

## **INVESTIGATION BEFORE APPOINTMENT**

| To: Department of Citywide Administrative Services (DCAS)                        |               |      |                     |
|----------------------------------------------------------------------------------|---------------|------|---------------------|
| Candidate:                                                                       |               | EXAM | /<br>* LIST         |
| Dear Sir:                                                                        |               |      |                     |
| I am a candidate for the position of C<br>the status of my character and backs   |               | •    | tion has explained  |
| I therefore request that my certification During this interim period I understar | <u> </u>      |      | has been completed. |
| CANDIDATE SIGNATURE                                                              |               |      | DATE                |
| WITNESSED BY:                                                                    |               |      |                     |
| INVESTIGATOR SIGNATURE                                                           | SHIELD# SQUAD |      | DATE                |