

**CITY OF NEW YORK**  
**DEPARTMENT OF CORRECTION**  
**APPLICANT INVESTIGATION UNIT**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_  
EXAM NO.: \_\_\_\_\_ LIST NO.: \_\_\_\_\_ LAST FOUR OF THE S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



The answers to the questions in this booklet must be printed in **BLACK INK ONLY**. **TWO (2)** copies of this booklet are furnished, **BOTH** are to be fully completed, signed, notarized in the space provided and returned to your assigned investigator as directed. If additional space is required for any question, utilize the provided space at the rear of the booklet. Indicate the question number and provide the necessary information. If a question is not applicable, indicate such by entering “N/A” or “None”. **DO NOT LEAVE ANY QUESTION BLANK**. Mistakes should only be corrected by drawing a **SINGLE** line through the mistake and placing your initials at the end.

Applicants are cautioned to answer every question, **TRUTHFULLY, COMPLETELY AND WITHOUT KNOWINGLY WITHHOLDING INFORMATION**. In accordance with Civil Service Law and Penal Law 175.25 and 175.35, which are provided on the back cover of this booklet, provide penalties for making false statements or material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment, revocation of appointment and prosecution of felony charges.

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

**THE NEW YORK CITY DEPARTMENT OF CORRECTION**  
**IS AN EQUAL OPPORTUNITY EMPLOYER**

**I. PERSONAL DATA**

1. \_\_\_\_\_  
 Last Name First Name M.I. Last Four of the S.S. #

a. Have you ever had a name change? Yes  No  If yes, \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Court: \_\_\_\_\_ Index No.: \_\_\_\_\_ If by marriage, date of marriage \_\_\_\_\_

b. List below any other name, alias, or nickname, by which you have ever been known (including maiden name if you *are* a married female) with reason for such use: \_\_\_\_\_

c. Do you have any tattoos, brands, body piercings, or other body art? Yes  No   
 If yes, include the location and complete description, including symbolized meaning and reason for getting same: \_\_\_\_\_

2. Sex: Male \_\_\_ Female \_\_\_ Date of Birth: Month: \_\_\_ Day: \_\_\_ Year: \_\_\_\_\_

3. Birth Certificate: \_\_\_\_\_  
 Certificate Number City or Town County State

4. Citizenship: Citizen of the U.S.A.? Yes  No   
 a. What country were you born in? \_\_\_\_\_  
 b. If not born in the U.S.A., date entered U.S.A.? \_\_\_\_\_ Place of Entry: \_\_\_\_\_  
 c. If you are a naturalized citizen of the U.S.A., list below:

Naturalization Certificate No.	Date	Court	City	State
--------------------------------	------	-------	------	-------

d. Do you have dual citizenship? Yes  No  If yes, what country: \_\_\_\_\_  
 When was it obtained: \_\_\_\_\_ How was it obtained: \_\_\_\_\_

5. Do you have a U.S. Resident Alien Card? Yes  No  Expiration: \_\_\_\_\_  
 If yes, how was it obtained (Lottery, etc.): \_\_\_\_\_  
 Alien Registration No: \_\_\_\_\_

6. Do you have or have you ever had a U.S. passport? Yes  No   
 If yes, passport no.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 a. Have you ever reported a passport lost or stolen? Yes  No   
 If yes, describe the circumstances of the loss to include the date, location, and police report number: \_\_\_\_\_  
 b. Do you now or have you ever had a foreign passport? Yes  No  Issuing Country: \_\_\_\_\_  
 If yes, date issued: \_\_\_\_\_ Date of Surrender/ Expiration: \_\_\_\_\_  
 c. Have you ever applied for a travel visa to travel to or from any country? Yes  No   
 If yes, Date: \_\_\_\_\_ Country: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Has a visa ever been denied? Yes  No

7. What countries outside of the U.S.A. have you traveled to? Include dates and how long you were in the country:

Country and Town or City	Dates	Length of Stay	Purpose of Visit	Persons Traveled With

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

8. Marital Status:  Single  Married  Legally Separated  Divorced  Registered Domestic Partner/Civil Union  Widowed

<input type="checkbox"/> N/A	Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )	City	State	Zip code
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )	City	State	Zip code
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order of Protection or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )	City	State	Zip code
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )	City	State	Zip code
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order of Protection or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )	City	State	Zip code
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )	City	State	Zip code
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order of Protection or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )	City	State	Zip code
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )	City	State	Zip code
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order of Protection or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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

**II. RESIDENCE RECORD**

9. Starting with your **present** address and working back, list each address (including temporary addresses) at which you have resided. Please include military and college (campus and/or off-campus) addresses. All foreign addresses must be included:

FROM		TO:		Street Address	Apt. No.	City or Town	County of	State	Zip Code
Mo.	Yr.	Mo.	Yr.						
		PRESENT							

a. Do you own/co-own any Real Estate? Yes  No  If yes, list:

\_\_\_\_\_ Address \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country

Name of co-owner(s), if any: \_\_\_\_\_

b. All Residence telephone number(s) ever used: (Area Code) \_\_\_\_\_

c. All Cell phone number(s) ever used: (Area Code) \_\_\_\_\_

d. All Email address(es) ever used: \_\_\_\_\_

e. Do you now have or have you ever had an account on a social networking site, such as MySpace, Facebook, or Twitter?

Yes  No

If yes, indicate address(es) \_\_\_\_\_

**III. FAMILY RECORD**

10. List below all your living or deceased children, including natural, adopted, and/or foster care. Include any other children who have ever resided with you. Provide the name and contact information of the other parent or guardian.

Childs Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No Enter Full Address
Who has the Custody of Child? Include Name and Relationship			Name of other Parent	
Parents D.O.B.	Parents Home Address		Parents Contact No.	
Parents Occupation	Parents Work Address	Candidates Current Relationship with other Parent		
Place of Birth (Village or Town, State and Country)				

Childs Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/>	If No Enter Full Address
Who has the Custody of Child? Include Name and Relationship			Name of other Parent	
Parents D.O.B.	Parents Home Address		Parents Contact No.	
Parents Occupation	Parents Work Address	Candidates Current Relationship with other Parent		
Place of Birth (Village or Town, State and Country)				

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

Childs Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No Enter Full Address
Who has the Custody of Child? Include Name and Relationship			Name of other Parent
Parents D.O.B.	Parents Home Address		Parents Contact No.
Parents Occupation	Parents Work Address	Candidates Current Relationship with other Parent	
Place of Birth ( <i>Village or Town, State and Country</i> )			

Childs Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No Enter Full Address
Who has the Custody of Child? Include Name and Relationship			Name of other Parent
Parents D.O.B.	Parents Home Address		Parents Contact No.
Parents Occupation	Parents Work Address	Candidates Current Relationship with other Parent	
Place of Birth ( <i>Village or Town, State and Country</i> )			

Childs Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No Enter Full Address
Who has the Custody of Child? Include Name and Relationship			Name of other Parent
Parents D.O.B.	Parents Home Address		Parents Contact No.
Parents Occupation	Parents Work Address	Candidates Current Relationship with other Parent	
Place of Birth ( <i>Village or Town, State and Country</i> )			

- a) Additional children listed on pages 18-22? Yes  No
- b) What provisions have you made for the support of the children listed above? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) Do any of your children receive child support or other supportive income? (Social Security, disability) Yes  No   
 If yes explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. FAMILY RECORD AND REFERENCES**

d) List the full names of biological mother and father; stepmothers/stepfathers; grandfathers; grandmothers; father-in-law; mother-in-law, living or deceased. The complete address for each must be listed (include city and state).

Father's Name (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_  
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Mother's Name (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

  
 N/A

Stepfather's Name (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

  
 N/A

Stepmother's (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

  
 N/A

Father-in law's Name (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

  
 N/A

Mother-in law's Name (Last, First)	Address ( <i>number, street, apt.</i> )	City	State	Zip code
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	/Email			
Place of Birth ( <i>Village or Town, State and Country</i> )				

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

<input type="checkbox"/> N/A	Grandmother's Name (Last, First)	Address ( <i>number, street, apt.</i> )			City	State	Zip code	
	Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation			
	Home Phone	Work Phone			Cell Phone			
	D.O.B.				/Email			
	Place of Birth ( <i>Village or Town, State and Country</i> )							

<input type="checkbox"/> N/A	Grandfather's Name (Last, First)	Address ( <i>number, street, apt.</i> )			City	State	Zip code	
	Work Address ( <i>number, street, apt.</i> )	City	State	Zip code	Occupation			
	Home Phone	Work Phone			Cell Phone			
	D.O.B.				/Email			
	Place of Birth ( <i>Village or Town, State and Country</i> )							

a. List the full names of all biological brothers and sisters; half-brothers/half-sisters; stepbrothers/stepsisters; uncle; aunt; great aunt; great uncle; first cousin; nephew; niece; fiancé and fiancée, living or deceased. (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Relationship						
Home Address ( <i>number, street, apt.</i> )		City	State	Zip code	D.O.B.		
Work Address ( <i>number, street, apt.</i> )		City	State	Zip code	Occupation		
Home Phone		Work Phone		Cell Phone	Email		
Place of Birth ( <i>Village or Town, State and Country</i> )							

<input type="checkbox"/> N/A	Relationship						
Home Address ( <i>number, street, apt.</i> )		City	State	Zip code	D.O.B.		
Work Address ( <i>number, street, apt.</i> )		City	State	Zip code	Occupation		
Home Phone		Work Phone		Cell Phone	Email		
Place of Birth ( <i>Village or Town, State and Country</i> )							

<input type="checkbox"/> N/A	Relationship						
Home Address ( <i>number, street, apt.</i> )		City	State	Zip code	D.O.B.		
Work Address ( <i>number, street, apt.</i> )		City	State	Zip code	Occupation		
Home Phone		Work Phone		Cell Phone	Email		
Place of Birth ( <i>Village or Town, State and Country</i> )							

<input type="checkbox"/> N/A	Relationship			
Home Address ( <i>number, street, apt.</i> )				City
State				Zip code
D.O.B.				
Work Address ( <i>number, street, apt.</i> )				City
State				Zip code
Occupation				
Home Phone		Work Phone		Cell Phone
Email				
Place of Birth ( <i>Village or Town, State and Country</i> )				

<input type="checkbox"/> N/A	Relationship			
Home Address ( <i>number, street, apt.</i> )				City
State				Zip code
D.O.B.				
Work Address ( <i>number, street, apt.</i> )				City
State				Zip code
Occupation				
Home Phone		Work Phone		Cell Phone
Email				
Place of Birth ( <i>Village or Town, State and Country</i> )				

b. List any person(s) who has ever resided with you, whether related to you or not (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Relationship			
Home Address ( <i>number, street, apt.</i> )				City
State				Zip code
D.O.B.				
Work Address ( <i>number, street, apt.</i> )				City
State				Zip code
Occupation				
Home Phone		Work Phone		Cell Phone
Email				
Place of Birth ( <i>Village or Town, State and Country</i> )				

<input type="checkbox"/> N/A	Relationship			
Home Address ( <i>number, street, apt.</i> )				City
State				Zip code
D.O.B.				
Work Address ( <i>number, street, apt.</i> )				City
State				Zip code
Occupation				
Home Phone		Work Phone		Cell Phone
Email				
Place of Birth ( <i>Village or Town, State and Country</i> )				

<input type="checkbox"/> N/A	Relationship			
Home Address ( <i>number, street, apt.</i> )				City
State				Zip code
D.O.B.				
Work Address ( <i>number, street, apt.</i> )				City
State				Zip code
Occupation				
Home Phone		Work Phone		Cell Phone
Email				
Place of Birth ( <i>Village or Town, State and Country</i> )				

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



c) List 5-6 people who know you well, such as social and family friends, co-workers, military acquaintances.  
Do not include relatives, employers or housemates, or other individuals listed elsewhere.

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Name:	How do you know this person? For example: friend, teacher, family-friend, co-worker?)		
Home Address ( <i>number, street, apt.</i> )	City	State	Zip code
			D.O.B.
Work Address ( <i>number, street, apt.</i> )	City	State	Zip code
			Occupation
Home Phone	Work Phone	Cell Phone	Email

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_  
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**V. FOREIGN CONTACTS (OR LANGUAGE)**

13. a. Do you speak, read, write, or understand a foreign language? Yes  No   
 If yes, list languages(s) and educational level of proficiency: \_\_\_\_\_  
 b. How often is each language(s) used? \_\_\_\_\_  
 c. With Whom is each language(s) used? \_\_\_\_\_ How often? \_\_\_\_\_  
 d. Is the person inside or outside the United States? Inside  Outside   
 If outside, list the country: \_\_\_\_\_

**VI. EDUCATION RECORD**

14. List all schools including foreign schools you have attended starting with 9<sup>th</sup> grade:

School Name City, State and Zip code	Month and Year Attended		Number of Credit Hours Completed		Type of Degree (e.g. H.S. Diploma, B.A., M.A.)	Month and Year of Graduation Degree
	From	To	Semester	Quarter		

- a) List any other schools attended, included but not limited to, trade, vocation, business, professional and occupational licenses, training courses, internships, certificate programs, etc. List the dates of attendance.

\_\_\_\_\_

\_\_\_\_\_

- b) High school diploma from an accredited U.S. institution? Yes  No   
 G.E.D. Yes  No  If "Yes", G.E.D. -issuing State: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Other: \_\_\_\_\_

- c) Where you ever the subject of any disciplinary action at any educational institution which you attended? Yes  No   
 If "yes" give details on pages 18 through 22. (School name, disposition date, etc.)

**VII. EMPLOYMENT RECORD**

15. Have you ever been fired or suspended from any job, or has any form of disciplinary action been taken against you by any employer? Yes  No  If Yes, explain below.

\_\_\_\_\_

\_\_\_\_\_

List below, starting with your current employment-or **unemployment** - and working back, each period of employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so State under "Reason for leaving employment". **DO NOT LEAVE ANY TIME PERIODS UNACCOUNTED FOR.**

From Mo: _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor
Company Name (if unemployed so state)			Type of work performed
Street address of Company			Employers telephone number

(Continue employment entries on Page)

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

**Continued Employment Entries**

From _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor
Company Name (if unemployed so state)		Type of work performed	
Street address of Company		Employers telephone number	
City, State, Zip code		Reason for leaving employment	
From _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor
Company Name (if unemployed so state)		Type of work performed	
Street address of Company		Employers telephone number	
City, State, Zip code		Reason for leaving employment	
From _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor
Company Name (if unemployed so state)		Type of work performed	
Street address of Company		Employers telephone number	
City, State, Zip code		Reason for leaving employment	
From _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor
Company Name (if unemployed so state)		Type of work performed	
Street address of Company		Employers telephone number	
City, State, Zip code		Reason for leaving employment	

**Additional employment listed on pages 18 through 22?** Yes  No

16. If you listed any period(s) unemployment, state how you were supported during that time: \_\_\_\_\_  
\_\_\_\_\_

a. Additional statements listed on 18 through 22? Yes  No

17. Are you currently employed by the New York City Police Department? Yes  No

If yes, indicate the current title: \_\_\_\_\_

Supervisor's Name	Telephone Number	Command

a. Have you ever applied for any position or taken any civil service examinations for a position with any City, Municipal, Village, Town, County, State, and/or Federal Authority? Yes  No  This includes if you have been interviewed without an examination. If "yes", state name of agency concerned, position/title, year of exam, list position (if any), and current status:

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

Additional applications listed on pages 18 through 22 Yes  No

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

b. Have you ever been employed by any City Municipal, Village, Town, County, State, Federal Authority, and/or Foreign Government? Yes  No  If "yes", state name of agency concerned: \_\_\_\_\_

c. Are you employed by and / or do you have an interest in an individual organization that has business dealings with the City of New York? Yes  No

If yes, state name of individual or company concerned: \_\_\_\_\_

d. Have you ever taken a polygraph examination? Yes  No  If "yes", list and explain: \_\_\_\_\_

What were the results? \_\_\_\_\_

e. Have you ever been disqualified or barred from employment by any City, State, or Federal agency? Yes  No   
If "yes", explain: \_\_\_\_\_

f. Have you ever been drug screened for employment? Yes  No   
If "yes", when and for which employment: \_\_\_\_\_  
Describe circumstances and results: \_\_\_\_\_

18. Have you ever applied for, claimed, received or are now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare, or other social services assistance? This includes housing, food stamps, and Medicaid. Yes  No  If "yes", give details: \_\_\_\_\_

19. List the names of any not-for-profit organization(s) to which you have made contributions of money or property, or otherwise supported, inside or outside the United States, within the last ten years: \_\_\_\_\_

a. Do any of these organizations have contact with any foreign government organizations or their representatives?  
Yes  No

b. List any organization of which you are now or have been a member (or officer, if so, please state) foreign or domestic, that advocates violence: \_\_\_\_\_

20. Income Tax Returns – Have you filed a Federal and State income tax return for each of the past (5) years? Yes  No   
If "no" explain: \_\_\_\_\_

21. Do you now or have you ever had a business relationship (such as a real estate co-tenancy, partnership or significant stock ownership) with anyone? Please list associate information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_

a. Have you ever received support from or supported an individual in a foreign country? Yes  No

If yes, give details: \_\_\_\_\_

### VIII. ARREST AND SUMMONS RECORD

22. A. Have you ever been arrested? Yes  No

b. List **ALL** arrests returnable to any court in any jurisdiction including arrests which occurred while you were a juvenile (under age 16). Every arrest should be included below, even if dismissed, sealed, those resulting in youthful Offender Adjudication, or otherwise ended without a conviction. You should also list any case still pending. If you have never been arrested, enter **NONE**.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

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

23. List **ALL** summonses served upon you by law enforcement officer, court, or other authority in any jurisdiction which were returnable to a Criminal Court, Transit Adjudication Bureau, Environmental Control Board, etc.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

24. Has any member of your immediate family (spouse, parent, brother, sister) or any person with whom you have resided, although not related to you, ever been arrested or incarcerated? Yes  No  If “yes”, explain on pages 18 through 22. Include any persons listed in questions 9, 11, 12a, and 12b.

25. Have any individuals with whom you have a child in common ever been arrested or incarcerated? Yes  No   
 If “yes”, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. Have you ever been involved in any domestic incidents? Yes  No   
 If “yes”, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

a. Has an order of protection ever been issued against you? Yes  No   
 Date(s) Issued: \_\_\_\_\_ Date(s) Expired: \_\_\_\_\_ Court: \_\_\_\_\_  
 Explain Circumstances: \_\_\_\_\_

27. List any case or instance in which you were 1) a plaintiff, defendant, or witness in any court proceeding, 2) a petitioner or respondent in a Family Court Proceeding, 3) a complainant or witness in a Criminal Court or grand jury proceeding, 4) the subject, complainant, or witness of any investigation by any city, state, or federal agency, 5) a subject, complainant, or witness in any administrative hearing. Do not include any court appearances made in your official capacity as law enforcement officer, peace officer, or security guard.

Date	City/Town & State	Court or Agency	Purpose of the Hearing, and Your Involvement in Case

a. Were you ever the subject/witness or have you ever been questioned during a police investigation in which you were not charged with a crime? Yes  No  If “yes”, explain: \_\_\_\_\_  
 \_\_\_\_\_

b. Have you ever been stopped and/or questioned by a member of law enforcement even if not arrested or issued a summons? Yes  No  If “yes”, explain: \_\_\_\_\_  
 \_\_\_\_\_

**IX. LICENSE RECORD**

28. Do you possess, or have you ever possessed a valid NY State Driver’s License? Yes  No

a. If “yes” complete: Class: \_\_\_ License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

b. Has your N.Y.S. Driver’s License ever been suspended or revoked? Yes  No  If “yes” explain: \_\_\_\_\_

Date	Reason

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

- c. Are there any restrictions on your license? Yes  No  If "yes", list here: \_\_\_\_\_
- d. Have you ever been issued a Driver's License by a state other than NY? Yes  No   
 If "yes", issuing state(s) \_\_\_\_\_  
 License No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expires: \_\_\_\_\_
- e. Has any driver's license issued to you by a state other than NY ever been suspended or revoked? Yes  No   
 If "yes", explain issuing state(s): \_\_\_\_\_  
 When: \_\_\_\_\_ Why: \_\_\_\_\_
- f. Do you possess, or have you ever possessed a valid U.S. Military License? If "yes", what branch of service? \_\_\_\_\_  
 License No.: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
 Ever suspended or revoked? Yes  No  If "yes" to suspended or revoked, explain:  
 When: \_\_\_\_\_ Why: \_\_\_\_\_
- g. Do you now possess, or have you ever possessed, a foreign driver's license?  
 If "yes", issuing government(s) \_\_\_\_\_ License No.: \_\_\_\_\_ Date issued: \_\_\_\_\_

29. List ALL summonses or citations you have ever received for violations of any traffic laws or regulations, in any jurisdiction.

Date of Violation	City/Town, State, and Country	Violation or Charges	Court Disposition & Date

30. List below all motor vehicles ever owned by you or registered to you:

Year of Vehicle	Make of Vehicle	Type of Vehicle	Period Owned		Reg. Plate No.	State Licensing
			From	To		

Include all motor vehicles a) owned by you and registered to you, b) owned by you but registered to someone else, c) registered to you but owned by someone else.

31. Do you have any outstanding, unpaid parking summonses? Yes  No  If "yes", how many? \_\_\_\_\_  
 Provide details: \_\_\_\_\_

32. Were you ever in a motor vehicle accident in which **YOU WERE THE DRIVER OF THE VEHICLE**? Yes  No   
 If "yes", list all accidents below.

Date	Vehicle Owner	Accident Location	Any injuries?	To Whom	Police Pct./ Accident No.	Claims Pending?	By Whom

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

**X. LICENSE AND FIREARM RECORD**

33. Do you now own or possess, or have you ever owned or possessed a pistol, rifle, or firearm? Yes  No

If "yes", give details below.

Type of Weapon	Manufacturer	Model / Caliber	Serial Number	Dates Owned	How Obtained?	Where Obtained?

a. For each weapon listed above, give details below:

Weapon	License / Certification No.	Issuing Agency	Date Issued	Date Expired	Suspended / Revoked?

33. Have you ever been issued a license by any city, state, or federal agency, for any purpose, including but not limited to: attorney, teacher, real-estate broker, doctor, taxi driver, security guard, notary public, locksmith, or for any premises licensed by the State Liquor Authority? Yes  No

Kind of License	License Number	Issuing Agency	Issue Date	Expire Date	Ever Suspended Or Revoked

**XI. MILITARY SERVICE RECORD**

34. List below military service performed on either Active Duty or on Reserve or National Guard Status. Include any foreign military service.

From	To	Active or Reserve	Branch Service	Rank	Service Ser. No.	Type of Discharge or Separation

36. Have you ever been disciplined while in military service, including but not limited to, Court Martial, and/or actin(s) under Article 15, Code of Military Justice.

Date	Charges Against You (SPECIFIC)	Reason	Type of Action	Disposition of Charges

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

**XII. SELECTIVE SERVICE RECORD**

37. Does Selective Service apply to you? Yes  No

All males born after December 31, 1959 are required to register with the Selective Service System. If you are a male, have you registered? Yes  No  If yes, Selective Service No.: \_\_\_\_\_ Date of registration: \_\_\_\_\_

If no, explain: \_\_\_\_\_

**XIII. DEBTS – FINANCIAL STATUS**

38. List below all persons or entities to whom you presently owe money (including student loans not yet due for payment) such as banks, credit cards, mortgages, personal loans, tax liens, revolving or store credit, etc. If none, so state.

Name and address of person or entity to whom debit is owed	Original Amount	Present Balance	Monthly or Periodic Payment	Purpose of Debt	Date Made

Total amount of debt \$ \_\_\_\_\_ Student Loan(s) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_

Total annual income \$ \_\_\_\_\_ Credit Cards \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

a. Have you ever filed for bankruptcy? Yes  No  If yes, explain below: \_\_\_\_\_

b. Have you ever been in default, or had any garnishment, wage assignment, or judgement filed against you for failure to pay a debt? Yes  No  If yes, explain below: \_\_\_\_\_

**XIV. CONTROLLED SUBSTANCE / ALCOHOL USE**

39. Answer with “Yes” or “No” after each question below. An answer of “Yes” to any question requires an explanation on pages 18 through 22, including dates, frequency, treatment, cure, etc. The phrase “ever used” in this context includes everything from one (1) time usage or occasional usage to frequent or regular usage.

- a. Do you now or have you ever used marijuana? \_\_\_\_\_
- b. Do you now or have you ever used crack and/or cocaine? \_\_\_\_\_
- c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)? \_\_\_\_\_
- d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? \_\_\_\_\_
- e. Do you now or have you ever used any other non-prescribed controlled substance? \_\_\_\_\_
- f. Do you now or have you ever used any non-prescribed amphetamines, barbiturates, or other tranquilizers? \_\_\_\_\_
- g. Do you now or have you ever used steroids? \_\_\_\_\_
- h. Have you ever used any other type of illegal drugs, including, but not limited to, ecstasy, crystal methamphetamine, “club drugs”, etc.? \_\_\_\_\_
- i. Do you now or have you ever used any other prescription medicine to which you did not have a prescription? \_\_\_\_\_

40. Answer either “Yes” or “No” after each question below. An answer of “Yes” to any question requires an explanation on pages 18 through 22, including frequency of use, treatment, etc. In this context, “alcohol” refers to any and all alcoholic beverage, including beer, wine, wine coolers, scotch, etc.

- a. Do you use alcohol? \_\_\_\_\_
- b. Is alcohol a part of your social life? \_\_\_\_\_
- c. Does a relative or friend worry or complain about your drinking? \_\_\_\_\_
- d. Do you miss days from work because of drinking? \_\_\_\_\_
- e. Have you awakened the morning after drinking and could not remember part of the pervious evening? \_\_\_\_\_
- f. Has drinking created medical, financial, relationship, or work-related problems for you? \_\_\_\_\_
- g. Do you get into arguments or fights when you are drinking? \_\_\_\_\_
- h. Have you ever used more alcohol than you intended? \_\_\_\_\_

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



**XV. MISCELLANEOUS**

41. Are you now, have you ever been, or have you ever applied for a position as an auxiliary police officer? Yes  No  If “yes”, list dates of application service, precinct or location of service, and name of supervisor and/ or coordinator.

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

42. Are you now, or have you ever been, or have you ever applied to become a volunteer firefighter? Yes  No  If “yes”, list dates of application service, precinct or location of service, and name of supervisor and/or coordinator.

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

43. Were you a member of the NYPD Explorer Program? Yes  No   
 If “yes”, list dates of service, location of service, and name of supervisor.

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

44. Have you ever provided volunteer service to any organization? Yes  No  If “yes” list dates of service, location of service, and name of supervisor coordinator.

\_\_\_\_\_

45. Have you ever visited any persons incarcerated in any Correctional Facilities? Yes  No   
 If “yes”, list the identity of the person(s): relationship, purpose of visit, name of facility, and date of visit.

First Name	Last Name	Relationship	Purpose of Visit	Name of Facility	Date of Visit

46. Have you ever been involved with any street gangs or Organized Crime Organizations? Yes  No   
 If “yes”, list all groups, reason, and dates of involvement.

Group Name	Nature of Involvement	Dates of Involvement

47. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? Yes  No  If “yes”, explain.

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

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

I am aware that if appointed to the New York City Department of Correction, I must adhere to “Rules & Regulations 3.20 governing general demeanor”. It is prohibited to have contact with any person/organization reasonably believed to be engaged in, likely to engage in or to have engaged in criminal activities.

State of:

City of:

Last four of the S.S#

County of:

I, \_\_\_\_\_, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire, including the additions thereto which appear on pages 18 through 22 following, and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

\_\_\_\_\_  
Signature of Candidate in Presence of Notary Public

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

\_\_\_\_\_  
Notary Public or Commissioner of Deeds  
(or Commissioned Officer for Military Personnel on Active Duty)

**DO NOT SIGN BELOW UNTIL DIRECTED BY YOUR INVESTIGATING OFFICER:**

\_\_\_\_\_  
Signature of Applicant at Interview

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rank/ Signature of Investigator

The following is provided for detailed answers to preceding questions, indicate the question number to which the answers apply.

Question Number	Answer

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



The following is provided for detailed answers to preceding questions, indicate the question number to which the answers apply.

<b>Question Number</b>	<b>Answer</b>

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





**Section 175.25, Penal Lay tampering with public records.**

Tampering with public records in the first degree. A person is guilty of tampering with public records in the first degree when, knowing that he does not have the authority of anyone entitled to grant it, and with intent to defraud, he knowingly removes, mutilates, destroys, conceals, makes a false entry in or falsely alters any record or other written instrument filled with, deposited in, or otherwise constituting a record of a public officer or public servant.

**Tampering with public records in the first degree is a class D felony.**

**Section 175.35 Offering a false instrument for filing in the first degree.**

A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information, and with intent to defraud the state or any political subdivision, public authority or public benefit corporation of the state, he offers or presents it to a public office, public servant, public authority or public benefit corporation with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become a part of the records of such public office, public servant, public authority or public benefit corporation.

**Offering a false instrument for filing in the first degree is a class E felony.**