

**SELECTION PROCESS FOR POLICE OFFICER APPLICANTS**

The selection process for police officer candidates normally requires several months to complete. Applicants **should not** terminate their present employment until after the selection process has been completed and they have received a notice of appointment from the department. Applicants for appointment to police officer positions with the Syracuse Police Department will be processed as follows:

1. Applicants must be eligible for appointment pursuant to the New York State Civil Service Law and the Onondaga County Department of Personnel's Rules for Classified Service.
2. Applicant's must truthfully complete and submit the Syracuse Police Department's "Application for Appointment-Police Officer". New York State Civil Service Law, Section 50 states "A candidate may be rejected who has intentionally made a false statement of a material fact, or practices or attempts to practice any deception or fraud in his application, in his examination, or in securing his eligibility for employment."
3. Applicants will be subjected to a series of oral interviews, by one or more background investigators. Applicants will be asked to respond to a series of standardized questions and their responses will be scored in a uniform manner at the time of their initial interview.
4. Applicants will be the subject of a thorough background investigation for the purpose of confirming the applicant's credentials, criminal history, and suitability for employment.
5. Applicants will be subjected to a polygraph examination that may cover some or all of the following areas:

- |                |                   |
|----------------|-------------------|
| Identity       | Citizenship       |
| Residency      | Marital History   |
| Education      | Criminal History  |
| Driving Record | Employment        |
| Social History | Financial History |
| Family History | Military Service  |
| References     | Drug and Alcohol  |
| Integrity      |                   |

6. Applicants who have successfully completed the previously described steps may be offered employment on the condition that they successfully pass medical and psychological examinations conducted by licensed professionals. Applicants will be required to submit a sample of blood or urine that will be screened by a laboratory for use of unlawful drugs.
7. Applicants who are not selected for appointment will be notified in writing. Applicants not selected on the basis of a single element of the selection process will be informed as to which area they were deficient and will receive instructions for reapplication.
8. Applicants who are appointed to police officer positions must successfully pass the Syracuse Police Department's Police Academy and will have probationary status for one and one half years from the date of their employment.

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**NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, NATIONAL ORIGIN, RELIGION, SEX, AGE, DISABILITY OR MARITAL STATUS. THE SYRACUSE POLICE DEPARTMENT IS AN EQUAL EMPLOYMENT**

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SECTION 1: PERSONAL

1. YOUR FULL NAME

LAST FIRST MIDDLE

2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)

N/A

3. ADDRESS WHERE YOU LIVE

NUMBER/STREET NAME APT/UNIT CITY STATE ZIP CODE

4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE P.O. BOX)

5. CONTACT NUMBERS

HOME WORK EXT. OTHER CELL FAX

6. CONTACT E-MAIL 7. LIST ALL OTHER E-MAIL ADDRESSES (SEPARATED BY COMMAS)

8. CITIZENSHIP

Are you a U.S. Citizen? YES NO IF NO, are you a resident alien who is eligible and has applied for U.S. Citizenship? YES NO

9. BIRTH PLACE (CITY/COUNTY/STATE/COUNTRY)

10. BIRTH DATE (MM/DD/YYYY) 11. SOCIAL SECURITY NUMBER 12. DRIVER'S LICENSE

NUMBER: STATE: EXPIRES:

13. PHYSICAL DESCRIPTION

HEIGHT WEIGHT HAIR COLOR EYE COLOR

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

Provide all applicable information in the spaces below. Mark "Deceased" if appropriate. Mark N/A if a category is not applicable. If more space is needed, continue on pg. 27-reference corresponding numbers.

14.A SPOUSE DECEASED N/A

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

HOME PHONE WORK PHONE WORK ADDRESS (NUMBER/STREET/SUITE) CITY STATE ZIP CODE

E-MAIL ADDRESS DATE OF MARRIAGE/REGISTRATION Is there, or has there ever been a restraining or stay-way order in effect involving you and this individual? YES NO

14.B FORMER SPOUSE DECEASED N/A

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

HOME PHONE WORK PHONE WORK ADDRESS (NUMBER/STREET/SUITE) CITY STATE ZIP CODE

E-MAIL ADDRESS DATE OF MARRIAGE/REGISTRATION Is there, or has there ever been a restraining or stay-way order in effect involving you and this individual? YES NO

Initial this page to indicate that you have provided complete and accurate information:

**SECTION 2: RELATIVES AND REFERENCES (continued)**

**14.C Parents /Guardians**

List ALL parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, in-laws, etc.

**14.C.1 Parent /Guardian:**  Mother  Father  Step-mother  Step-father  Other:  Deceased

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.C.2 Parent /Guardian:**  Mother  Father  Step-mother  Step-father  Other:  Deceased

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.C.3 Parent /Guardian:**  Mother  Father  Step-mother  Step-father  Other:  Deceased

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.C.4 Parent /Guardian:**  Mother  Father  Step-mother  Step-father  Other:  Deceased

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.D Brothers/Sisters**

N/A

List ALL LIVING siblings, including half-siblings, step-siblings, foster-siblings, etc.

**14.D.1 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.D.2 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 2: RELATIVES AND REFERENCES *(continued)***

**14.D.3 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.D.4 Sibling:**  Brother  Sister  Half-brother  Half-sister  Other:

NAME HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP CODE E-MAIL ADDRESS

HOME PHONE WORK PHONE CELL PHONE

**14.E Children:**  N/A

List ALL LIVING children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

**14.E.1 Child:**  Son  Daughter  Other

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) CONTACT PHONE NUMBER

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE E-MAIL ADDRESS

**14.E.2 Child:**  Son  Daughter  Other

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) CONTACT PHONE NUMBER

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE E-MAIL ADDRESS

**14.E.3 Child:**  Son  Daughter  Other

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) CONTACT PHONE NUMBER

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE E-MAIL ADDRESS

**14.E.4 Child:**  Son  Daughter  Other

NAME AGE CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU) CONTACT PHONE NUMBER

ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE E-MAIL ADDRESS

**15. LIST OF REFERENCES**

List 7-10 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. Do NOT include relatives, employers, housemates or any individuals listed elsewhere.

NAME OF REFERENCE HOME ADDRESS (NUMBER/STREET/APT) CITY STATE ZIP CODE

**15.1**

E-MAIL ADDRESS WORK ADDRESS (NUMBER/STREET/SUITE) CITY STATE ZIP CODE

WORK PHONE CELL PHONE How do you know this person? How long have you known this person?

**SECTION 2: RELATIVES AND REFERENCES (continued)**

<b>15.2</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.3</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.4</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.5</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.6</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.7</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.8</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 2: RELATIVES AND REFERENCES (continued)**

<b>15.9</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

<b>15.10</b>	NAME OF REFERENCE	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP CODE
	E-MAIL ADDRESS	WORK ADDRESS (NUMBER/STREET/SUITE)	CITY	STATE	ZIP CODE
	WORK PHONE	CELL PHONE	How do you know this person?	How long have you known this person?	

**SECTION 3: EDUCATION**

**NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**  
 If more space is needed, continue your response on page 27.

<b>16.</b>	CHECK APPLICABLE	MM/YYYY	MM/YYYY
	<input type="checkbox"/> HIGH SCHOOL DIPLOMA	/	<input type="checkbox"/> GED /

<b>17.</b>	LIST HIGH SCHOOL(S) ATTENDED		
<b>17.1</b>	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY STATE	/	/

<b>17.2</b>	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY STATE	/	/

<b>18.</b>	LIST ALL COLLEGES AND UNIVERSITIES ATTENDED		
<b>18.1</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF DEGREE EARNED	MAJOR AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		

<b>18.2</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF DEGREE EARNED	MAJOR AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		

<b>18.3</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF DEGREE EARNED	MAJOR AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 3: EDUCATION (continued)**

<b>18.4</b>	NAME OF COLLEGE/UNIVERSITY	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF DEGREE EARNED	MAJOR AREA OF STUDY
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		

**19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS/INSTITUTES ATTENDED**

<b>19.1</b>	NAME OF TRADE, VOCATIONAL, AND BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF SCHOOL/TRAINING	DID YOU COMPLETE THE COURSE
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>19.2</b>	NAME OF TRADE, VOCATIONAL, AND BUSINESS SCHOOL/INSTITUTE	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	ADDRESS	CITY	STATE ZIP CODE

TOTAL UNITS COMPLETED	TYPE OF SCHOOL/TRAINING	DID YOU COMPLETE THE COURSE
<input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM		<input type="checkbox"/> YES <input type="checkbox"/> NO

**20. Have you ever attended a Basic Police Academy?**

<b>20.1</b>	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY STATE	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT NUMBER DID YOU PASS/GRADUATE
			<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>20.2</b>	NAME OF ACADEMY	FROM (MM/YYYY)	TO (MM/YYYY)
		/	/
	CITY STATE	NAME OF TRAINING OFFICER/ACADEMY COORDINATOR	CONTACT NUMBER DID YOU PASS/GRADUATE
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**21. Have you ever been subjected to any disciplinary action including academic probation, suspension, or expulsion from any high school, college/university, business or trade school?**

IF YES, describe in detail below. Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s) and an explanation of circumstances.

**SECTION 4: RESIDENCE HISTORY**

**22. LIST OF RESIDENCES**  
 List all residences **during the last 10 years or since age 15**.  
 Provide complete addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt. number). Do **NOT** use P.O. Boxes.  
 If the residence is a military base, identify name of base in address, nearest city, state and zip code. Do **NOT** list military barracks unless you shared individual quarters.  
 If more space is needed, continue your response on page 27.

<b>22.1</b>	ADDRESS WHERE YOU NOW LIVE (NUMBER, STREET, APT.)	FROM (MM/YYYY)	TO
			<b>Present</b>
	CITY STATE ZIP CODE	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER	

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER, STREET, APT., P.O. BOX)	CONTACT PHONE
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CITY STATE ZIP CODE	E-MAIL ADDRESS
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NAME OF THOSE WITH WHOM YOU LIVE:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 4: RESIDENCE HISTORY (continued)**

**22.2** FORMER ADDRESS (NUMBER, STREET, APT.) FROM (MM/YYYY) TO (MM/YYYY)

CITY STATE ZIP CODE IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER, STREET, APT., P.O. BOX CONTACT PHONE

CITY STATE ZIP CODE E-MAIL ADDRESS

NAME OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

**22.3** FORMER ADDRESS (NUMBER, STREET, APT.) FROM (MM/YYYY) TO (MM/YYYY)

CITY STATE ZIP CODE IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER, STREET, APT., P.O. BOX CONTACT PHONE

CITY STATE ZIP CODE E-MAIL ADDRESS

NAME OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

**22.4** FORMER ADDRESS (NUMBER, STREET, APT.) FROM (MM/YYYY) TO (MM/YYYY)

CITY STATE ZIP CODE IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER, STREET, APT., P.O. BOX CONTACT PHONE

CITY STATE ZIP CODE E-MAIL ADDRESS

NAME OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:

**22.5** FORMER ADDRESS (NUMBER, STREET, APT.) FROM (MM/YYYY) TO (MM/YYYY)

CITY STATE ZIP CODE IF RENTING: PROPERTY MANAGER, RENT COLLECTOR OR OWNER

MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR OR OWNER (NUMBER, STREET, APT., P.O. BOX CONTACT PHONE

CITY STATE ZIP CODE E-MAIL ADDRESS

NAME OF THOSE WITH WHOM YOU LIVED:

REASON FOR MOVING:



**SECTION 4: RESIDENCE HISTORY (continued)**

**23. LIST OF HOUSEMATES**

Provide contact information for all housemates listed in **Question 23** with whom you have resided **during the past 10 years or since age 15**.  
Do **NOT** list anyone for whom you have already provided contact information  
*If more space is needed, continue your response on page 27.*

**23.1** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.2** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.3** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.4** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.5** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.4** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

**23.5** NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS

CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE

NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

SECTION 4: RESIDENCE HISTORY (continued)

23.6 NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

23.7 NAME OF HOUSEMATE CONTACT PHONE E-MAIL ADDRESS
CURRENT ADDRESS IF DIFFERENT (NUMBER/STREET/APT) CITY STATE ZIP CODE
NATURE OF RELATIONSHIP (E.G., RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY, ETC.)

24. Have you ever been evicted or asked to leave a residence? [ ] YES [ ] NO

25. Have you ever left a residence owing rent, utilities, or other household expenses? [ ] YES [ ] NO

If you answered 'YES' to Questions 24 and/or 25, explain (include when, where and circumstances, reference corresponding numbers):

SECTION 5: EXPERIENCE AND EMPLOYMENT

26. JOB EXPERIENCE
List ALL jobs you have had, including part-time, temporary, self-employment and volunteer. (Begin with your most current).
If you have had military experience, including reserve duty, enter your military base, assignments or unit of assignment.
List ALL periods of unemployment in excess of 30 days.
If more space is needed, continue your response on page 27.

26.1 NAME OF CURRENT EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)
ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
[ ] FT [ ] PT [ ] Temp [ ] Self-employ [ ] Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)
Would there be a problem if we contact your current employer? [ ] YES [ ] NO

If YES, explain:

26.2 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)
[ ] Student [ ] Between Jobs [ ] Leave of Absence [ ] Travel [ ] Other

SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)

26.3 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.4 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

26.5 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.6 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

26.7 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY) FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.8 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)

26.9 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.10 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

26.11 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.12 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

26.13 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)

FT PT Temp Self-employ Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.14 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

Student Between Jobs Leave of Absence Travel Other

SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)

26.15 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
[ ] FT [ ] PT [ ] Temp [ ] Self-employ [ ] Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.16 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

[ ] Student [ ] Between Jobs [ ] Leave of Absence [ ] Travel [ ] Other

26.17 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
[ ] FT [ ] PT [ ] Temp [ ] Self-employ [ ] Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.18 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

[ ] Student [ ] Between Jobs [ ] Leave of Absence [ ] Travel [ ] Other

26.19 NAME OF EMPLOYER OR MILITARY UNIT FROM (MM/YYYY) TO (MM/YYYY)

ADDRESS (NUMBER/STREET/SUITE/OR BASE) CITY STATE ZIP CODE

SUPERVISOR CONTACT PHONE EXT. YOUR JOB TITLE/RANK E-MAIL

DUTIES/ASSIGNMENTS TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)
[ ] FT [ ] PT [ ] Temp [ ] Self-employ [ ] Volunteer

NAME OF CO-WORKERS REASON FOR WANTING TO LEAVE

1) 2)

26.20 PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE) FROM (MM/YYYY) TO (MM/YYYY)

[ ] Student [ ] Between Jobs [ ] Leave of Absence [ ] Travel [ ] Other

SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)

ADDITIONAL INFORMATION

- 27. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions).  YES  NO
- 28. Have you ever been fired, released from probation or asked to resign from any place of employment?  YES  NO
- 29. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker or customer?  YES  NO
- 30. Have you ever quit without giving notice?  YES  NO
- 31. Have you ever resigned in lieu of termination?  YES  NO
- 32. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?  YES  NO
- 33. Were you ever the subject of a written complaint at work?  YES  NO
- 34. Have you ever been counseled at work due to lateness or absences?  YES  NO
- 35. Did you ever receive an unsatisfactory performance review?  YES  NO
- 36. Have you ever sold, released or given away legally confidential information?  YES  NO
- 37. Have you ever called in sick when you were neither sick nor caring for a sick family member?  YES  NO

If YES, how many sick days have you used in the past five years which were not due to illness?

If you answered 'YES' to any Questions 27 through 37, explain (include when, where and circumstances, reference corresponding numbers):

- 38. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?  YES  NO

If YES, how often?

- 39. Has your work performance ever been affected by your use of alcohol or drugs?  YES  NO

If YES, when? Name of employer?

- 40. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?  YES  NO

If YES, when? Name of employer?

SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)

41. Have you ever applied for any other position at another law enforcement agency (city, county, state or federal)? YES NO

If you answered YES to Question 41, list EVERY agency you have applied to, starting with the most recent. Give complete and accurate addresses. ALL agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 27.

41.1 NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

41.2 NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

41.3 NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

41.4 NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP: Application Written Physical Ability Oral Polygraph/CVSA Background Chief's Oral Conditional Offer STATUS: Hired On Eligibility List Withdrawn Disqualified List Expired

**SECTION 5: EXPERIENCE AND EMPLOYMENT(continued)**

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED

**41.5** \_\_\_\_\_  
 ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP:  Application  Written  Physical Ability  Oral  
 Polygraph/CVSA  Background  Chief's Oral  Conditional Offer  
 STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED

**41.6** \_\_\_\_\_  
 ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP:  Application  Written  Physical Ability  Oral  
 Polygraph/CVSA  Background  Chief's Oral  Conditional Offer  
 STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

NAME OF LAW ENFORCEMENT AGENCY DATE APPLIED

**41.7** \_\_\_\_\_  
 ADDRESS (NUMBER/STREET) CITY STATE ZIP CODE

BACKGROUND INVESTIGATOR'S NAME (IF KNOWN) CONTACT PHONE EXT. POSITION APPLIED FOR E-MAIL

CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED AND YOUR STATUS:

STEP:  Application  Written  Physical Ability  Oral  
 Polygraph/CVSA  Background  Chief's Oral  Conditional Offer  
 STATUS:  Hired  On Eligibility List  Withdrawn  Disqualified  List Expired

**SECTION 6: MILITARY EXPERIENCE**

**42.** Are you required to register for the Selective Service?  YES  NO  
 If YES, have you registered?  YES  NO  
 If NO, explain:

**43.** Have you ever served in the military?  YES  NO

**44.** If you answered 'YES' to **Question 43**, include the following service information:

BRANCH OF SERVICE FROM (MM/YYYY) TO (MM/YYYY)

TYPE OF DISCHARGE:  
 Entry Level  Honorable  General  OTH (Other than Honorable)  
 Bad Conduct  Dishonorable  
 Re-entry Code (1-4) if applicable - refer to your DD-214:



**SECTION 6: MILITARY EXPERIENCE (continued)**

45. Are you currently participating in one of the following:  
 Military Reserve                       National Guard                      IF CHECKED, date obligation ends (MM/DD/YYYY):
46. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as court martial, captain's mast, office hours or company punishment)?                       YES                       NO
47. Were you ever denied a security clearance or had a clearance revoked, suspended or downgraded?                       YES                       NO
48. Have you ever taken military property without permission for personal use, to sell or to give away?                       YES                       NO

If you answered 'YES' to any **Questions 46-48**, explain (include dates and circumstances):

**SECTION 7: FINANCIAL**

49. INCOME AND EXPENSES  
 For each of the following questions (49A, B, C), fill in the amounts to the nearest dollar.  
 For question 49C, estimate your monthly living expenses. Include housing, utilities, credit cards or other loan payments, food, gas and car maintenance, entertainment, etc. as well as any other obligations you may have.
- A) From your employer(s), what is your take home monthly income?                      \$                      Per Month
- B) Do you have other sources of income? (IF YES, fill in amount and explain).  YES                       NO                      \$                      Per Month  
 Explain:
- C) How much do you spend each month?                      \$                      Per Month

**ADDITIONAL INFORMATION**

50. Have you ever filed for or declared bankruptcy (Chapter 7, 11 or 13)?                       YES                       NO
51. Have any of your bills ever been turned over to a collection agency?                       YES                       NO
52. Have you ever had purchased good repossessed?                       YES                       NO
53. Have your wages ever been garnished?                       YES                       NO
54. Have you ever been delinquent on income or other tax payments?                       YES                       NO
55. Have you ever failed to file income tax or ever cheated/lie on an income tax form?                       YES                       NO
56. Have you ever had an employment bond refused?                       YES                       NO
57. Have you ever avoided paying any lawful debt by moving away?                       YES                       NO
58. Have you ever defaulted on (failed to pay) a loan?                       YES                       NO
59. Have you ever borrowed money to pay for a gambling debt?                       YES                       NO
- If YES, do you currently have any outstanding debts as a result of gambling?                       YES                       NO

**SECTION 7: FINANCIAL (continued)**

- 60. Have you ever spent money for illegal purposes (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?  YES  NO
- 61. Have you ever failed to make or been late on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?  YES  NO
- 62. Have you written three or more bad checks in a one-year period?  YES  NO

If you answered YES to any **Questions 50-62**, explain (include when, where and why - *reference corresponding numbers*). Use the financial supplement on page 27

**SECTION 8: LEGAL**

> Disclosure of Arrests and Convictions

This section requires you to report detentions, arrests and convictions, including diversion programs that were not successfully completed and in some cases, offenses that may have been pardoned. As a police officer applicant, you are required to disclose this information unless specifically exempted by state or federal law. **It is strongly recommended that you consult with an attorney before omitting any information.**  
*If more space is needed, continue your response on pg. 27.*

- 63. Have you EVER been detained by law enforcement for investigation, arrested, indicted, charged or convicted of any misdemeanor or felony offense in this state or any other legal jurisdiction (including offenses in the Uniform Code of Military Justice)?  YES  NO

If YES, explain each incident:

CHARGE	APPROXIMATE DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
63.1		
DISPOSITION OR PENALTY:		

CHARGE	APPROXIMATE DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
63.2		
DISPOSITION OR PENALTY:		

CHARGE	APPROXIMATE DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
63.3		
DISPOSITION OR PENALTY:		

- 64. Have you ever been placed on court probation?  YES  NO
- 65. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?  YES  NO
- 66. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?  YES  NO
- 67. Have the police ever been called to your home for any reason?  YES  NO
- 68. Have you or your spouse/partner ever been referred to Child Protective Services?  YES  NO
- 69. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?  YES  NO
- 70. Have you settled any civil suit in which you, your insurance company or anyone else on your behalf was required to make payment to the other party?  YES  NO

**SECTION 8: LEGAL (continued)**

- 71. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation or other state or federal assistance?  YES  NO
- 72. Have you ever been required to repay any welfare payments, unemployment compensation or other state or federal assistance?  YES  NO
- 73. Have you ever filed a false insurance or workers' compensation claim?  YES  NO

If you answered YES to any **Questions 64-73**, explain (include court case or document, dates and circumstances - *reference corresponding numbers*).

> Involvement in Criminal Acts-Part 1

74. Have you committed any of the following acts **within the past 10 years**?

NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you reporting the detention, arrest or conviction that arose from it.

- 74.1 Animal abuse and/or neglect?  YES  NO
- 74.2 Annoying, obscene or harassing contacts by telephone or other electronic communication device  YES  NO
- 74.3 Harassment/Assault (use of force or violence upon another)  YES  NO
- 74.4 Drunk in public (being so intoxicated in a public place that you're not able to care for yourself)  YES  NO
- 74.5 Carrying a concealed weapon without a permit  YES  NO
- 74.6 Contributing to the delinquency of a minor  YES  NO
- 74.7 Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.)  YES  NO
- 74.8 Driving under the influence of alcohol and/or drugs  YES  NO
- 74.9 Brandishing a weapon (any type of weapon)  YES  NO
- 74.10 Filing a false police report  YES  NO
- 74.11 Hit & run collision (no injuries)  YES  NO
- 74.12 Illegal gambling  YES  NO
- 74.13 Illegal hunting and/or fishing (e.g., without a license, out of season)  YES  NO
- 74.14 Impersonating a peace officer (pretending to be a police officer)  YES  NO
- 74.15 Indecent exposure and/or lewd or obscene conduct  YES  NO

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 8: LEGAL (continued)**

- 74.16 Intentionally writing a bad check  YES  NO
- 74.17 Joyriding (using a car or other vehicle without owner's permission)  YES  NO
- 74.18 Peeping (including, but not limited to, looking through a window or opening with the intent to invade someone's privacy)  YES  NO
- 74.19 Petit Larceny (value up to \$1,000.00, including shoplifting, switching price tags)  YES  NO
- 74.20 Possession of alcohol as a minor  YES  NO
- 74.21 Possession of falsified or altered identification, including use of another persons ID (for any reason)  YES  NO
- 74.22 Possession of stolen property (including, but not limited to, vehicles, credit/debit cards, etc.)  YES  NO
- 74.23 Prostitution or solicitation of prostitution (including, but not limited to, patronizing illegal massage parlors)  YES  NO
- 74.24 Reckless driving  YES  NO
- 74.25 Resisting arrest and/or delaying or obstructing an officer (including, but not limited to, running from the police)  YES  NO
- 74.26 Trespassing  YES  NO
- 74.27 Vandalism (including, but not limited to, "tagging", criminal mischief and/or property damage)  YES  NO
- 74.28 Any other act amounting to a misdemeanor  YES  NO

If you answered YES to any item(s) in **Question 74**, fully explain circumstances, including dates, names of individuals involved and resolution. *Reference the corresponding number (e.g. 74.5) for each explanation.*  
 If more space is needed, continue your response on pg. 27.

**SECTION 8: LEGAL (continued)**

> Involvement in Criminal Acts-Part 2

**75.** At any time in your life, have you **EVER** committed any of the following acts?

**NOTE: You may NOT withhold any information regarding your involvement in any of the following acts, even if federal or state law relieved you reporting the detention, arrest or conviction that arose from it.**

- 75.1 Arson (intentionally destroying property by setting a fire)  YES  NO
- 75.2 Assault with a deadly weapon (struck or threatened to strike someone with an instrument likely to cause great bodily injury or death)  YES  NO
- 75.3 Blackmail or extortion  YES  NO
- 75.4 Burglary (entering a structure or vehicle to commit theft or other crime)  YES  NO
- 75.5 Child molestation (performing unlawful acts with a child, inappropriate touching of a child)  YES  NO
- 75.6 Elder abuse and/or neglect (physical and/or financial)  YES  NO
- 75.7 Embezzlement (theft of money or other valuables entrusted to you)  YES  NO
- 75.8 Felony drunk driving (involving injuries/previous arrests)  YES  NO
- 75.9 Forcible rape  YES  NO
- 75.10 Forgery (falsifying any type of document, check certificate, license, currency, etc.)  YES  NO
- 75.11 Fraudulent use of a credit, debit, ATM and/or check card)  YES  NO
- 75.12 Grand Larceny (value over \$1,000.00, or any firearm)  YES  NO
- 75.13 Hit & run (with injuries)  YES  NO
- 75.14 Hate crime  YES  NO
- 75.15 Illegal sex acts with another  YES  NO
- 75.16 Insurance fraud  YES  NO
- 75.17 Murder, homicide or attempted murder  YES  NO
- 75.18 Perjury (lying under oath)  YES  NO
- 75.19 Possession of explosive/destructive device  YES  NO
- 75.20 Robbery (theft from another person using a weapon, force or fear)  YES  NO

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**SECTION 8: LEGAL (continued)**

- 75.21 Stalking  YES  NO
- 75.22 Theft of a vehicle and/or vehicle parts  YES  NO
- 75.23 Viewing and/or possessing child pornography  YES  NO
- 75.24 Any other act amounting to a felony  YES  NO

If you answered YES to any item(s) in **Question 75**, fully explain circumstances, including dates, names of individuals involved and resolution. *Reference the corresponding number (e.g. 75.3) for each explanation.*  
 If more space is needed, continue your response on pg. 27.

**> Illegal Use of Drugs**

For the purpose of responding to the following questions, "illegal drugs" include the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting "high". Your responses should include- **but not be limited to** -your use of the following:

Amphetamines/Metaphor ( <i>Uppers, Speed, Crank, etc.</i> )	Marijuana
Barbiturates (Downers)	Mescaline
Bath Salts/Window Cleaner	Morphine
Cocaine/Crack Cocaine	PCP/Angel Dust
Designer Drugs (Ecstasy, Synthetic Heroin, etc.)	Quaaludes
GHB (date rape drug)	Steroids
Hallucinogens (Peyote, LSD, Mushrooms)	Synthetic Marijuana
Hashish/Hashish Oil	Tetrahydrocannabinol (THC)
Heroin/Opium	Glue, Paint or any other substance containing Toluene

- 76. Within the past year**, have you used any drug(s) as indicated above?  YES  NO

If YES, give details including **drug(s) used, most recent date used and circumstances:**

**77. Prior to the past year:**

- I have never used any drug recreationally.
- I have tried or used one or more drugs, but only under limited circumstances (for example, experimentation, at parties, concerts, special events, etc.)

IF YOU CHECKED BOX 2, give details including **drug(s) used, most recent date used and circumstances:**

**SECTION 8: LEGAL (continued)**

78. Have you ever engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

- Sold
- Manufactured
- Purchased
- Furnished
- Cultivated

Carried or Held for Another

IF ANY ITEM is checked, give details including **drug(s) involved, over what time period(s) and circumstances:**

79. During the **past five years**, have you associated with friends, acquaintances, housemates or family members who have illegally used drugs or narcotics and/or illegally used prescription medications?  YES  NO

If YES, explain:

**SECTION 9: MOTOR VEHICLE INFORMATION**

80. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
----------------	----------------	------------------------------	--------------------------------------

81. List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
----------------	---------------------------	-----------------	--------------------------------------

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
----------------	---------------------------	-----------------	--------------------------------------

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED
----------------	---------------------------	-----------------	--------------------------------------

82. Have you ever been refused a driver's license by any state?  YES  NO

If YES explain, (include when, where and circumstances):

83. Has your driver's license ever been suspended or revoked?  YES  NO

If YES explain, (include when, where and circumstances):

**SECTION 9: MOTOR VEHICLE INFORMATION (continued)**

**84.** List your current liability insurance on your vehicle(s):

TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
<input type="checkbox"/> Insurance <input type="checkbox"/> Bonded				
INSURANCE COMPANY		POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP CODE      CONTACT NUMBER

TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
<input type="checkbox"/> Insurance <input type="checkbox"/> Bonded				
INSURANCE COMPANY		POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP CODE      CONTACT NUMBER

TYPE OF COVERAGE	VEHICLE MAKE	YEAR (YYYY)	VEHICLE LICENSE	
<input type="checkbox"/> Insurance <input type="checkbox"/> Bonded				
INSURANCE COMPANY		POLICY NUMBER	EXPIRATION DATE (MM/DD/YYYY)	
ADDRESS (NUMBER/STREET)		CITY	STATE	ZIP CODE      CONTACT NUMBER

**85.** List all traffic citations, excluding parking citations, you have received **within the past seven years**.

NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
<b>85.1</b>			
DATE VIOLATION OCCURRED (MM/YYYY)		ACTION TAKEN	
		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
<b>85.2</b>			
DATE VIOLATION OCCURRED (MM/YYYY)		ACTION TAKEN	
		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
<b>85.3</b>			
DATE VIOLATION OCCURRED (MM/YYYY)		ACTION TAKEN	
		<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

**86.** Has a traffic citation ever resulted in a warrant or caused your drivers license to be suspended/revoked due to the following (check all that apply):

Failed to Appear       Failed to Pay the Required Fine

IF CHECKED, explain circumstances:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_



SECTION 9: MOTOR VEHICLE INFORMATION (continued)

87. Have you been involved as the driver in a motor vehicle accident within the past seven years? [ ] YES [ ] NO

If YES, give details below:

87.1 DATE ACCIDENT OCCURRED (MM/YYYY) LOCATION (STREET) CITY STATE

POLICE REPORT LAW ENFORCEMENT AGENCY AT FAULT? WAS THE ACCIDENT? [ ] YES [ ] NO [ ] YES [ ] NO [ ] INJURY [ ] NON-INJURY

87.2 DATE ACCIDENT OCCURRED (MM/YYYY) LOCATION (STREET) CITY STATE

POLICE REPORT LAW ENFORCEMENT AGENCY AT FAULT? WAS THE ACCIDENT? [ ] YES [ ] NO [ ] YES [ ] NO [ ] INJURY [ ] NON-INJURY

87.3 DATE ACCIDENT OCCURRED (MM/YYYY) LOCATION (STREET) CITY STATE

POLICE REPORT LAW ENFORCEMENT AGENCY AT FAULT? WAS THE ACCIDENT? [ ] YES [ ] NO [ ] YES [ ] NO [ ] INJURY [ ] NON-INJURY

88. Have you ever driven a vehicle without auto insurance as required by law? [ ] YES [ ] NO

IF YES, GIVE REASON: FROM (MM/YYYY) TO (MM/YYYY)

89. Have you ever been refused automobile liability insurance or had them cancelled? [ ] YES [ ] NO

IF YES, GIVE REASON: DATE (MM/YYYY) INSURANCE COMPANY

SECTION TEN: OTHER TOPICS

90. Have you ever been refused a permit to carry a concealed weapon? [ ] YES [ ] NO

91. Are you now, or have you ever been, a member of a criminal enterprise, street gang or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic, origin, nationality, gender, sexual preference or disability? [ ] YES [ ] NO

92. Have you ever hit or physically overpowered a spouse or romantic partner? [ ] YES [ ] NO

93. Since the age of 15, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? [ ] YES [ ] NO

94. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic, origin, nationality, gender, sexual preference or disability? [ ] YES [ ] NO

If you answered YES to any of Questions 90-94, give details including dates and circumstances- reference corresponding numbers.

**FINANCIAL SUPPLEMENT**

**CREDIT:**

List all debts you are currently paying. Include all bills, medical charge accounts, mortgages, loans, etc.

COMPANY	ADDRESS	PURPOSE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

**ADDITIONAL COMMENTS**

Use this space to provide information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc.). Reference the corresponding questions and/or specific items.  
You may print copies of this page as needed.

**SECTION 11: CERTIFICATION**

**95.** I hereby certify that I have personally completed and initialed each page of this form and any attached supplemental page(s) and that all statements made are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

Signature in Full: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Sign:

Initial this page to indicate that you have provided complete and accurate information: \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>S.S. #</u>	<u>Race</u>	<u>Date of Birth #</u>
<u>Place of Birth</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Country</u>	
<u>Previous or alias names used (If applicable):</u>					

As a Candidate for the position of Police Officer with the Syracuse Police Department, I am required to furnish information for use in determining my moral, physical and mental qualifications. I am aware that my entire background will be thoroughly investigated. I authorize the release of any and all information that you may have concerning me, including information of a confidential and privileged nature, disciplinary matters, and sealed records pursuant to Section 160.50 (1)(d) of the NYS Criminal Procedure Law.

In accordance with the Federal Privacy Act (1974), you are hereby notified that your social security number is not mandated by law. It is required by this agency as part of the standard application process for the Syracuse Police Department. Failure to disclose your social security number will prohibit your application from being processed. The Syracuse Police Department will release your social security number only for reasons required by law or with your written consent.

I, \_\_\_\_\_ hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK. AFFIRMED UNDER PENALTY OF PERJURY, THIS \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

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

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

City, State, Zip Code: \_\_\_\_\_

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

State of \_\_\_\_\_ ;

County / City of \_\_\_\_\_ ;

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_, (Signature of Notary) \_\_\_\_\_.

## DOCUMENTS FOR POLICE OFFICER APPLICANTS:

When called to appear for a personal interview, you must **bring with you** the following:

I). Originals of the following Document:

- a. **Birth Certificate:** If there is no record of your birth on file at the Dept. of Health or Bureau of Vital Statistics of the state in which you were born, bring a statement from that agency attesting to that fact. This statement should be accompanied by the baptismal certificate, if any, or other documentary proof or record of your birth, such as affidavits and insurance policies.
- b. **Record of Change of Name:** If the change was made through the courts, bring all available data on this manner.
- c. **Naturalization papers:** If foreign born, or evidence of citizenship if derived from parents.
- d. **Marriage Certificate:** (If married)
- e. **Records:** Divorce, Annulment or Legal Separation, if any, especially a copy of the complaint leading to court action.
- f. **Diplomas:** From Schools, College, Business Schools, Special Training and etc.
- g. **Discharge and Separation Papers (DD214):** From all military organizations as well as any other military papers affecting you (past or present).

II). Verification of the following items must be produced and copied:

- a. Driver's License and including current drivers abstract, from the Department of Motor Vehicles.
- b. Vehicle registration.
- c. Life insurance policies, including GI insurance paperwork.
- d. Social Security card.
- e. Pistol Permit.
- f. Current credit report.
- g. Any other records that will substantiate your answers to questions on the Police Officer application. (ie: proof of registration with Selective Service if required)

**\* In addition for Lateral Transfers-ONLY:**

(Please provide)

- 1). Basic Course for Police Officer Certificate.
- 2). Copy of your roster card, a current examination announcement and a copy your current job description. Which you will need to obtain from the Civil Service Agency's Personnel Department that implemented the exam, which you were currently hired from.