



Kat Thomson, Acting Deputy Commissioner/Chief of Staff
Roman Paprocki, Assistant Commissioner
Human Resources Applicant Investigation Unit
75-20 Astoria Blvd, Suite 250
East Elmhurst, NY 11370
Tel: 718•546 •3248
Fax: 718•278•6072

IG-Check Form

Date:

THIS IS AN INQUIRY CONCERNING:

EXAM/LIST #: _____

NAME

ADDRESS

POSITION HELD

FROM / TO

LAST FOUR OF THE SOCIAL SECURITY NO.

DATE OF BIRTH

In accordance with the privacy Act of 1975, I hereby give my written consent and authorize you to turn over any and all employment records relating to my employment. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein. I further request that such records be forwarded to the Correction Department Investigator, named below.

APPLICANT'S SIGNATURE

LAST FOUR OF THE SOCIAL SECURITY NO.

The above named person is an applicant for the position of Correction Officer in the City of New York Department of Correction and states that he/she was employed by you during the period(s) shown above.

I have been assigned by the Correction Commissioner to investigate the character and records of this applicant in order to determine his/her eligibility for the position.

You can assist this department in its effort to appoint competent persons of good character if you would furnish the information requested on the reverse side of this letter. All information will be treated as confidential.

Your cooperation and prompt reply will be greatly appreciated.

Rank / Name

IG-CHECK

IG-CHECK

NAME OF FIRM OR AGENCY

TYPE OF BUSINESS OR FUNCTION OF AGENCY

DATE

**EMPLOYED
FROM/TO**

**PART TIME /
FULL TIME**

TITLE

LAST FOUR OF THE S.S #

WAS CANDIDATE EVER DISCIPLINED?

RESIGNED IN LEIU OF TERMINATION?

☐

YES

☐

NO

☐

YES

☐

NO

IF YES, GIVE DETAILS:

WAS CANDIDATE EVER BROUGHT UP ON ANY DEPARTMENTAL CHARGES?

☐

YES

☐

NO

IF YES, GIVE DETAILS:

WAS CANDIDATE EVER BROUGHT UP ON ANY CRIMINAL CHARGES?

☐

YES

☐

NO

IF YES, GIVE DETAILS:

ADDITIONAL COMMENTS:

DO YOU PREFER A PERSON-TO-PERSON INTERVIEW REGARDING CANDIDATE?

☐

YES

☐

NO

SIGNATURE OF INSPECTOR: _____ Tele. # : _____

PRINT NAME & TITLE: _____