



NEW YORK CITY DEPARTMENT OF CORRECTION

Louis A. Molina, Commissioner

Kat Thomson, Acting Deputy Commissioner/Chief of Staff

Roman Paprocki, Assistant Commissioner

Human Resource Applicant Investigation Unit

75-20 Astoria Boulevard, Suite 250

East Elmhurst, NY 11370

718 • 546 • 3248

Fax 718 • 278 • 6072

Date:

THIS IS AN INQUIRY CONCERNING:

EXAM/LIST #: _____

NAME

ADDRESS

POSITION HELD

_____*_____
FROM / TO

DATE OF BIRTH

LAST FOUR OF THE SOCIAL SECURITY NUMBER

SUPERVISORS NAME & PHONE NUMBER

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

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.

TELEPHONE # 718-_____ - _____

Name/Rank:

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 #

IF NOT PRESENTLY EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOYMENT

(PLEASE, CHECK ONE)

RESIGNED VOLUNTARILY (state reason given) _____

WAS APPROPRIATE NOTICE GIVEN IN ADVANCE OF RESIGNATION: _____

RESIGNED IN LIEU OF TERMINATION: _____

TERMINATED, } _____
LAID-OFF, } _____
OTHER } _____

CANDIDATE'S EMPLOYMENT RECORD (Check Yes or No. If you desire to elaborate, do so in "Detail")

Honest?	Yes No	Amenable To Orders?	Yes No	Excessively Late?	Yes No	Was he Ever Disciplined?	Yes No
Sober?	Yes No	Able to get Along With Others?	Yes No	Excessively: Absent	Yes No	Injured or Given First Aid?	Yes No

IS SUBJECT CONSIDERED ELIGIBLE FOR REHIRE? Yes No

WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS CANDIDATE? Yes No

DETAIL OR ADDITIONAL COMMENTS:

ADDRESS WHILE UNDER
YOUR EMPLOYMENT _____ / _____

ADDRESSES OF PREVIOUS
EMPLOYERS _____ / _____

SIGNATURE & TITLE OF EMPLOYER: _____ Tele. # _____