



### CORRECTION OFFICER CANDIDATE SCREENING SHEET

EXAM NO.: \_\_\_\_\_ LIST NO.: \_\_\_\_\_ LAST FOUR DIGITS OF THE SOCIAL.:XXX-XX-\_\_\_\_\_

CANDIDATE'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

COMPLEXION: Light  Medium  Dark  FRAME: Small  Medium  Large

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ CARRIER: \_\_\_\_\_

(Carrier Example- T-mobile):EMAIL ADDRESS: \_\_\_\_\_

SOCIAL MEDIA USERNAME(S) (Twitter, Facebook, Instagram, etc.): \_\_\_\_\_

#### ELEMENTS:

N.Y.S Drivers License: Yes  No  College: Yes  No  Total # of credits earned: \_\_\_\_\_

H.S. Diploma / G.E.D.: Yes  No  U.S. Citizen: Yes  No

Military Service: Yes  No  Honorable Discharge: Yes  No  Months Active Duty: \_\_\_\_\_

2 Years Peace Officer or other Law Enforcement: Yes  No  Position Held: \_\_\_\_\_

#### EMPLOYMENT HISTORY:

How many jobs have you held since leaving High School? \_\_\_\_\_

Currently, I am employed by: \_\_\_\_\_ Years/ Months there? \_\_\_\_\_

Title of Position? \_\_\_\_\_

Any City, State or Federal employment? Yes  No  Agency: \_\_\_\_\_

Have you taken any other Civil Service Exams? Yes  No  Were you previously investigated? Yes  No

Were you ever fired, asked to resign, discharged, etc., from any job? Yes  No

From where, name of employer, position held, year: \_\_\_\_\_

If yes, name and telephone number of your supervisor at that job: \_\_\_\_\_

Total number of employment terminations: \_\_\_\_\_

Were you ever unemployed? Yes  No  If yes, how many months? \_\_\_\_\_

College student at that time? Yes  No

#### OTHER INFORMATION:

Any pending legal actions (Housing, Civil Court, Criminal Court, not including traffic court)? Yes  No

Have you ever issued an Order of Protection against someone? Yes  No  If yes, when: \_\_\_\_\_

Has someone ever issued an Order of Protection against you? Yes  No  If yes, when: \_\_\_\_\_

Have you ever received Public Assistance? Yes  No  Have you ever received Social Security? Yes  No

#### ARREST/ CRIMINAL RECORD:

Were you ever arrested (Include youthful offender and sealed records)? Yes  No

If yes: Date: \_\_\_\_\_ Charge & Disposition: \_\_\_\_\_

Total times arrested: \_\_\_\_\_ Total Felony arrests: \_\_\_\_\_ Total Guilty convictions: \_\_\_\_\_

How many criminal court summonses have you received? \_\_\_\_\_ Total Guilty summonses: \_\_\_\_\_

**LICENSE HISTORY:**

Driver's License ID No.: \_\_\_\_\_ State: \_\_\_\_\_  
Total number of moving violations received: \_\_\_\_\_ License ever suspended or revoked? Yes  No   
Total number of times suspended or revoked: \_\_\_\_\_  
Have you ever been issued any Out of State or Military Licenses? Yes  No  If yes, what state? \_\_\_\_\_  
Any outstanding parking summonses with the Parking Violations Bureau? Yes  No  Amount owed: \_\_\_\_\_  
Total received: \_\_\_\_\_ During years: \_\_\_\_\_ Total unanswered: \_\_\_\_\_  
Were you ever involved in a vehicle accident as a driver, passenger or pedestrian? Yes  No

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**MILITARY HISTORY:**

Active U.S. Military? Yes  No  Branch: \_\_\_\_\_ Were you honorably discharged? Yes  No   
Length of active duty service? \_\_\_\_\_ Enlistment date: \_\_\_\_\_ Discharge date: \_\_\_\_\_  
Did you ever receive a Court Martial, Article 15, Captains Mast, Non-Judicial Punishment or Administrative  
Remarks? Yes  No  If yes, why: \_\_\_\_\_  
Did you register with the Selective Service (males only)? Yes  No

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**DEBTS- FINANCIAL STATUS:**

Have you ever filed for bankruptcy? Yes  No  If yes, date of discharge: \_\_\_\_\_  
Have you ever had your salary garnished? Yes  No  If yes, why: \_\_\_\_\_  
Do you have any outstanding loans over \$1,000.00 (e.g., student loan, car loan, mortgage, etc.)? Yes  No

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**CONTROLLED SUBSTANCE USE:**

Have you ever used a controlled substance (not prescribed by a doctor)? Yes  No  If yes, dates of usage:  
\_\_\_\_\_ Type of substance: \_\_\_\_\_ Frequency of use:  
\_\_\_\_\_ Age at the time: \_\_\_\_\_

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**ALCOHOL USE:**

Have you ever abused alcohol? Yes  No   
Have you ever been arrested or summonsed for an alcohol related incident? Yes  No

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**ALIAS/ AKA/ NICKNAME/ TAG NAME:**

Please list any Alias/ Aka/Nickname/ Tag name: \_\_\_\_\_  
Any Security Risk Group/ Gang Affiliation? Yes  No  Present? Yes  No  Past? Yes  No   
If so, name group/ gang: \_\_\_\_\_

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***I certify by my signature that the aforementioned information is true and accurate. I fully understand that any material misrepresentation of fact may be cause for disqualification.***

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

Candidate's Signature: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**



I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the New York City Department of Correction, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of records educational institutions; financial or credit institutions, including records of loans, the records of commercial or detail credit agencies (including credit reports and/or ratings); and other financial statements records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints of grievances filed by or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by a personal history background investigation, which I developed directly or indirectly, in whole or in part, upon this release the City of New York Department of Correction will consider authorization in determining my suitability for employment.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Department of Correction from any and all liability that may be incurred as a result of collecting such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF,  
EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.**

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF MY PERSONAL INFORMATION".

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME

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

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

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
WITNESS (TO BE SIGNED BY INVESTIGATOR)



# APPLICANT LOCATOR RECORD



This information is to insure our ability to contact you whenever necessary to expedite your investigation and if you are selected, to notify you of your date of appointment. Please, give us phone numbers other than your own where we can leave messages for you.

Name: \_\_\_\_\_ Exam No. \_\_\_\_\_ List No. \_\_\_\_\_

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

House No.

Street/Avenue

Apt. No.

Boro.

State

Zip Code

Telephone No: (Home) ( ) \_\_\_\_\_ Additional Contact info: (Cell) ( ) \_\_\_\_\_

(Work) ( ) \_\_\_\_\_

(Email) \_\_\_\_\_

Alternative telephone numbers where we can leave a message:  
(Give full name and relationship)

Last Name	First Name	Relationship	Telephone No. (Include Area Code)

List Name, Relationship and phone number of everyone in household.

Last Name	First Name	Relationship	Telephone No. (Include Area Code)



**CITY OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
DECLARATION OF INCARCERATED ASSOCIATIONS**

Are you related to or associated with anyone who was ever incarcerated or is currently incarcerated? If yes, provide the information below. Be sure to include the person's full name, your relationship to the person and date and place of incarceration (if known). Have you ever had contact with any incarcerated individual, for example: phone calls, sending mail/ e-mail, depositing money into an account or visited any inmate in any city, state or federal prison? If yes, provide the information below.

<u>INDIVIDUAL'S NAME</u>	<u>RELATIONSHIP</u>	<u>DATE &amp; PLACE OF INCARCERATION</u>	<u>TYPE OF CONTACT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE YOU TO BE DISQUALIFIED FROM EMPLOYMENT.**

**DECLARATION (BY APPLICANT)**

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 #: \_\_\_\_\_ List #: \_\_\_\_\_

Position Sought:  CORRECTION OFFICER  Last Four of the S.S.#: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public / Commissioner of Deeds

\_\_\_\_\_



**CORRUPTION HAZARD ACKNOWLEDGEMENT**

Dear Candidate:

As an applicant for the position of Correction Officer presently undergoing a character investigation to determine your suitability for appointment, you are hereby informed that it is unlawful for you to offer, give, or agree to give any money, gift, or service in any form in an attempt to influence the outcome of the determination, the member of the Department conducting your investigation has been instructed to make an arrest if any such influence is attempted. Fraternization between Correction candidates and members of service who are assigned to the Applicant Investigation Unit is strictly prohibited and should be reported immediately to the Commanding Officer of the Applicant Investigation Unit. A candidate who tries to exert any influence on the outcome of an investigation in this manner will be liable for prosecution and/or disqualification.

Similarly, it would be unlawful for the member of the Department conducting the investigation to solicit any money, gift, or service in any form to influence him/her in their findings.

Such misconduct should be reported to the Commanding Officer of the Applicant Investigation Unit, by mail to **75-20 Astoria Blvd. East Elmhurst, NY 11370**, or by telephone number **(718) 546-3238**, or in person.

**ANY REPORT OF THIS NATURE IS CONFIDENTIAL AND SHOULD BE MADE IMMEDIATELY**

It is the policy of the New York City Department of Correction not to discriminate based on actual or perceived age, alienage or citizenship status, color, creed, disability, gender, marital status, national origin, race, religion or sexual orientation. Retaliation is prohibited and will not be tolerated.

An applicant should follow the same procedure if s/he believes s/he has been sexually harassed or otherwise harassed on any of the above listed basis by an employee of the Applicant Investigation Unit.

Applicants who believe that discrimination or sexual harassment has occurred, should file a complaint with the New York City Department of Correction, Office of Equal Employment Opportunity, 75-20 Astoria Blvd. East Elmhurst, NY 11370, or a supervisor, supervisory head or the Commanding Officer, Applicant Investigation Unit.

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have read and understand the above statement.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Exam #

\_\_\_\_\_  
List #

\_\_\_\_\_  
Candidate's Name (printed)



## NOTICE TO CORRECTION OFFICER CANDIDATES

You are now a candidate for the position of Correction Officer within the New York City Correction Department. You must keep the Applicant Investigation Unit Investigator assigned to your case fully informed of any events in your life which may have an impact upon your character investigation or your suitability for appointment as a Correction Officer, or which may impact the N.Y.D.O.C.'s ability to fully investigate your background and history.

Events or changes in your life that you must notify your investigator of include, but are 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), have 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.

### **FAILURE TO PROMPTLY INFORM YOUR INVESTIGATOR OF ANY SUCH CHANGES OR EVENTS MAY RESULT IN YOUR BEING DENIED EMPLOYMENT AS A CORRECTION OFFICER.**

I understand my obligation to inform the New York City Department of Correction's Applicant Investigation Unit of any events or changes in my life as described above. I understand that my failure to promptly inform my investigator of any such changes or events may result in my being denied employment as a Correction Officer.

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Candidate's Name (printed)

\_\_\_\_\_  
Exam #

\_\_\_\_\_  
List #



Human Resource Administration Form

N.Y.C. Department of Social Service  
Bureau of Fraud Investigation  
250 Church Street \* Rm. 422  
New York, New York 10013

I hereby authorize the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to, and/or examined by N.Y.C. Department of Correction for the purpose of determining my eligibility for appointment to the N.Y.C. Department of Correction. I acknowledge this authorization that I release you from any obligation of liability in the disclosure of the contents of such records.

Full Name – Printed \_\_\_\_\_ Candidate's Signature \_\_\_\_\_  
Last Four of the Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Public Assistant Recipient: NO \_\_\_\_\_ YES \_\_\_\_\_ Case No.: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Mother's Full Maiden Name: \_\_\_\_\_  
Husband's Name/Wife's Full Maiden Name: \_\_\_\_\_  
Currently Employed: NO \_\_\_\_\_ YES \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

Investigator \_\_\_\_\_ Shield# \_\_\_\_\_ Telephone # \_\_\_\_\_

**BUREAU OF CLIENT FRAUD REPLY**

\_\_\_\_\_ **No Record** \_\_\_\_\_ **Active Case** \_\_\_\_\_ **Closed Case** \_\_\_\_\_ **Center**  
Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_ Type of Benefits Received: \_\_\_\_\_  
Client's Name \_\_\_\_\_ Case No.: \_\_\_\_\_  
Client's Address: \_\_\_\_\_  
Family Composition – (Name, Date of Birth, Last Four of the S.S.# No.): \_\_\_\_\_

Cleared by: \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_