



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 & 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: _____

