

**Read Section I of the CPD (B) Applicant Guidelines Before You Complete This Application.**

- ## I. BASIC INFORMATION

[illegible][illegible]

Social Security Number										Date Of Birth	M	M	D	D	Y	Y
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[illegible]

Last Name	First Name	MI
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Social Security Number	Effective Date	M	M	D	D	Y	Y

Social Security Number											Effective Date	M	M	D	D	Y	Y
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[illegible][illegible][illegible][illegible]

**Applicant's Initials**

**Agency Use Only:**

II. Miscellaneous Questions																													
Last Name																First Initial		Soc. Sec. #											
<p>For questions 1 through 4, choose the right answer. For questions 5, 10, 11 and 12, you must</p>																													

1. Are you legally authorized to work in the United States?
2. If this title requires American citizenship, are you a U.S. citizen?  
If American citizenship is not required, print N/A (Not Applicable) in the following space \_\_\_\_\_
3. Are you a current City employee or have you had a break in service from City employment of less than one year?
4. Have you ever been employed by a New York City (NYC) agency? If YES, state last NYC agency employed by and date separated from employment.

																		M	M	D	D	Y	Y
AGENCY																							

5. In addition to assuming a position for which this application is being completed, are you continuing employment with another City agency or other governmental agency or jurisdiction? (If YES, complete Form DP-1021A. If both employers are NYC mayoral agencies, DCAS approval is required.) ☐
6. Are you a retiree from any retirement system administered by NYS or any of its political subdivisions (i.e., state, county, or municipality?) If YES, indicate below the pension system and agency from which you are retired. ☐
- (NOTE: Under NYS Retirement and Social Security Law, your pension may be affected if approval has not been received from DCAS.)

PENSION									AGENCY							
SYSTEM									RETIRED							
									FROM							

7. Are you being appointed to a position in a new agency and requesting a leave of absence from your permanent civil service list title? (NOTE: If you are changing agencies and have previously been granted such a leave of absence, you must now request a new leave from your original agency.) ☐
8. Did you claim and use veteran's (V) or disabled veteran's (D) preference credits for this position? If YES, indicate "V" or "D" ☐
9. Have you ever used your veteran's preference credits before for a civil service appointment or promotion with NY State or any of its political subdivisions? If YES, indicate agency below: ☐

[illegible]

10. Are you a resident of New York City?
  11. Are you a nonresident of New York City required to move into New York City?
- For questions 12 to 17, if you answer YES, you must provide complete details specifying date, agency, reason, disposition, etc. on Comments Page 18.**
12. Are you a nonresident of New York City who is not required to move into New York City?
  13. Have you ever applied for employment with NYC and/or been investigated for employment by the Department of Citywide Administrative Services, the NYC Police Department or any other City agency?
  14. Were you ever barred or disqualified from a City, Country, State or Federal job?
  15. Were you ever disciplined (i.e., suspended, demoted, reprimanded, fined, fired, terminated, discharged) in any position by either a public or private employer?
  16. Did you ever resign from a job while disciplinary action was pending against you?
  17. Have you ever resigned from a job to avoid termination or disciplinary action?

**For assistance, see CPD (B) Applicant Guidelines, page 13-15**

<b>Applicant's Initials</b>	<b>Agency Use Only:</b>
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### III. CONVICTION RECORD

[illegible]

List **ALL** your convictions and pending charges below. Use the Comments page to list additional convictions. You **MUST** list **EVERY** conviction. (Do **NOT** include traffic violations in this section.) If you cannot recall all of your convictions, then you **MUST** indicate this below.

**NOTE:** Offenses include felonies, misdemeanors and violations. A plea of guilty is a conviction even if you were never imprisoned, only paid a fine, were conditionally or unconditionally discharged or received a Certificate of Relief from Disabilities. Except for Firefighter, Police Officer or Peace Officer (including Special Patrolman) applicants, you DO NOT have to disclose any material sealed, expunged, or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. You are not considered a youthful offender just because of your age at the time of the offense. Only a court can determine youthful offender status. (If you are unsure whether you were considered a youthful offender, list the offense(s) below and provide details on Page 18.)

**A conviction record or pending criminal charges will not necessarily disqualify you from the position for which you are applying. If you list convictions or pending charges, you may state facts in favor of your employment on the Comments Page 18. These facts will be considered when the investigator reviews your case.**

A) Have you ever been convicted of an offense anywhere? (Yes/No)

20

B) Are any criminal charges pending against you? (Yes/No)

**LIST ALL CONVICTIONS AND/OR PENDING CHARGES BELOW:**

[illegible]

**C) FIREFIGHTER/POLICE/PEACE OFFICER (INCLUDING SPECIAL PATROLMAN) APPLICANTS ONLY:**

If, in your new position, you will be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman), have you had any arrests in your lifetime that did not result in convictions? (Yes/No) Write "N/A" if you will not be designated a Firefighter, Police Officer or Peace Officer (including Special Patrolman.)

If you answered YES to question C, list below ALL arrests (not including traffic violations) that did not result in a conviction and list the disposition (e.g., charges dismissed.)

[illegible]

For assistance, see CPD(B) Applicant Guidelines, Pages 15-16 for A/B and Pages 34-36 for C.

**Applicant's Initials**

**Agency Use Only:**

[illegible]

If you have more than four schools, request additional Education Data Sheets. If you do not have four schools, print "N/A" in the Education sections not used.

If you were educated in a foreign country, complete Form DP-404 (Application for Evaluation of Foreign Education) for provisional, noncompetitive, and labor class appointments if such a form is not presently in your personnel file.

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Major								Total Credits		
																					Credits in Major			
															Semester (S)	Trimester (T)	Quarter (Q)							

[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Major								Total Credits		
																					Credits in Major			
																Semester (S)	Trimester (T)	Quarter (Q)						

[illegible]

16. For Agency Use Only				
Box	Agency Processing	Verification		
		Document	Initials	Date Verified
A				
B				

[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Major									Total Credits			
																						Credits in Major				
								Semester (S) Trimester (T) Quarter (Q)																		

[illegible][illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Major								Total Credits					
																								Credits in Major			
								Semester (S) Trimester (T) Quarter (Q)																			

[illegible][illegible]

For Agency Use Only				
Box	Agency Processing	Verification		
		Document	Initials	Date Verified
C				
D				

[illegible]

- Where placed by a temporary agency or union, specify the name and address of both the temporary agency/union and those work placements which exceeded six months.
- Use an employment section for each period that you were unemployed for over 4 months; give the dates of the period of unemployment and state how you supported yourself.
- Indicate those jobs in which you were self-employed by printing "Self-Employed" under "Supervisor".

A) Dates Employed																Hours Worked		Badge	
FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	per week		No.			



Last Salary\$

Indicate per Annum (A), Day (D), Hour (H) Here ↑

[illegible]

Reason for leaving

[illegible]

**Applicant's Initials**

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
		Written (x)	
	Verbal (x)		



## EMPLOYMENT CONTINUED

[illegible]

**B) Dates Employed**

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week			Badge No.							
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Day/Night ☐ Company Still in Business? (Y/N) ☐ Last Salary\$

Indicate per Annum (A), Day (D), Hour (H) Here ↑

[illegible]

Supervisor (Name/Title/Phone Number) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

[illegible]

**Applicant's Initials**

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
		Written (x)	
	Verbal (x)		

[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week		Badge No.						
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Indicate per Annum (A), Day (D), Hour (H) Here ↑

Supervisor (Name/Title/Phone Number) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

[illegible]

**Applicant's Initials**

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
		Written (x)	
	Verbal (x)		



[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week			Badge No.									
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[illegible]

Supervisor (Name/Title/Phone Number) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

[illegible]Applicant's Initials

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
	Written (x)		
	Verbal (x)		

[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week			Badge No.						
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[illegible]

Indicate per Annum (A), Day (D), Hour (H) Here ↑

[illegible]

Supervisor (Name/Title/Phone Number) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

[illegible]

Applicant's Initials

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
	Written (x)		
	Verbal (x)		

EMPLOYMENT CONTINUED																			
Last Name										First Initial		Soc. Sec.#							

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week		Badge No.						
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Indicate per Annum (A), Day (D), Hour (H) Here ↑

Reason for leaving \_\_\_\_\_[illegible]

Applicant's Initials

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
		Written (x)	
	Verbal (x)		

[illegible]

FROM	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y	Hours Worked per week			Badge No.							
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[illegible][illegible]

Reason for leaving

[illegible]

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
	Written (x)		
	Verbal (x)		

EMPLOYMENT CONTINUED																			
Last Name												First Initial	Soc. Sec.#						

[illegible]

Indicate per Annum (A), Day (D), Hour (H) Here ↑

Supervisor (Name/Title/Phone Number) \_\_\_\_\_

Reason for leaving \_\_\_\_\_

[illegible]

Applicant's Initials

For Agency Use Only			
Agency Processing	Verification		
	Type	Initials	Date Verified
		Written (x)	
	Verbal (x)		

## VI. LICENSES

[illegible]

A) Other than a driver's license, specify every license/certificate/registration/permit that you currently hold (e.g., professional, bar admittance, trade, pistol, etc.)

[illegible]

B) Do you currently have a valid Motor Vehicle Driver's License? (YES/NO)  
If YES, complete Section B. If NO, proceed to Sections C and D.

Driver's License ID											Class				State		
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Vehicle Endorsement (YES/NO)

## Codes

License Restriction (YES/NO)

## Codes

Date Issued

M	M	D	D	Y	Y		Expiration Date	M	M	D	D	Y	Y
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Number of years/months you have possessed such a license without any break.

Y	Y	M	M
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C) Traffic Conviction Record

List any traffic convictions and pending charges (e.g., driving without insurance, moving violations, etc.) Do NOT list parking tickets.

[illegible]

D) Was a license/certification held by you ever suspended, restricted or revoked, or have you ever been censured or disciplined by any licensing or certifying organization? (YES/NO)

D) Was a license/certification held by you or your organization? (YES/NO)  
 censured or disciplined by any licensing or certifying organization? (YES/NO)  
 (If the answer is YES, specify type of license or certification, action taken, from/to date and reason for action on Comments Page.)

**For assistance, see CPD(B) Applicant Guidelines, Page 18**

Applicant's Initials

Agency Use Only:



## VII. U.S. MILITARY RECORD

Last Name																					First Initial																Soc. Sec.#																		
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NOTE: Service in the military does not necessarily qualify you for a veteran's preference.

I. HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE U.S.? (YES/NO) ☐

If you answered YES, then complete the sections below as they appear on your discharge or separation papers.

### A. MILITARY SERVICE

Type of Discharge																					Service #																		
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Issued to: Last Name																					First Name																		
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Rank																					Dates of Active Service From	M	M	D	D	Y	Y	TO	M	M	D	D	Y	Y
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Branch of Service																					Military Occupation Specialty																		
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Entry Date	M	M	D	D	Y	Y	Discharge Date	M	M	D	D	Y	Y
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If you are a DISABLED veteran, please fill in the information below:

V.A. Claim Number																				
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Regional Office in which your V.A. records are filed																				
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### B) MILITARY DISCIPLINARY RECORD

1. For the military service listed above, were you ever tried and found guilty in a disciplinary proceeding, including court martial? (YES/NO) ☐  
 (If the answer is YES, give details of the charges and disposition on the Comments Page.)

2. Did you receive an "Other Than Honorable", "Dishonorable", or "Bad Conduct" discharge? (YES/NO) ☐  
 (If the answer is YES, give details on the Comments Page.)

### C) SERVICE DURING HOSTILITIES

Did you receive the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal for service in the hostilities in Lebanon, Grenada, or Panama? (YES/NO) ☐

If YES, Specify the medal:

II. ARE YOU AN ACTIVE RESERVIST? (YES/NO) ☐

For assistance, see CPD(B) Applicant Guidelines, Pages 18 and 19

Applicant's Initials

Agency Use Only:

## VIII. RESIDENCE

[illegible]

Starting with your present address and working back, list the full address of every place you have resided for more than a three month period. List only your residences over the past ten years or since you left high school, whichever is less. If you are still in high school, list only your present address.

[illegible]

**Applicant's Initials**

**Agency Use Only:**

# IX. RESUME SECTION

Last Name																				First Initial											Soc. Sec.#										
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Career Objective(s) \_\_\_\_\_

How did you learn of this position? (e.g., name of newspaper, exam notice, posting, etc.) \_\_\_\_\_

Special Skills and Abilities \_\_\_\_\_

- Languages other than English for which you have a working knowledge. Specify for each, if you have a working ability to speak (S), Read (D) and/or Write (W) \_\_\_\_\_
- Computer Skills (list languages, hardware software, years/months experience) \_\_\_\_\_
- Machines/equipment you can operate \_\_\_\_\_

Typing Speed				wpm	Dictation Speed				wpm
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List technical training/experience in the military and highest rank \_\_\_\_\_

List any professional organizations to which you belong and specify your role (e.g., NYC Accountants Association-Treasurer) \_\_\_\_\_

List any voluntary organizations to which you belong and specify your role (e.g., Volunteer Fire Department-Captain) \_\_\_\_\_

List any elected offices you have held (specify offices, organizations, locations, dates) \_\_\_\_\_

Major Accomplishments/Awards (e.g., Professional Awards or Honors Received, Articles or Books Published, etc.) \_\_\_\_\_

Continuing Education (Job Related Noncredit Courses Completed in the Last Five Years)

Course Title	Organization	Number of Days

Applicant's Initials

Agency Use Only:

**X. COMMENTS**

Last Name																					First Initial	Soc. Sec.#																		

This section is reserved for any additional comments or facts you may wish to add. If you are explaining or continuing an answer given in this questionnaire, please identify the question specifically (e.g., page number section, etc.) If you do not need to write any additional comments on this page, write **NOT APPLICABLE (N/A)** below.

Applicant's Initials

Agency Use Only:

XI.



**CITY OF NEW YORK  
AUTHORIZATION FOR RELEASE OF INFORMATION**

*I am applying for a position with, or trade license or certificate issued by, an agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services and authorize the release to the City of New York of ANY information required in order to establish my eligibility. This includes, but is not limited to, documents from any personnel files which you may maintain. I realize that should I subsequently obtain employment with another agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, my personnel records will be transferred to that agency.*

*If this request is for military records, I hereby authorize the National Personnel Records Center, St. Louis, Mo., or other custodian of my military records, to release to the City of New York ALL information in, or provide photocopies of, my military personnel and related medical records. This should include a photocopy of my Form DD214 (Report of Separation.)*

APPLICANT'S NAME:

PRINT

SOCIAL SECURITY NUMBER:

STREET ADDRESS/APT. NO.

CITY

STATE/ZIP CODE

PRINT

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**\*APPLICANTS, FOR ASSISTANCE, SEE CPD (B) APPLICANT GUIDELINES PAGE 20.**

**\*APPLICANTS DO NOT WRITE BELOW THIS LINE.**

State of New York ss:  
County of New York

This is to certify that this is a true copy of an authorization currently in the custody of the City of New York.

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

Title: \_\_\_\_\_ Name: \_\_\_\_\_

## XII. AFFIRMATION

[illegible]

**Prior to signing, you must read CPD(B) Applicant Guidelines, Pages 1-10.**

By signing my name below, I acknowledge that my appointment or promotion depends upon my full cooperation in investigation and my meeting all applicable qualifications including medical and residency, as provided by the Civil Service Law or other applicable laws, the Personnel Rules and Regulations of the City of New York, the Notice of Examination or Class Specification, and the NYC Charter/Administrative Code/Mayoral Directive on Residence.

I understand that my background is subject to investigation and I do not object to verification or release to the City of New York of any or all information related to this application, including, but not limited to, documents from any personnel files residing with other agencies within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, and that should I subsequently change employment to another agency within the jurisdiction of the Commissioner of the New York City Department of Citywide Administrative Services, my personnel files will be transferred to that agency.

Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

I realize that a false statement or intentional omission of any material fact may cause me to be disqualified, even following appointment or licensure, and may lead to prosecution.

I further understand that if I have been selected for appointment or promotion from a civil service list, I have the right to request that my investigation be completed before appointment, and if such an investigation has not previously been requested and completed, I waive that right.

I also acknowledge that my employment is subject to the satisfactory completion of any applicable probationary period.

IF THIS ACTION IS PAYROLLED IN THE CITY'S PAYROLL MANAGEMENT SYSTEM (PMS), I AUTHORIZE THE PAYROLL DEDUCTION OF THE REQUIRED PERSONNEL PROCESSING FEE.

By signing below, I affirm, under the penalties of perjury, that,

I have read the instructions/information on this application and Section I of the CPD(B) Applicant Guidelines, all of which are incorporated by reference and made a part of this document;

I understand the requirements and conditions stated and agree to be bound by them:

I agree to comply with the following requirements, where applicable, as outlined in Section I of the CPD(B) applicant Guidelines:

- 1) NYC Residence Requirement Document, based upon Administrative Code and the Mayoral Directive on Residence;
- 2) Notification of Drug Free Workplace Policy and any additional related agency reporting requirements (all mayoral and non-mayoral appointments);
- 3) Personnel Order 78/9, as amended, re: Service as an Officer in Political Parties (management employees in mayoral agencies serving in exempt or noncompetitive titles or serving provisionally in competitive titles);
- 4) Mayoral Directive 81-2 re: Computer Usage and Data Security Policy (all mayoral and non-mayoral appointments.)

I have completed all 20 pages of this CPD(B) application including those pages which I marked N/A. (YES/NO) \_\_\_\_\_.

I have completed additional Data Sheets which are attached. (YES/NO)

If YES, state number of additional Data Sheets completed \_\_\_\_\_

I have personally completed this application, and everything I have written within is, to the best of my knowledge and belief, true and complete.

Signature

Date \_\_\_\_\_

For assistance, see CPD(B) Applicant Guidelines, Pages 20-22.

**Applicant's Initials**

Agency Use Only:	
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### XIII. VERIFICATIONS: FOR AGENCY USE ONLY

[illegible]

Items Verified	Verification of Original Document	Verifier's Initials	Date: MM/DD/YY
Confirmation of Name and Eligibility to work in US	( ) Birth Certificate		
• CPD(B) Sections I, II	( ) US Passport		
• PO Guidelines IV, B.4.a.b.	( ) Naturalization Certificate		
• I-9	( ) Resident Alien Card		
• I-9 Documents	( ) Unexpired Reentry Permit		
	( ) Social Security Card		
	( ) Unexpired Foreign Passport		
	( ) Certificate of US Citizenship		
	( ) Unexpired Temporary Resident Card		
	( ) Unexpired Employment Authorization Card		
	( ) US/Canadian Driver's License		
	( ) Other		
	( ) Other		
Name Change	( ) Marriage License		
• CPD(B) Section I	( ) Divorce Decree		
• PO Guidelines IV, B.4.a	( ) Court Order		
	( ) Other		
Residency	( ) Credit Card Statement		
• CPD(B) Sections I, II, VIII	( ) Bank Statement		
• PO Guidelines IV, B.4.b.h XV, XVI	( ) Utility Bill		
	( ) Other		
	( ) Other		
Driver's License	( ) Current License		
• CPD(B) Section VI	( ) MVO Abstract		
• PO Guidelines IV, B.4.f	( )		
Trade or Professional Licenses	( )		
• CPD(B) Section VI	( )		
• PO Guidelines IV, B.4.f	( )		
	( )		
Military	( ) DD-214		
• CPD(B) Sections II, VII	( ) DP-152		
• PO Guidelines IV, B.4.g	( ) DP-153		
Education	• See Education Section		
• CPD(B) Section IV	( )		
• P.O. Guidelines IV, B.4.d	( )		
	( )		
	( ) DP-404		
Employment	• See Employment Section		
• CPD(B) Section V	( )		
• PO Guidelines IV, B.4.e	( )		
	( )		
	( )		
Fingerprints	( ) DCJS-4		
PO Guidelines III, D. 1,2,3, IV, B.4.c, VI, VIII, X, XI	( ) FD-258		
	( ) DP-144		
	( ) Other		
	( ) Other		
Fingerprint Fees	( )		
Processing Fees			
PO Guidelines III, D.1,2,3, VI			
Other			

Documents Complete: \_\_\_\_\_