NEW YORK CITY DEPARTMENT OF CORRECTION

Lynelle Maginley-Liddie, Commissioner

Ayinde Williams, Deputy Commissioner Sherbreina Watson, Assistant Commissioner

Human Resources

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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
Department Investigator, named below.	er request that such records be forwarded to the Correction APPLICANT'S SIGNATURE
	LAST FOUR OF THE SOCIAL SECURITY NO.
±	the position of Correction Officer in the City of New York employed by you during the period(s) shown above.
I have been assigned by the Correction Comminapplicant in order to determine his/her eligibility for	ssioner to investigate the character and records of this the position.
<u> •</u>	appoint competent persons of good character if you would side of this letter. All information will be treated as
Your cooperation and prompt reply will be great	atly appreciated.
	Rank / Name
	IG-CHECK

IG-CHECK

NAME OF FIRM OR AGENCY	TYPE OF BU	TYPE OF BUSINESS OR FUNCTION OF AGENCY DATE				
EMPLOYED FROM/TO	PART TIME FULL TIME	TITLE		UR OF THE S.S #		
YES YES, GIVE DETAILS:	NO NO	YES YES	NO NO	NATION?		
WAS CANDIDATE EVER B YES F YES, GIVE DETAILS:	ROUGHT UP ON	N ANY DEPARTI	MENTAL CHARG	SES?		
WAS CANDIDATE EVER B	ROUGHT UP ON	N ANY CRIMINA	AL CHARGES?			
F YES, GIVE DETAILS:						
ADDITIONAL COMMENTS	:					
DO YOU PREFER A PERSO	NO					
SIGNATURE OF INSPECTOR: PRINT NAME & TITLE:			Tele. # : _			