor vehicle driver license valid in the State of New York with no restrictions that would preclude the performance of Deputy City Sheriff work. If you have moving violations, license suspension(s) or an accident record, you may be disqualified. This license must be maintained for the duration of your employment.

**Medical and Psychological Requirement:** Medical and psychological guidelines have been established for the position of Deputy City Sheriff. Candidates will be examined to determine whether they can perform the essential functions of the position of Deputy City Sheriff. Where appropriate, a reasonable accommodation will be provided for a person with a disability to enable him or her to take the examination, and/or to perform the essential functions of the job.

**Physical Fitness Requirement:** You will be required to pass a qualifying physical test.

**Drug Screening Requirement:** You must pass a drug screening in order to be appointed.

**Residency Requirement Advisory:** The New York State Public Officers Law requires that any person employed as a Deputy City Sheriff in New York City must be a resident of the City of New York or of Nassau, Westchester, Suffolk, Orange, Rockland, or Putnam counties.

**ELIGIBILITY REQUIREMENTS (continued)**

**English Requirement:** You must be able to understand and be understood in English.

**Proof of Identity:** Under the Immigration Reform and Control Act of 1986, you must be able to prove your identity and your right to obtain employment in the United States prior to employment with the City of New York.

**Citizenship Requirement:** United States citizenship is required at the time of appointment to Deputy City Sheriff.

**Character and Background:** Pursuant to Criminal Procedure Law Section 2.10, the position of Deputy City Sheriff is designated as a Peace Officer position. Accordingly, proof of good character is an absolute prerequisite to appointment since eligible candidates must meet the requirements for Peace Officer status after successful completion of a prescribed training course. Therefore, you must reveal ALL arrests, convictions and pending charges that have occurred in your lifetime. This includes any material sealed, expunged, or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. The following are among the factors which may be cause for disqualification: (a) conviction of an offense, the nature of which indicates lack of good moral character or disposition toward violence or disorder, or which is punishable by one or more years of imprisonment; (b) two or more convictions of an offense, where such convictions indicate disrespect for the law; (c) discharge from employment, where such discharge indicates poor behavior or inability to adjust to discipline; (d) dishonorable discharge from the Armed Forces.

**Age Requirements:** You must have reached your 18th birthday by the time of appointment.

**Investigation:** This position is subject to investigation before appointment. At the time of investigation, you will be required to pay a \$75.00 fee for fingerprint screening. At the time of investigation and at the time of appointment, you must present originals of certified copies of all required documents and proof, including, but not limited to, proof of date and place of birth by transcript of record of the Bureau of Vital Statistics or other satisfactory evidence, naturalization papers, if necessary, proof of any military service, and proof of meeting educational requirements. Any willful misstatement or failure to present any documents required for investigation will be cause for disqualification.

**REQUIRED DOCUMENT CHECKLIST**

- Background Investigation Questionnaire
- NYS Driver License
- Registrations for all vehicles currently owned/leased/operated by you
- Insurance paperwork for all vehicles currently owned/leased/operated by you
- DMV Lifetime Abstract
- Birth Certificate
- Naturalization Certificate
- All Records of Change in Name (if applicable)
- Proof of Residence (e.g., Rental/Mortgage Paperwork, Bank Statement, Service Bills)
- Marriage License or Divorce Decree/Separation Paperwork
- Social Security Card
- Social Security Earnings Information (certified detailed itemized earnings statement)
- Certificate of Release or Discharge from Active Duty (DD214) for each period and each component of service that shows the following:
  - A) Type of separation
  - B) Character of service
  - C) Separation code
  - D) Reentry code
- SF-180 Request Pertaining To Military Records
- Selective Service Verification
- High School Diploma or GED Certificate
- College Diploma(s)
- Official Sealed College Transcripts
- Any and All Arrest(s) Paperwork, including but not limited to:
  - A) arrest report/summons

- B) court dispositions
- C) proof of satisfaction
- D) notarized statement
- Most Updated Resumé
- Unemployment Documentation for Compensation for Any Periods of Unemployment
- Federal and State Tax Returns Transcripts for past 10 Years
- Copy of personal credit report (less than 30 days old) from ONE (1) of the three major credit reporting agencies
  - A) Equifax
  - B) Experian
  - C) TransUnion
- Professional License/Certificates
- Weapons Permits (e.g., firearms ID, purchase permit, conceal carry permit) along with proof of ownership for any and all weapons including disposition for all weapons owned, sold and/or traded)
- Vehicular Accident Reports, along with notarized statements explaining them
- Documentation regarding status with any and all government agency applications/tests taken
- Inquiry Regarding Conviction for Misdemeanor Crimes of Domestic Violence
- Notarized Firearms Security Form
- Notarized Authorization for Release of Information

**NOTE: If any paperwork cannot be provided to us within the time frame given, please show receipt for that particular paperwork as proof that obtainment is pending**

**The burden of obtaining and providing said documents is the responsibility of the applicant's and NOT the NYC Department of Finance or NYC Sheriff's Office**

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**INSTRUCTIONS**

All questions must be answered completely and accurately. Type or print clearly in blue ink. If you need more space, on the back of every question sheet is an addendum for additional space for you to use. Indicate if a question is inapplicable to you by entering N/A. This BIQ must be signed and sworn to by you before a Notary Public or Commissioner of Deeds.

Attached here passport-size photograph taken within the past twelve (12) months.

**PERSONAL INFORMATION**

1A. Full Name

Last Name	First Name	Middle Name

1B. Have you ever used or been known by any other name, including a maiden name?

Yes  No

If yes, provide the information requested below:

Full Name	Dates Used		Reason
	From Month / Year	To Month / Year	

2. Date of Birth: \_\_\_\_\_  
Month / Day / Year

3. Place of Birth:

City	State	Country

4A. Social Security Number: \_\_\_\_\_

4B. Have you ever used, or been issued, a Social Security number other than the one listed above? Yes  No

If yes, list the other Social Security number(s) used or issued, and provide details including dates and reasons used or issued below:

\_\_\_\_\_

\_\_\_\_\_





5. Physical Features:

Hair Color	Eye Color	Height (Feet/Inches)	Weight (pounds)
<b>List ALL Scars, Marks and Tattoos/Body Art (Provide location on body, description and meaning for all)</b>			

6. Current Physical Address:

Street Address	City, State, Zip Code

7. Contact Information:

Residence Phone Number	Cellular Phone Number	Work Phone Number
Personal Email	Work Email	





8A. Are you currently a U.S. Citizen? Yes  No

If you are **not** a U. S. citizen, then state the country of your citizenship:

Country of Citizenship: \_\_\_\_\_

8B. Are you legally present in the United States? Yes  No   
If you answered no, provide an explanation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU ARE NOT A UNITED STATES CITIZEN, THEN BRING YOUR ORIGINAL IMMIGRATION DOCUMENT(S) AUTHORIZING YOUR ENTRY INTO, AND EMPLOYMENT IN, THE UNITED STATES WITH YOU TO YOUR BACKGROUND INTERVIEW.**

9. Are you a naturalized citizen? Yes  No

If yes you are a naturalized U.S. citizen, provide the following information:

Certificate #	Alien Registration #	Date of Issuance Month / Day / Year	Court of Issuance

**IF YOU ARE A NATURALIZED CITIZEN OF THE UNITED STATES, BRING YOUR ORIGINAL CERTIFICATE OF NATURALIZATION WITH YOU TO YOUR BACKGROUND INTERVIEW.**





**FAMILY AND HOUSEHOLD INFORMATION**

10. Please provide the information regarding the following family member: Mother

Full Name (Last Name, First Name, MI)		Physical Address	
Date of Birth		Place of Birth	
Occupation		Employer	
Residence Phone Number	Cellular Phone Number	Work Phone Number	

11. Please provide the information regarding the following family member: Father

Full Name (Last Name, First Name, MI)		Physical Address	
Date of Birth		Place of Birth	
Occupation		Employer	
Residence Phone Number	Cellular Phone Number	Work Phone Number	





12A. Were you raised by family members, foster family or any others that are not your biological parents? Yes  No

12B. If yes, provide the following for the caretaker.

Caretaker 1. Full Name (Last Name, First Name, MI)	Physical Address
Relation To You	Contact Phone Number
Caretaker 2. Full Name (Last Name, First Name, MI)	Physical Address
Relation To You	Contact Phone Number
Explanation for having been raised by person(s) other than biological parents	





13. Please provide the information regarding the following family member(s): Sibling(s)  
Any additional siblings may be added on the back of this page

Sibling 1: Full Name (Last Name, First Name, MI)		Physical Address
Date of Birth	Relation to You	Contact Phone Number
Sibling 2: Full Name (Last Name, First Name, MI)		Physical Address
Date of Birth	Relation to You	Contact Phone Number
Sibling 3: Full Name (Last Name, First Name, MI)		Physical Address
Date of Birth	Relation to You	Contact Phone Number

14. Please provide the following information regarding any members living with you in your household who are not part of your immediate family.

Person 1: Full Name (Last Name, First Name, MI)	Date of Birth
Relation to You	Contact Phone Number
Person 2: Full Name (Last Name, First Name, MI)	Date of Birth
Relation to You	Contact Phone Number



**MARITAL STATUS AND RELATIONSHIPS**

15A. Are you currently married, in a relationship with a significant other, or in a relationship with a domestic partner? Yes  No

15B. If yes, please provide the following information.

The individual listed below is my: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/>		
Full Name (Last Name, First Name, MI)	Date of Birth	Date of Marriage
Location of Marriage (City, State or Country)	Current Physical Address	
Residence Phone Number	Cellular Phone Number	Work Phone Number

15C. Are you currently estranged or legally separated from the above?  
 No  Yes, Estranged  Yes, Legally Separated  N/A

16A. Other than your current marriage/relationship, were you ever married prior or been in a relationship with a significant other and/or domestic partner? Yes  No

16B. If yes, provide the following information for the individuals from the previous relationship(s).

The individual listed below was my: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/>			
Full Name (Last Name, First Name, MI)	Date of Birth	Place of Birth	
Date of Marriage	Location of Marriage (City, State or Country)	Date of Divorce	Court/Agency Divorce Filed With
Grounds for Divorce			Approximate dates for relationship if unmarried





The individual listed below was my: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/>			
Full Name (Last Name, First Name, MI)		Date of Birth	
Date of Marriage	Location of Marriage (City, State or Country)	Date of Divorce	Court/Agency Divorce Filed With
Grounds for Divorce		Approximate dates for relationship if unmarried	
The individual listed below was my: <input type="checkbox"/> Spouse <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/>			
Full Name (Last Name, First Name, MI)		Date of Birth	
Date of Marriage	Location of Marriage (City, State or Country)	Date of Divorce	Court/Agency Divorce Filed With
Grounds for Divorce		Approximate dates for relationship if unmarried	

17A. Do you have any children? Yes  No

17B. If yes, indicate number of children and/or stepchildren and provide the following information below.

Number of Children \_\_\_\_\_

Child's Full Name (Last Name, First Name, MI)	Date of Birth	Relation
Child's Current Residence	Parents' Full Names (Last Name, First Name, MI)	



Child's Full Name (Last Name, First Name, MI)		Date of Birth	Relation
Child's Physical Address		Parents' Full Names (Last Name, First Name, MI)	
Child's Full Name (Last Name, First Name, MI)		Date of Birth	Relation
Child's Physical Address		Parents' Full Names (Last Name, First Name, MI)	
Child's Full Name (Last Name, First Name, MI)		Date of Birth	Relation
Child's Physical Address		Parents' Full Names (Last Name, First Name, MI)	
Child's Full Name (Last Name, First Name, MI)		Date of Birth	Relation
Child's Physical Address		Parents' Full Names (Last Name, First Name, MI)	

Additional Children may be included on the back on this page.



**RESIDENCE**

18. List ALL addresses you have used in your lifetime, starting with your primary residence, and work backwards chronologically. Indicate if you have a current mailing address that is different from primary address. If applicable, state the addresses used while serving the military and/or attending college during that specific time period.

Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:
Residence Address		Dates of Occupancy	
		From:	To:





19. List ALL members of your current household, including immediate family and non-immediate family.

Full Name	Relationship	Date of Birth

20A. Do you own or rent your primary address property?    Own     Rent     Neither

20B. If applicable, indicate monthly rent or mortgage: \_\_\_\_\_

If no monthly payment is made for primary residence property, explain why and/or how.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Have you ever lived in public housing (NYCHA) or received federal housing subsidies?  
Yes  No





22. If you became an employee of the City of New York on or after January 4, 1973, and if, while so employed, you were a nonresident of the City during any period of your employment, you are subject to 1127 of the New York City Charter. This condition of employment mandates the filing of Form NYC-1127 and payment of an amount equal to the City personal income tax computed as if you were a resident of the City.

Have you filed Form NYC-1127 with the New York City Department of Finance for each year you were subject to 1127 of the Charter and made payment of any amount due? Yes  No

If this question does not apply to you, then check the following box: N/A

If no, provide details, including year(s) not filed and amount of any payment(s) due:

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**DRIVING HISTORY**

23. Do you have a driver's license? Yes  No

If yes, list below all domestic and foreign driver's licenses:

Name on License	License # / State	Address Recorded with DMV



24. Have you had a driver’s license revoked or suspended? Yes  No

Date of Revocation or Suspension Month / Day / Year	Driver’s License State	State Where Revoked or Suspended	Reason or Basis for Revocation or Suspension

25A. Do you or your spouse/significant other/domestic partner currently have (a) motor vehicle(s) registered or leased in either of your names, or in the name of a business in which you or your partner have an ownership interest? Yes  No

If yes, provide the following information

Year/Make	License Plate #	Name of Owner	Registration Address

25B. Are there any other vehicles, such as cars owned by an employer, friend, or relative that you regularly drive? Yes  No

If yes, provide the following information

Year/Make	License Plate #	Name of Owner	Registration Address

**Note:** Pursuant to New York State law, you may only possess one (1) U.S. driver’s license at a time and if you have resided continuously in New York State for more than 30 days, you must obtain a New York State driver’s license, as well as a New York State registration for any vehicle(s) maintained within the State.





25A. List **ALL** traffic violations including but not limited to, any pending violations that did not result in revocation/suspension, speeding violations, traffic device .

Date of Violation	License State	Violation Occurrence State	Violations Ticket Number	Reason of Violation

25B. List **ALL** outstanding parking violations with New York City Parking Violations Bureau (PVB).

Date Issued	Amount Due	Reason Pending
	\$	
	\$	
	\$	
	\$	

**Note:** Candidates undergoing a background investigation **MUST** satisfy all outstanding parking violations with PVB, either by making payment or be entering into a payment agreement. Attach to this BIQ your proof of payment (receipt or canceled check) or a copy of your payment agreement.

25C. List **ALL** outstanding parking and/or traffic violations in any jurisdiction outside New York City.

Date Issued	Jurisdiction	Amount Due	Reason Pending
		\$	
		\$	
		\$	
		\$	





26. Were you ever involved in a motor vehicle accident where you acted as the operator?

Yes  No

If yes, list **ALL** motor vehicle accidents you were involved.

Date of Accident	Location of Accident	Responding Agency/Agencies	Injuries
<b>Result from Accident as Motor Vehicle Operator (e.g., cited at fault, summons issued, arrested)</b>			
<b>If applicable, indicate what type of summons was issued and describe the accident.</b>			
Date of Accident	Location of Accident	Responding Agency/Agencies	Injuries
<b>Result from Accident as Motor Vehicle Operator (e.g., cited at fault, summons issued, arrested)</b>			
<b>If applicable, indicate what type of summons was issued and describe the accident.</b>			





Date of Accident	Location of Accident	Responding Agency/Agencies	Injuries
<b>Result from Accident as Motor Vehicle Operator (e.g., cited at fault, summons issued, arrested)</b>			
<b>If applicable, indicate what type of summons was issued and describe the accident.</b>			
Date of Accident	Location of Accident	Responding Agency/Agencies	Injuries
<b>Result from Accident as Motor Vehicle Operator (e.g., cited at fault, summons issued, arrested)</b>			
<b>If applicable, indicate what type of summons was issued and describe the accident.</b>			

If there are additional motor vehicle accidents to add, you can include them on the back of this page



**ACADEMIC/EDUCATIONAL RECORD**

27. List below all colleges, universities, graduate schools, professional schools, or technical schools you attended. List them chronologically backwards until High School. **If you have received a degree from a foreign educational institution, attach to this BIQ a copy of the original degree and a certified translation.** If you have not received a college degree, list high school(s) attended and indicate if a diploma or equivalency diploma was awarded.

Institution Name	Location (City, State or Country)	Years Attended (Month/Year)	Degree Awarded (Yes/No)	Type of Degree	Date Awarded (Month / Year)
		From: To:			



28. Were you ever disciplined or subjected to any investigations while in any schooling institution (e.g., suspensions, being expelled, subject of a complaint)? Yes  No

Institution Name	Date of Discipline or Investigation	Reason for Discipline or Investigation	Result of Discipline or Investigation

**EMPLOYMENT HISTORY**

29. Starting with your current position and working chronologically backwards, list below your complete employment history, including internships. Include each period of self-employment and/or any periods of unemployment. If self-employed, state the activity in which you were engaged and provide proof of income (e.g., tax returns, W-2 wage statements, 1099 miscellaneous income statements). If there is a period of unemployment, indicate the reason and any source(s) of income during that period (e.g., unemployment insurance, severance pay, savings, public assistance).

**Note:** Include any previous employment with the City of New York that you may have had at any time.





Include your base annual salary from current job: \$ \_\_\_\_\_

Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			
Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			





Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			
Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			





Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			
Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			





Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			
Employer		Title	Location of Job (Physical Address)
Dates of Employment, Self- Employment or Unemployment (Month/Year)		Supervisor Name and Title	Supervisor Contact Information
From:	To:	Name: Title:	Phone: Email:
Employer and HR Contact Information		Reason for Leaving	
Phone:			
Email:			





30A. Have you ever been disciplined, in any manner, in connection with any employment (e.g., suspended, demoted, reprimanded, fined, penalized or terminated)? **Yes**  **No**

Name of Employer	Date Month / Day / Year	Action	Reason for Action

30B. Have you ever resigned from any employment while any charge or disciplinary action was pending against you? **Yes**  **No**

Name of Employer	Date Month / Day / Year	Nature of Charge(s) or Disciplinary Action

30C. Have you ever been asked to resign from any employment? **Yes**  **No**

Name of Employer	Date Month / Day / Year	Reason for Resignation

30D. Have you ever resigned from any employment to avoid being fired or disciplined, or after having been told that you would be fired or disciplined? **Yes**  **No**

Name of Employer	Date Month / Day / Year	Anticipated Employer Action





31. Have you ever received unemployment benefits? Yes  No

If yes, provide the dates when you received them and the reason.

Dates you received unemployment benefits		Reason for receiving unemployment benefits
From:	To:	
From:	To:	
From:	To:	

**MILITARY SERVICE**

32. Have you ever served in any branch of the Armed Forces of the United States? Yes  No

If yes, provide the following information:

Branch of Military	Type of Service (Active Duty or National Guard/Reserve)	Final/Current Rank
Date Entered	Date Discharged	Type of Discharge

33. Have you ever been dishonorably discharge? Yes  No

34. Are you a disabled Veteran? Yes  No

35. Do you have any other military service to add (e.g., out of country military service)? Yes  No

If yes, please provide the same information as Question 32A on the back of this page.





- 36A. While serving, were you ever the subject of any disciplinary action such as a Courts-Martial or Non-Judicial Punishment? (e.g., Article 15, NJP, Navy/Marine Corps – “Captains Mast”, Air Force – “Office Hours”) **Yes**  **No**
- 36B. If yes, provide an explanation of the discipline including the incident type, dates of the incident, location of it, what discipline was received and such.

**Discipline Explanation**

- 37A. While serving, did you ever fail to complete the full term of your military enlistment and/or military service? **Yes**  **No**

- 37B. If yes, please explain the reason for failing to complete the full term of the enlistment/service.

**Failure to Complete the Full-Term Explanation**





38A. Did you register with the Selective Service? Yes  No  NA

38B. If no, provide details as to why not below:

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**CIVIL AND CRIMINAL  
INVESTIGATION HISTORY**

**Note:** Offenses include felonies, misdemeanors, violations and all criminal court summons. 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. You **MUST** disclose any material sealed, expunged, or set aside under Federal or State law, or any juvenile delinquent or 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, list the offense(s) below and provide details.

39A. Have you ever been taken into custody or detained by law enforcement in any jurisdiction in your lifetime, that did not result in an arrest? Yes  No

39B. Have you ever been arrested for an offense in any jurisdiction in your lifetime? You must include all offenses, including any offense involving driving while intoxicated or while ability is impaired (or the equivalent in other states), an issue of a court appearance ticket or criminal summons. Yes  No

39C. Have you ever been questioned or interviewed by law enforcement in regard to any incident/crime, even if you were not considered a suspect? Yes  No

If you answered yes to any of the above for Question 39, please provide the following information on the next page and, if necessary, on the back of that same page.





1. Date of Occurrence	Incident Type	Incident Location (City/State)	Law Enforcement Agency
Status/Conviction/Final Disposition		Court of Conviction (Name and Location)	
Additional Information (e.g., details on incident, involved parties)			
2. Date of Occurrence	Incident Type	Incident Location (City/State)	Law Enforcement Agency
Status/Conviction/Final Disposition		Court of Conviction (Name and Location)	
Additional Information (e.g., details on incident, involved parties)			
3. Date of Occurrence	Incident Type	Incident Location (City/State)	Law Enforcement Agency
Status/Conviction/Final Disposition		Court of Conviction (Name and Location)	
Additional Information (e.g., details on incident, involved parties)			





40A. Are you currently on probation? Yes  No

40B. Are you currently on parole or supervised release? Yes  No

**If Yes to 40 or 40B, provide details, including dates, below:**

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42. Have you ever been named, for any reason, or referred to in (including as an unindicted co-conspirator), any indictment or other accusatory instrument, or been named in or the subject of, a search warrant or court-ordered electronic surveillance?

**If Yes, provide details, including dates, below:** Yes  No

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43. Have you been arrested, charged, or indicted in connection with any criminal matter which is still pending in court?

Yes  No

**If yes, provide the following information:**

Date of Arrest, Charge, or Indictment <small>Month / Day / Year</small>	Charge(s)	Court and Location

44A. Have you ever been subpoenaed, called as a witness, questioned or interviewed, or asked to provide testimony or documents before any federal, state, or local prosecutor, court legislative, civil, regulatory, or criminal investigate body (including DOI and its Inspector General), or grand jury? Yes  No





44B. If you answered yes to Question 44A, provide the following information.

<b>Date</b> Month / Day / Year	<b>Body/Agency</b>	<b>Matter Involved</b>	<b>Role</b>

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

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45A. Have you ever asserted the Fifth Amendment right against self-incrimination or refused to testify before any federal, state, or local prosecutor, court legislative, civil, regulatory, or criminal investigate body (including DOI and its Inspector General), or grand jury, or been cited for contempt of any court, legislative, civil, or criminal investigative body, or grand jury?

Yes  No

45B. If yes, provide the following information:

<b>Date</b> Month / Day / Year	<b>Body/Agency</b>	<b>Matter Involved</b>

46A. Have you been informed, or do you have reason to believe, that you are under investigation by any federal, state, or local prosecutor, legislative, civil, or criminal investigate body (including DOI and its Inspector General), or grand jury? Yes  No

46B. If yes, provide the following information:

<b>Body/Agency</b>	<b>Matter Involved &amp; Date</b>	<b>Outcome or Status</b>





47A. Have you been informed, or do you have reason to believe, that you currently are, or have previously been, the subject of an investigation, or of a complaint filed, which alleged child abuse or domestic violence? Yes  No

47B. Has a Family Court or any other lawful authority ever rendered a finding indicating that you have abused or neglected a child? Yes  No

**If Yes to 24A and 24B, provide details, including dates, below:**

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48. Have you ever been a defendant, plaintiff, protected party, respondent, or the like, on any Order of Protection, Restraining Order or similar document of that nature?

**If Yes, provide an explanation below:** Yes  No

Date Order Issued	Date Order Expired	Court that Issued the Order	Docket/Case Number

**Explanation of the Order (e.g., brief narrative, parties involved, any results/outcomes)**

Date Order Issued	Date Order Expired	Court that Issued the Order	Docket/Case Number

**Explanation of the Order (e.g., brief narrative, parties involved, any results/outcomes)**





49. Have you ever knowingly associated with any person known or reputed to be a member or associate of an organized crime group and/or gang? **Yes**  **No**

If Yes, provide details, including the identity of the person and the nature and dates of your association, below:

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50. Have you been involved as a party to any civil litigation, administrative action, administrative proceeding or legal action (includes divorce proceedings)? **Yes**  **No**

If yes, provide the following information (additions can be made to the back of this page:

1. Date Commenced	Title of Action	Role	Jurisdiction
Status/Disposition	Additional Information (details of the case, involved parties, and such)		
2. Date Commenced	Title of Action	Role	Jurisdiction
Status/Disposition	Additional Information (details of the case, involved parties, and such)		
3. Date Commenced	Title of Action	Role	Jurisdiction
Status/Disposition	Additional Information (details of the case, involved parties, and such)		





51. Have you ever been informed of an overpayment of, or requested or required to repay any 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, etc.)?

Yes  No

If Yes, provide details, including dates and the reason(s) for the repayment/recoupment, below:

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**TAX INFORMATION AND FINANCIAL STATUS**

**Note:** Review your tax records and provide precise filing information. This Department verifies with the tax authorities whether tax returns were filed and the dates of filing. Copies of your tax returns must be provided upon request. Candidates undergoing a background investigation who were required by law to file a federal and/or state income tax return for a previous year, and who have not filed as of yet **MUST** file all outstanding tax returns. To avoid delaying the completion of your background investigation, promptly file any outstanding return(s) **IN PERSON** and attach to this questionnaire a copy of the return(s), stamped as having been received by the tax authority as proof of filing.

Question 52 applies to EVERY year within the past ten (10) years. “Due date” means April 15<sup>th</sup> of the following year, or other date established by governing statute. Properly obtained extension is an extension period granted by the tax authority upon filing a timely application in accordance with applicable law and/or regulations.

52. Have you filed your federal and state income tax returns by the due date or within a properly obtained extension period for each of the past ten (10) years?

Yes  No





**If you answered no to Question 52, provide the following information:**

During the past ten (10) years, if you have NOT filed a return for any year or have not filed a return for any year by the due date or within a properly obtained extension period, provide the information requested below. If you were not required to file (e.g., you were unemployed or earned less than the amount required for filing), state so below.

The year(s) in which you did not file, or did not file by the due date or within a properly obtained extension period, indicate whether you are referring to your federal or state returns, or to both:

---

The address(es) where you lived during the year(s) in question:

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The date(s), if any, when you filed each year's return:

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The reason(s) for the late or non-filing:

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Any interest or penalties assessed for the year(s) in question:

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Were you due a refund or did you owe money for the year(s) in question? If you owed money, state the amount(s):

---

53. Has any tax return filed by you been the subject of an audit by any tax authority within the past ten (10) years? Yes  No

**If yes, give details, including findings of audit and any interest or penalties assessed and/or paid. In addition, attach to this questionnaire a copy of the tax authority's findings.**

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**Note:** Attach to this questionnaire a copy of any statement of settlement, consent decree, or other dispositive document issued by the tax authority regarding the above return(s).





54. Provide the address(es) of the tax residence(s) you reported on your return(s) for the past ten (10) years:

Tax Year	Street Address, Apt. Number, City, State, Zip Code

55. Have you ever filed a petition under any chapter of bankruptcy code, or has been the subject of a bankruptcy or reorganization proceeding, either personally or on behalf of a business?  
Yes  No

56. Have you ever had any loan defaulted or had property repossessed and/or foreclosed?  
Yes  No

57. Have you ever had any type of lien placed against you personally or on a business you own?  
Yes  No

58. Have you ever been contacted by any collections agency for any debts owed or delinquent accounts?  
Yes  No

59. Have you ever had any judgments filed against you or had your wages garnished?  
Yes  No

**If you answered yes to any question from Question 55 to 59, provide copies of any and all paperwork regarding that issue, such as the bankruptcy discharge documents (including a list of creditors), any mail, letters, statements and/or files, with your background paperwork.**



60. If you answered yes to any question from question 55 to 59, provide the following information, when applicable.

Bankruptcy petition type: Chapter 7  Chapter 11  Chapter 13  N/A

Please provide the following information regarding any bank accounts, mortgages and/or current loan:

Name of Filer/Agency	Name of Court	Date Filed Month / Day / Year	Date Discharged Month / Day / Year	Total Debt Discharged

**Detailed Explanation**  
(e.g., reason for bankruptcy, type of loan or lien, type of judgment, what was foreclosed, etc.)

Name of Filer/Agency	Name of Court	Date Filed Month / Day / Year	Date Discharged Month / Day / Year	Total Debt Discharged

**Detailed Explanation**  
(e.g., reason for bankruptcy, type of loan or lien, type of judgment, what was foreclosed, etc.)





Please provide the following information regarding any bank accounts, mortgages and/or current loans.

61A. Do you have any bank checking accounts? Yes  No

Name of Bank or Financial Institution	Address	Phone Number
Name of Bank or Financial Institution	Address	Phone Number

61B. Do you have any mortgages? Yes  No

Name of Lender	Address	Phone Number
Name of Lender	Address	Phone Number

61C. Do you have any loans (including student, vehicle or any other)? Yes  No

Type of Loan and Name of Lender	Address	Phone Number
Type of Loan and Name of Lender	Address	Phone Number
Type of Loan and Name of Lender	Address	Phone Number





**APPLICATIONS TO GOVERNMENT AGENCIES**

62. Have you ever previously applied to the NYC Department of Finance for any position, including any position with the NYC Office of the Sheriff? **Yes**  **No**

If yes, provide the following information:

Position/Title	Exam and List Number (if applicable)	Date Applied/Taken	Status
	Exam Number: List Number:		
	Exam Number: List Number:		

63. Have you ever, in your lifetime, applied to any other law enforcement agency, within or outside of New York City? **Yes**  **No**

If yes, provide the following information:

1. Agency Name	Exam Number	List Number
Date Applied/Taken	Background Investigation (Y/N)	Status of Application
2. Agency Name	Exam Number	List Number
Date Applied/Taken	Background Investigation (Y/N)	Status of Application
3. Agency Name	Exam Number	List Number
Date Applied/Taken	Background Investigation (Y/N)	Status of Application





4. Agency Name			Exam Number	List Number
Date Applied/Taken		Background Investigation (Y/N)	Status of Application	
5. Agency Name			Exam Number	List Number
Date Applied/Taken		Background Investigation (Y/N)	Status of Application	

64. Have you ever, in your lifetime, applied to any other government agency for any title?  
Yes  No

If yes, provide the following information:

1. Agency Name			Exam Number	List Number
Date Applied/Taken		Background Investigation (Y/N)	Status of Application	
2. Agency Name			Exam Number	List Number
Date Applied/Taken		Background Investigation (Y/N)	Status of Application	
3. Agency Name			Exam Number	List Number
Date Applied/Taken		Background Investigation (Y/N)	Status of Application	





4. Agency Name	Exam Number	List Number
Date Applied/Taken	Background Investigation (Y/N)	Status of Application
5. Agency Name	Exam Number	List Number
Date Applied/Taken	Background Investigation (Y/N)	Status of Application

65. Have you ever been barred or disqualified from appointment or employment to a position with any government agency in any civil service position? **Yes**  **No**   
**If yes, provide the following information:**

Date	Agency	Position
Reason for Bar or Disqualification (Full Details)		
Date	Agency	Position
Reason for Bar or Disqualification (Full Details)		
Date	Agency	Position
Reason for Bar or Disqualification (Full Details)		





**FIREARMS LICENSES  
AND PERMITS**

66A. Do you have a license or permit to possess or carry a firearm? Yes  No

If yes, provide the following information and attach to this questionnaire a copy of the license or permit:

Issuing Body	License/Permit #/ Type	Basis for License/ Permit	Date Issued	Date Expires

66B. If yes to Question 66A, state the agency that conducted your background investigation:

\_\_\_\_\_

67. Do you own any firearms? Yes  No

If yes, indicate amount and provide the following information: \_\_\_\_\_

Make	Model	Caliber	Serial Number





68A. Have you ever applied for a pistol license/permit, dealer’s license or gunsmith license but was disapproved? **Yes**  **No**

68B. Have you ever had a pistol license/permit, dealer’s license or gunsmith license revoked or suspended? **Yes**  **No**

If yes to Question 68A or 68B, provide the following information:

Date of Revocation, Suspension or Denial Month / Day / Year	Issuing Body	Reason or Basis for Revocation, Suspension or Denial





**MISCELLANEOUS**

69. Have you ever been fingerprinted for any reason other than for a Civil Service Examination or application to a government agency? **Yes**  **No**

If yes, provide details below:

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70. Have you ever taken a polygraph test, also known as a lie detector test? **Yes**  **No**

If yes, provide details below:

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71A. Are you currently using or experimenting with, in any way or form, any type of drugs, narcotics, or controlled substances, including marijuana and its derivatives (not prescribed by your doctor)? **Yes**  **No**

71B. Have you ever used or experimented with, in any way or form, any type of drugs, narcotics, or controlled substances, including marijuana and its derivatives (not prescribed by your doctor)? **Yes**  **No**

If you answered yes to Question 71A or 71B, provide details:

Dates of usage\_\_\_\_\_

Types of Substance\_\_\_\_\_

Amounts used and Reason\_\_\_\_\_





71C. Have you ever sold, gave away or profited from selling any type of unlawful controlled substance in any state or Federal Statute? **Yes**  **No**

If yes, provide details:

Dates sold \_\_\_\_\_

Types of Substance(s) sold \_\_\_\_\_

Where it was sold \_\_\_\_\_

71D. If you answered yes to any question from Question 71A to 71C, were you ever arrested or given a summons regarding the controlled substances? **Yes**  **No**

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

72A. Have you ever abused alcohol? **Yes**  **No**

72B. Have you ever been arrested or issued a summons for an alcohol related incident? **Yes**  **No**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





72A. Have you ever engaged in any type or form of illegal gambling activities? **Yes**  **No**

72B. Have you ever been arrested or issued a summons for illegal gambling related incidents?  
**Yes**  **No**

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

73. Have you ever been refused or denied a bond or surety, or had a bond or surety revoked or suspended? **Yes**  **No**

If yes, provide the following information:

Bond/Surety Agency	Date Month / Year	Reason Refused or Denied, Revoked or Suspended

74. Are you proficient in another language or languages? **Yes**  **No**

If yes, indicate language(s): \_\_\_\_\_

75. Is there any fact, issue, or other circumstance not covered in this background questionnaire, which you feel may be relevant to your fitness to perform the duties of the position for which your background is being investigated?

**If yes, explain below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Conflicts of Interest**

76. Are there any matters which may involve a conflict of interest in connection with your appointment to the position for which you are being considered which are not fully covered by your answers to this questionnaire? This includes owning or being employed by a business or organization that is contracted with DOF and/or the New York City Sheriff's Office and/or having family or relatives that are employed with DOF and/or the New York City Sheriff's Office?

**If Yes, state below the pertinent facts:**

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**Additional Remarks**

77. Are there any comments you wish to make or information you would like to add?

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**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 understand all the questions and answers contained in the foregoing pages of this questionnaire and the \_\_\_\_\_ page(s) of the addendum which I have appended thereto; that I have supplied full and complete information in answer to each question therein to the best of my knowledge, information, and belief; and that all the information supplied therein is true.

I further understand that 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 termination of employment, or disqualification from future employment and, in addition, may subject me to criminal prosecution.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioners of Deeds

**THIS BACKGROUND INVESTIGATION QUESTIONNAIRE IS  
NOT A PUBLIC DOCUMENT**



# FIREARM SECURITY FORM

EXAM NO. \_\_\_\_\_

LIST NO. \_\_\_\_\_

From: \_\_\_\_\_

To: Deputy Cadet Processing

**Subject: FIREARM SECURITY**

1. I realize that as a Deputy Sheriff/Investigator, I will be responsible for securing my weapon(s). I will follow the instructions/training given to me at the Sheriff's Office Law Enforcement Academy as to the proper procedure to use to secure my weapon(s).
2. The following member(s) of my family and/or any other person(s) who reside in my household, whether or not related to me, have been arrested for the charges listed below.

(use additional form if more space is needed)

3. The above is all the knowledge I have concerning my family and household members' arrest record(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# DOMESTIC VIOLENCE INQUIRY

## INQUIRY REGRADING CONVICTIONS FOR MISDEMEANOR CRIMES OF DOMESTIC VIOLENCE Pursuant to Title 18 U.S.C. Section 922 (g) (9)

The purpose of this form is to obtain information that will assist the New York City Sheriff's Office in determining whether any of its applicants have been adversely affected by federal law, title 18 U.S.C. Section 922 (g) (9). You are directed to complete this form and return it, within ten (10) working days of your receipt of the form, to your Character Assessment Section Investigator. Failure to complete this form truthfully and within ten (10) days of receipt may result in your disqualification.

Applicants may seek the advice of counsel prior to responding to the questions contained in this form. However, the form must be completed, notarized, and submitted to your investigator within ten (10) days of receipt. The New York City Sheriff's Office will notify the Licensing agency and/or appropriate authorities when informed of an applicant who reports the possession of firearms or ammunition in violation of this law.

1. Have you ever been convicted of a Misdemeanor Crime of Domestic Violence, in any court, anywhere, including a military tribunal? Indicate:  YES  NO

A "Misdemeanor Crime of Domestic Violence" is defined by 18 U.S.C. 921 (a) (33) (A) as follows: An offense that (i) is a misdemeanor under federal or state law and (ii) has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by:

- a.- A current or former spouse, parent or guardian of the victim.
b.- A person with whom the victim shares a child in common.
c.- A person who was or is cohabiting with the victim as a spouse, parent or guardian.
d.- A person similarly situated to a spouse, parent or guardian of the victim.

2. If you answered "yes" to question 1, provide the following information with respect to the conviction:

Court/Jurisdiction \_\_\_\_\_
Docket/Case# \_\_\_\_\_
Statute/Charge \_\_\_\_\_
Date Sentenced \_\_\_\_\_

If you answered "yes" to question No.1:

- a. Were you pardoned? Indicate:  YES  NO
b. Was your conviction expunged? Indicate:  YES  NO

c. If any of your civil rights were removed as a result of your conviction, have all of your rights been restored? Indicate:  N/A  YES  NO

3. If you answered "Yes" to question 2a, b or c attach copies of documents verifying your response.

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to section 210 of the Penal Law.

Name \_\_\_\_\_ Exam No. \_\_\_\_\_
List No. \_\_\_\_\_ Position Sought \_\_\_\_\_ S.S. No. \_\_\_\_\_
Date \_\_\_\_\_ Signature \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public \_\_\_\_\_





**Notice to Deputy Sheriff/Investigator Candidates**

**Candidates Name:** \_\_\_\_\_

**Exam No.** \_\_\_\_\_

**List No.** \_\_\_\_\_

You are now a candidate for the position of Deputy Sheriff/ Investigator with the New York City Finance Department, Office of the City Sheriff. You must keep the Character Assessment Section Investigator assigned to your case fully informed of any events in your life which may have an impact upon your character or suitability for appointment as a Deputy Sheriff/Investigator, to fully investigate your background and history.

You must notify your investigator with any events or changes in your life including, but not limited to: change of address; change of phone number; change of employment; change of marital status; whether you have received any summonses (traffic, criminal, or civil), been arrested, or been involved in any way with any police department or law enforcement agency as a witness to, victim of, or suspect in any crime or violation of law. You will also be required to be screened for social media to ensure that you comply with the agency social media policy.

**FAILURE TO PROMPTLY INFORM YOUR INVESTIGATOR OF ANY SUCH CHANGES OR EVENTS MAY RESULT IN YOUR DISQUALIFICATION FOR EMPLOYMENT AS A DEPUTY SHERIFF/INVESTIGATOR.**

I understand my obligation to inform the New York City Department of Finance Office of the City Sheriff's Character Assessment Section of any events or changes in my life as described above as well as be willingly to allow the Sheriffs Character Assessment Section to screen any and all social media accounts that belong to me in compliance with Social media policy. I understand that my failure to promptly inform my investigator of any such changes or events may result in disqualification for employment as a Deputy Sheriff/ Investigator.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Candidate**





**AUTHORIZATION FOR RELEASE OF INFORMATION**

NY0300000  
Deputy Cadet Processing  
3010 Starr Avenue  
Queens, NY 11101  
Tel: (718) 707-2122  
Fax: (718) 707-2190

\_\_\_\_\_ Date

Exam No. \_\_\_\_\_ List No. \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Veterans Agencies; United States Army; Navy; Air Force; Marines; Coast Guard; Military Reserves; all Law Enforcement Agencies, City, State, and Federal Tax Bureaus; Welfare and Unemployment Services; Credit Bureaus; Schools; Universities, Physicians, Hospitals and Institutions; all State, City and County Civil Service Commissions; and all Federal, State, City and Local Courts, including those records relating to Youthful Offender Adjudication, including those pursuant to NYS CPL § 720.35; to furnish the New York City Sheriff's Office with any and all available information and copies of records as well as current and past civil service standings and the outcome of any investigations ongoing or discontinued regarding me. This information will be used to determine my suitability for possible appointment as Deputy Sheriff or Investigator with New York City Sheriff's Office.

I authorize the New York City Sheriff's Office to make inquiry of my present and past employers regarding my character, integrity and reputation. (Make note if you do not wish to have your present employer contacted and provide an explanation below.)

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

- Yes, you may contact my present employer.
- No, I do not want my present employer contacted.

Explain: \_\_\_\_\_

Note: A photocopy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Sworn to me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public



**Background**

The federal Driver's Privacy Protection Act (DPPA) designates certain information in motor vehicle records as *Personal Information*. Personal information includes a motorist's photograph, social security number, date of birth, driver license number, non-driver ID number, name, address (except for 5-digit zip code), telephone number, and medical or disability information. Public information includes reportable accidents, driving convictions, driver status and vehicle information. Most motor vehicle records contain personal and public information. Please note, if we are authorized to release personal information, we will not release social security number, phone number, photograph, medical or disability information.

The DPPA also limits the reasons (*permissible uses*), for which the Department of Motor Vehicles may release records containing personal information. A copy of the DPPA, and the permissible uses in New York State, are printed on form MV-15DPPA.

Some requesters may request a copy of a record only if they have permission from the person named in the record. This form provides evidence (*signed authorization*) of that permission.

**Instructions for Motorists**

The motorist is the person named in a motor vehicle record. The record requester is the person requesting information about the motorist. To complete this form, print your name in the blank marked *Motorist*. Print the record requester's name in the blank marked *Record Requester*. Then visit a notary public. In the presence of the notary, sign on the line marked *Motorist's Signature*, then give this form to the notary to notarize.

After it is notarized, give this form to the record requester.

**Instructions for Record Requesters**

You may request someone else's motor vehicle record containing personal information only if you have a permissible use as defined in the DPPA. You may face criminal penalties and civil liabilities if you request a record for which you do not have a permissible use. Having the motorist's permission is a permissible use. This form, properly completed and notarized, is evidence of the motorist's permission.

Keep a copy of this form for five years after you receive the record you requested.

I, \_\_\_\_\_, authorize the New York State Department of Motor Vehicles  
(Motorist)  
to disclose or otherwise make available to \_\_\_\_\_ personal information about  
(Record Requester)  
me obtained by the Department in connection with a motor vehicle record.

**X**

\_\_\_\_\_  
Motorist's Signature

STATE OF \_\_\_\_\_

ss:

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared  
(month) (year)

\_\_\_\_\_, to me known and who by me being duly sworn, acknowledged  
(Motorist)

to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

\_\_\_\_\_  
Notary Public



# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

# REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)		2. SOCIAL SECURITY #		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE							
b. RESERVE							
c. STATE NATIONAL GUARD							

6. IS THIS PERSON DECEASED?  NO  YES - *MUST* provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE?  NO  YES

## SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

**DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_

This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.

An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:  I want a DELETED copy.

**Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. *IF HOSPITALIZED (inpatient) the FACILITY NAME and DATE (month and year) for EACH admission MUST be provided:* \_\_\_\_\_

**Other** (Specify): \_\_\_\_\_

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

- Benefits (explain)  
 Employment  
 VA Loan Programs  
 Medical  
 Genealogy  
 Correction  
 Personal  
 Other (explain)

Explain here: \_\_\_\_\_

## SECTION III - RETURN ADDRESS AND SIGNATURE

### 1. REQUESTER NAME:

2.  I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above.

I am the DECEASED VETERAN'S NEXT-OF-KIN (*MUST submit Proof of Death. See item 2a on instruction sheet.*)

I am the VETERAN'S LEGAL GUARDIAN (*MUST submit copy of Court Appointment*) or AUTHORIZED REPRESENTATIVE (*MUST submit copy of Authorization Letter or Power of Attorney*)

OTHER

\_\_\_\_\_  
(Relationship to deceased veteran)

\_\_\_\_\_  
(Specify type of Other)

### 3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
City State Zip Code

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

\_\_\_\_\_  
Signature Required - Do not print Date

\_\_\_\_\_  
Daytime phone Fax Number

\_\_\_\_\_  
Email address

\* This form is available at <http://www.archives.gov/veterans/military-service-records/standard-form-180.html> on the National Archives and Records Administration (NARA) web site. \*

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
Active, Reserve, or TDRL	10		
PHS	Public Health Service - Commissioned Corps officers only	12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		