

Exam No. \_\_\_\_\_ List No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Control No. \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Init. \_\_\_\_\_

**POLICE DEPARTMENT**  
CITY OF NEW YORK

APD-5A  
**CIVILIAN TITLES**

Personal History of: \_\_\_\_\_  
Surname First Name M.I.

Applicant for appointment as: \_\_\_\_\_

Exam No. \_\_\_\_\_ List No. \_\_\_\_\_ Social Security No.: \_\_\_\_\_



The answers to questions in this questionnaire must be printed in **BLACK INK BY THE APPLICANT. TWO (2)** copies of this questionnaire are furnished, BOTH are to be completed, notarized in the space provided on page 18, and returned to your assigned investigator as directed. If the space is insufficient to complete your answer to any question, use pages eighteen through twenty-two (18-22) which have been provided for that purpose. Indicate the question number and continue your answer. If a question is not applicable, indicate such by entering "N/A" or "NONE". Do not leave any question blank. Mistakes made should **ONLY** be corrected by drawing a single line through the mistake, placing your initials at the end. **MISTAKES ARE NEVER TO BE CORRECTED WITH OPAQUE CORRECTION FLUID.**

Applicants are cautioned to answer every question, truthfully, completely and without evasion. Both the N.Y. State Civil Service Law and the Personnel Rules of the City of New York, (which have the force and effect of the law) provide penalties for making a false statement of material fact in any application, or for practicing any fraud or deception in obtaining or attempting to obtain municipal employment. Such penalties include rejection for appointment, revocation of appointment, and prosecution.

Civil Service lists are valid for a period of up to four (4) years from the date of promulgation. Once the Civil Service list expires, appointment from that list is no longer possible. For this reason, all candidates are urged to submit all documents as expeditiously as possible. All candidates are cautioned that failing to appear for scheduled appointments could jeopardize chances for appointment.

**THE NEW YORK CITY POLICE DEPARTMENT  
IS AN EQUAL OPPORTUNITY EMPLOYER**

APD-5A

# I. PERSONAL DATA

1. \_\_\_\_\_  
Last Name First Name Mid. Init. Social Security No.

a. Have you ever had a legal name change? If so,

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_

Court: \_\_\_\_\_ Index No.: \_\_\_\_\_

If by marriage, date of marriage: \_\_\_\_\_

b. List below, any other name, alias, nickname, by which you have been known, including maiden name if you are a married female, with the reason for such use:

\_\_\_\_\_  
 \_\_\_\_\_

c. Do you have any tattoos, brands, body piercings, or other body art? Yes  No

If yes, include the location and complete description, including symbolized meaning and reason for getting same.

\_\_\_\_\_  
 \_\_\_\_\_

2. Sex: Male  Female  3. Date of Birth: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

4. Birth Certificate: \_\_\_\_\_  
Certificate Number City or Town County State

5. Citizenship: Citizen of the U.S.A.? Yes  No

a. What country were you born in? \_\_\_\_\_

b. If not born in U.S.A., date entered U.S.A. \_\_\_\_\_

c. If you are a naturalized citizen of the U.S.A., list below,

Naturalization Certificate No. Date Court City State

d. Do you have dual citizenship with another country? Yes  No

If yes, what country? \_\_\_\_\_ When was it obtained? \_\_\_\_\_

How was it obtained? \_\_\_\_\_

6. Do you have a U.S. Resident Alien Card? Yes  No  Expiration: \_\_\_\_\_

If yes, how was it obtained? (Lottery, etc.) \_\_\_\_\_

Alien Registration No. \_\_\_\_\_

7. Do you have a U.S. passport? Yes  No

If yes, passport no. \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

a. Have you ever reported a passport lost or stolen? Yes  No  If yes, describe the circumstances of the loss to include the date, location and police report number: \_\_\_\_\_

\_\_\_\_\_

b. Do you now have or have you ever had a foreign passport? Yes  No  If yes, date issued \_\_\_\_\_

Date of Surrender/Expiration \_\_\_\_\_ Issuing Country \_\_\_\_\_

c. Have you ever applied for a travel visa to travel to or from any country? If so, Date \_\_\_\_\_

Country \_\_\_\_\_ Reason \_\_\_\_\_

Has a visa ever been denied? \_\_\_\_\_

8. What countries outside of the U.S.A. have you traveled to? Include dates and how long you were in the country:

Country & Town, or City	Dates	Length of Stay	Purpose of Visit

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

9. Marital Status:

Single  Married  Legally Separated  Divorced  Widowed  Registered Domestic Partner/Civil Union

<input type="checkbox"/> N/A	Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )		City	State ZIP
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )		City	State ZIP
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )		City	State ZIP
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

<input type="checkbox"/> N/A	Former Spouse/Registered Domestic Partner				
	Name	Home Address ( <i>number/street/apt.</i> )		City	State ZIP
	D.O.B.	Occupation			
	Home Phone ( )	Work Address ( <i>number/street/apt.</i> )		City	State ZIP
	Work Phone ( )	Cell Phone ( )	Email		
Is There, Or Has There Ever Been, An Order Of Protection Or Restraining Order Issued Against This Individual? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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

## II. RESIDENCE RECORD

10. Starting with your **present** address and working back, list each address (including temporary addresses) at which you have resided. Please include military and college (campus and/or off-campus) addresses. All foreign addresses must be included:

FROM		TO		Street Address	Apt. No.	City or Town	County of	State	Zip Code
Mo.	Yr.	Mo.	Yr.						
		PRESENT							

- a. Do you now or have you ever owned/co-owned any home/co-op/condo or other property? Yes  No . If yes, list

\_\_\_\_\_ Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

b. With whom do you co-own? \_\_\_\_\_

c. All Residence telephone number(s): (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

d. All Cell phone number(s): (Area Code) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

e. Email address(es): \_\_\_\_\_, \_\_\_\_\_

f. Do you now have or have you ever had an account on a social networking site, such as MySpace, Facebook or Twitter? Yes  No

If yes, indicate address(es) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## III. FAMILY RECORD

11. List below all of your living or deceased children, including natural, adopted, and/or foster care. Include any other children who have ever resided with you. Provide the name and contact information of the other parent or guardian.

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address		Candidate's Current Relationship with other Parent	

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address		Candidate's Current Relationship with other Parent	

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

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		

Child's Name (Last, First)	Sex	D.O.B.	Does Child Reside with You? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Enter Full Address	
Who has Custody of Child? Include Name and Relationship			Name of other Parent	
Parent's D.O.B.	Parent's Home Address		Parent's Contact Phone No.	
Parent's Occupation	Parent's Work Address	Candidate's Current Relationship with other Parent		

a. **Additional children** listed on pages 18-22? Yes  No

b. What provisions have you made for the support of the children listed above? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Do any of your children receive child support or other supportive income? (Social Security, disability) Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV. FAMILY RECORD AND REFERENCES**

12. List the full names of biological mother and father; stepmothers/stepfathers; grandfathers; grandmothers; father-in-law; mother-in-law, living or deceased. The complete address for each must be listed (include city and state).

Father's Name	Home Address (number/street/apt.)		City	State	ZIP
Work Address (number/street/apt.)		City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone	
D.O.B.			Email		
Place of Birth (Village or Town, City, State, Country)					

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

Mother's Name	Home Address ( <i>number/street/apt.</i> )	City	State	ZIP
Work Address ( <i>number/street/apt.</i> )	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth ( <i>Village or Town, City, State, Country</i> )				

N/A

Stepfather's Name	Home Address ( <i>number/street/apt.</i> )	City	State	ZIP
Work Address ( <i>number/street/apt.</i> )	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth ( <i>Village or Town, City, State, Country</i> )				

N/A

Stepmother's Name	Home Address ( <i>number/street/apt.</i> )	City	State	ZIP
Work Address ( <i>number/street/apt.</i> )	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth ( <i>Village or Town, City, State, Country</i> )				

N/A

Father-in-law's Name	Home Address ( <i>number/street/apt.</i> )	City	State	ZIP
Work Address ( <i>number/street/apt.</i> )	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth ( <i>Village or Town, City, State, Country</i> )				

N/A

Mother-in-law's Name	Home Address ( <i>number/street/apt.</i> )	City	State	ZIP
Work Address ( <i>number/street/apt.</i> )	City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		
D.O.B.	Email			
Place of Birth ( <i>Village or Town, City, State, Country</i> )				

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

<input type="checkbox"/> N/A						
Grandmother's Name	Home Address ( <i>number/street/apt.</i> )			City	State	ZIP
Work Address ( <i>number/street/apt.</i> )			City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone		
D.O.B.				Email		
Place of Birth ( <i>Village or Town, City, State, Country</i> )						

<input type="checkbox"/> N/A						
Grandfather's Name	Home Address ( <i>number/street/apt.</i> )			City	State	ZIP
Work Address ( <i>number/street/apt.</i> )			City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone		
D.O.B.				Email		
Place of Birth ( <i>Village or Town, City, State, Country</i> )						

- a. List the full names of all biological brothers and sisters; half-brothers/half-sisters; stepbrothers/stepsisters; uncle; aunt; great aunt; great uncle; first cousin; nephew; niece; fiancé or fiancée, living or deceased (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Name	Relationship				
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.	
Work Address ( <i>number/street/apt.</i> )			City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone		Email

<input type="checkbox"/> N/A	Name	Relationship				
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.	
Work Address ( <i>number/street/apt.</i> )			City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone		Email

<input type="checkbox"/> N/A	Name	Relationship				
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.	
Work Address ( <i>number/street/apt.</i> )			City	State	ZIP	Occupation
Home Phone		Work Phone		Cell Phone		Email

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

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

b. List any person(s) who has ever resided with you, whether related to you or not (include females' maiden names). The complete address for each must be listed (must include city and state).

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

<input type="checkbox"/> N/A	Name	Relationship			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

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



- c. List 5-6 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

Name		How do you know this person? (for example: friend, teacher, family friend, co-worker)			
Home Address ( <i>number/street/apt.</i> )		City	State	ZIP	D.O.B.
Work Address ( <i>number/street/apt.</i> )		City	State	ZIP	Occupation
Home Phone	Work Phone	Cell Phone		Email	

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

**V. FOREIGN CONTACTS (OR LANGUAGE)**

- 13a. Do you speak, read, write, or understand a foreign language? Yes  No . If Yes, list language(s) and educational level of proficiency: \_\_\_\_\_
- b. How often is each language(s) used? \_\_\_\_\_
- c. With whom is each language used? \_\_\_\_\_ How often? \_\_\_\_\_
- d. Is this person inside or outside of the United States? Inside  Outside   
If outside, list country \_\_\_\_\_

**VI. EDUCATION RECORD**

14. List all schools you have attended beginning with the 9<sup>th</sup> grade:

School Name, City, State and Zip Code	Month and Year Attended		Number of Credit Hours Completed		Type of Degree (e.g. H.S. Diploma, B.A., M.A.)	Month and Year of Graduation, Degree
	From	To	Semester	Quarter		

a. List any other schools attended, including but not limited to, trade, vocation, business, professional and occupational licenses, training courses, internships, certificate programs, etc. List the dates of attendance.

\_\_\_\_\_

\_\_\_\_\_

b. High school diploma from an accredited U.S. Institution? Yes  No  G.E.D. Yes  No   
If "Yes", G.E.D.-Issuing State \_\_\_\_\_ Date Issued \_\_\_\_\_ Other \_\_\_\_\_

c. Were you ever the subject of any disciplinary action at any educational institution which you attended?  
Yes  No  If "yes" give details on pages 18 through 22. (School name, disposition date, etc.)

**VII. EMPLOYMENT RECORD**

15. Have you ever been fired or suspended from any job, or has any form of disciplinary action been taken against you by any employer? Yes  No . If Yes, explain below.

\_\_\_\_\_

\_\_\_\_\_

List below, starting with your current employment-or **unemployment** - and working back, each period of employment and period of unemployment you have had. Include within the sequence any period of active military service. If you were discharged from any employment, or requested to resign, so state under "Reason for leaving employment". **DO NOT LEAVE ANY TIME PERIODS UNACCOUNTED FOR.**

From Mo.: _____ Yr.: _____	To PRESENT	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:
From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

Continue employment entries on Page 11

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

**Continued Employment Entries**

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

  

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

  

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

  

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

  

From Mo.: _____ Yr.: _____	To Mo.: _____ Yr.: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Name of Supervisor:
Company Name (if unemployed, so state)			Type of work you performed:
Street Address of Company			Employer's Telephone Number:
City, State and Zip Code			Reason for leaving employment:

**Additional employment** listed on pages 18 through 22?                      Yes                       No

16. If you listed any period(s) of unemployment, state how you were supported during that time: \_\_\_\_\_

\_\_\_\_\_

a. Additional statements listed on pages 18 through 22?                      Yes                       No

17. Are you currently employed by the New York City Police Department?    Yes                       No

If yes, indicate current title: \_\_\_\_\_

Supervisor's Name	Telephone Number	Command

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

- a. Have you ever applied for any position or taken any civil service examinations for a position with any City, Municipal, Village, Town, County, State, and/or Federal Authority? Yes  No  This includes if you have been interviewed without an examination. If "yes," state name of agency concerned, position/title, year of exam, list position (if any), and current status: \_\_\_\_\_
- Additional applications listed on page 18 through 22 Yes  No
- b. Have you ever been employed by any City, Municipal, Village, Town, County, State, and/or Federal Authority? Yes  No  If "yes" state name of agency concerned \_\_\_\_\_
- c. Are you employed by, or do you have an interest in an individual or organization that has business dealings with the City of New York? Yes  No  If "yes", state name of company concerned: \_\_\_\_\_
- d. Have you ever taken a polygraph examination? Yes  No  If "yes" list and explain \_\_\_\_\_

What were the results? \_\_\_\_\_

- e. Have you ever been disqualified or barred from employment by any City, State, or Federal agency? Yes  No  If "yes", explain: \_\_\_\_\_
- f. Have you ever been drug screened for employment? Yes  No  If "yes", when and for which employment: \_\_\_\_\_

Describe circumstances and results \_\_\_\_\_

18. Have you ever applied for, claimed, received or are now receiving any benefits under any law concerning unemployment, social security, veteran's administration, public assistance, welfare, or other social services assistance? This includes housing, food stamps and Medicaid. Yes  No  If "yes" give details: \_\_\_\_\_

19. List the names of any not-for-profit organization(s) to which you have made contributions of money or property, or otherwise supported, inside or outside the United States, within the last ten years: \_\_\_\_\_

- a. Do any of these organizations have contact with any foreign government organizations or their representatives? Yes  No

- b. List any organization of which you are now or have ever been a member (or officer, if so, please state) foreign or domestic, that advocates violence. \_\_\_\_\_

**c. Income Tax Returns**

Have you filed a Federal and State income tax return for each of the past (5) years? Yes  No  If "no" explain \_\_\_\_\_

20. Do you now or have you ever had a business relationship (such as a real estate co-tenancy, partnership or significant stock ownership) with anyone? Please list associate information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Address of Business \_\_\_\_\_

Type of Business \_\_\_\_\_

- a. Have you ever received support from or supported an individual in a foreign country Yes  No

**VIII. CONVICTION RECORD/PENDING CRIMINAL ACTIONS**

21. List all incidents (including summonses which were returnable to a criminal court) which resulted in a **CONVICTION**, including **YOUTHFUL OFFENDER ADJUDICATIONS**. List all criminal actions that are still pending. You must also include any convictions which have been sealed pursuant to CPL §§160.55 and 160.59.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

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

22. List **ALL** summonses served upon you by a law enforcement officer, court or other authority in any jurisdiction which were returnable to a Transit Adjudication Bureau, Environmental Control Board, etc. (For example, turnstile jumping, drinking alcohol in public, Disorderly Conduct, etc.) If you have never received this type of summons, enter **NONE**.

Date	Location	Original Charge(s)	Final Charge(s)	Disposition

23. Has any member of your immediate family (spouse, parent, brother, sister) or any person with whom you have ever resided with you, although not related to you, ever been convicted or incarcerated? Include any person listed in questions 9, 11, 12a and 12b. Yes  No  If "yes", explain on pages 18 through 22.

24. Have any individuals with whom you have a child in common ever been convicted of a crime or incarcerated? Yes  No  If "yes" explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

25. Have you ever been involved in any domestic incidents? Yes  No   
 If "yes" explain: \_\_\_\_\_  
 \_\_\_\_\_

- a. Has an order of protection ever been issued against you? Yes  No   
 Date(s) Issued \_\_\_\_\_ Date(s) Expired \_\_\_\_\_

26. List any case or instance in which you were: 1) a plaintiff, defendant, or witness in any civil court proceeding, 2) a petitioner or respondent in a Family Court Proceeding, 3) a complainant or witness in a criminal court or grand jury proceeding, 4) the subject, complainant, or witness of any investigation by any city, state, or federal agency, 5) a subject, complainant or witness in any administrative hearing. Do not include any court appearances made in your official capacity as a law enforcement officer, peace officer, or security guard.

Date	City/Town & State	Court or Agency	Purpose of the Hearing, and Your Involvement in Case

- a. Were you ever the subject/witness or have you ever been questioned during a police investigation in which you were not charged with a crime? Yes  No  If "yes", explain: \_\_\_\_\_  
 \_\_\_\_\_

**IX. LICENSE RECORD**

27. Do you possess, or have you ever possessed a valid NY State Driver's License? Yes  No   
 a. If "yes" complete: Class \_\_\_\_\_ License No. \_\_\_\_\_ Date issued \_\_\_\_\_ Expires \_\_\_\_\_  
 b. Has your NYS Driver's License ever been suspended or revoked? Yes  No  If "yes" explain:

Date	Reason

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

c. Are there any restrictions on your license? Yes  No  If "yes", list here: \_\_\_\_\_

d. Have you ever been issued a Driver's License by a state other than NY? Yes  No

If "yes", issuing state(s) \_\_\_\_\_

License No. \_\_\_\_\_ Date issued \_\_\_\_\_ Expires \_\_\_\_\_

e. Has any driver's license issued to you by a state other than NY ever been suspended or revoked? Yes  No

If "yes", explain: issuing state(s): \_\_\_\_\_

When: \_\_\_\_\_ Why: \_\_\_\_\_

f. Do you possess, or have you ever possessed a valid U.S. Military License? If "yes" what branch of service? \_\_\_\_\_

License No. \_\_\_\_\_ Date issued \_\_\_\_\_ Expires \_\_\_\_\_

Ever suspended or revoked? Yes  No  If "yes" to suspended or revoked, explain

When: \_\_\_\_\_ Why: \_\_\_\_\_

g. Do you now possess, or have you ever possessed, a foreign driver license? If "yes", issuing government(s) \_\_\_\_\_ License No. \_\_\_\_\_ Date Issued \_\_\_\_\_

28. List **ALL** summonses or citations you have ever received violations of any traffic laws or regulations, in any jurisdictions.

Date of Violation	City/Town & State & Country	Violation or Charges	Court Disposition & Date

29. List below all motor vehicles ever owned by you or registered to you. Include all motor vehicles a) owned by you and registered to you, b) owned by you but registered to someone else, c) registered to you but owned by someone else.:

Year of Vehicle	Make of Vehicle	Type of Vehicle	Period Owned		Reg. Plate No.	State Licensing
			From	To		

30. Do you have any outstanding, unpaid parking summonses? Yes  No  If "yes", how many? \_\_\_\_\_

31. Were you ever in a motor vehicle accident in which **YOU WERE THE DRIVER OF THE VEHICLE?** Yes  No   
If "yes" list all accidents below.

Date	Vehicle Owner	Accident Location	Any Injuries?	To Whom?	Police Pct./Accident No.	Claims Pending?	By Whom?

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

**X. LICENSE AND FIREARM RECORD**

32. Do you now own or possess, or have you ever owned or possessed a pistol, rifle, or firearm? Yes  No

If "yes", give details below.

Type of Weapon	Manufacturer	Model	Calibre	Serial Number	Dates Owned	How Obtained?	Where Obtained?

a. For each weapon listed above, give details below.

Weapon	License/Certification No.	Issuing Agency	Date Issued	Date Expired	Suspended/Revoked?

33. Have you ever been issued a license by any city, state, or federal agency, for any purpose, including, but not limited to: attorney, teacher, real-estate broker, doctor, taxi driver, security guard, notary public, locksmith, or for any premises licensed by the State Liquor Authority? Yes  No  If "yes", explain below.

Kind of License	License Number	Issuing Agency	Issue Date	Expire Date	Ever Suspended Or Revoked

**XI. MILITARY SERVICE RECORD**

34. List below military service performed on either Active Duty or on Reserve or National Guard Status. Include any foreign military service.

From	To	Active or Reserve	Branch Service	Rank	Service Ser. No.	Type of Discharge or Separation

35. Have you ever been disciplined while in military service, including, but not limited to, Court Martial and/or action(s) under Article 15, Code of Military Justice.

Date	Charges Against You (SPECIFIC)	Reason	Type of Action	Disposition of Charges

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

**XII. SELECTIVE SERVICE RECORD**

36. Does Selective Service apply to you? Yes  No   
All males born after December 31, 1959 are required to register with the Selective Service System. If you are a male, have you registered? Yes  No  If "yes", Selective Service No.: \_\_\_\_\_ Date of registration: \_\_\_\_\_  
If "no", explain: \_\_\_\_\_

**XIII. DEBTS - FINANCIAL STATUS**

37. List below all persons or entities to whom you presently owe money (including student loans not yet due for repayment) such as banks, credit cards, mortgages, personal loans, tax liens, revolving or store credit, etc.

Name and address of person or entity to whom debt is owed	Original Amount	Present Balance	Monthly or Periodic Payment	Purpose of Debt	Date Made

Total amount of debt \$ \_\_\_\_\_ Student Loan(s) \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_  
Total annual income \$ \_\_\_\_\_ Credit Card(s) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

- a. Have you ever filed for bankruptcy? Yes  No  If "yes" explain below: \_\_\_\_\_
- b. Have you ever been in default, or had any garnishment, wage assignment, or judgement filed against you for failure to pay a debt? Yes  No  If "yes" explain: \_\_\_\_\_

**XIV. CONTROLLED SUBSTANCE / ALCOHOL USE**

38. Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question requires an explanation on pages 18 through 22, including dates, frequency, treatment, cure, etc. The phrase "ever used" in this context includes everything from one (1) time usage or occasional usage to frequent or regular usage.

- a. Do you now or have you ever used marijuana? \_\_\_\_\_
- b. Do you now or ever have you ever used crack and/or cocaine? \_\_\_\_\_
- c. Do you now or have you ever used any opiate (heroin, morphine, opium, etc.)? \_\_\_\_\_
- d. Do you now or have you ever used any hallucinogenic drug (LSD, PCP, etc.)? \_\_\_\_\_
- e. Do you now or have you ever used any other non-prescribed controlled substance? \_\_\_\_\_
- f. Do you now or have you ever used any non-prescribed amphetamines, barbiturates, or other tranquilizers? \_\_\_\_\_
- g. Do you now or have ever used steroids? \_\_\_\_\_
- h. Have you ever used any other type of illegal drugs, including, but not limited to, ecstasy, crystal methamphetamine, "club drugs", etc.? \_\_\_\_\_
- i. Do you now or have you ever used any other prescription medicine for which you did not have a prescription?

39. Answer either "Yes" or "No" after each question below. An answer of "Yes" to any question requires an explanation on pages 18 through 22, including frequency of use, treatment, etc. In this context, "alcohol" refers to any and all alcoholic beverages, including beer, wine, wine coolers, scotch, etc.

- a. Do you use alcohol? \_\_\_\_\_
- b. Is alcohol a part of your social life? \_\_\_\_\_
- c. Does a relative or friend worry or complain about your drinking? \_\_\_\_\_
- d. Do you miss days from work because of drinking? \_\_\_\_\_
- e. Have you awakened the morning after drinking and could not remember part of the previous evening? \_\_\_\_\_
- f. Has drinking created medical, financial, relationship, or work-related problems for you?
- g. Do you get into arguments or fights when you are drinking? \_\_\_\_\_
- h. Have you ever used more alcohol than you intended? \_\_\_\_\_

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



**XV. MISCELLANEOUS**

40. Are you now, have you ever been, or have you ever applied for a position as an auxiliary police officer? Yes  No  If "yes", list dates of application/service, precinct or location of service, and name of supervisor and/or coordinator.

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41. Are you now, have you ever been, or have you ever applied to become a volunteer firefighter? Yes  No  If "yes", list dates of application/service, location of service, and name of supervisor.

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42. Were you a member of the NYPD Explorer Program? Yes  No  If "yes", list dates of service, location of service, and name of supervisor.

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43. Have you ever visited any persons incarcerated in any Correctional Facilities? Yes  No  If "yes", list the identity of the person(s): relationship, purpose of visit, name of facility, and date of visit.

Last Name	First Name	Relationship	Purpose of Visit	Name of Facility	Date of Visit

44. Have you ever been involved with any street gangs or organized crime organizations? Yes  No  If "yes", list all groups, reason, and dates of involvement.

Group Name	Nature of Involvement	Dates of Involvement

45. Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which may be relevant to an investigation into your eligibility for appointment to the position for which you have applied? Yes  No  If "yes", explain: \_\_\_\_\_

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I am aware that if appointed to the New York City Police Department, I must adhere to Patrol Guide procedure 203-10 "Public Contact/Prohibited Conduct." It is prohibited to have contact with any person/organization reasonably believed to be engaged in, likely to engage in or to have engaged in criminal activities.

\_\_\_\_\_  
Signature

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

State of:  
 City of:  
 County of:

S.S.

I, \_\_\_\_\_, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing questionnaire, including the additions thereto which appear on pages 18 through 22 following, and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

\_\_\_\_\_  
 Signature of Candidate in Presence of Notary Public

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 Notary Public or Commissioner of Deeds  
 (or Commissioned Officer for Military Personnel on Active Duty)

**DO NOT SIGN BELOW UNTIL DIRECTED BY YOUR INVESTIGATING OFFICER:**

\_\_\_\_\_  
 Signature of Applicant at Interview

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Rank/Signature of Investigator

The following space is provided for detailed answers to preceding questions. Indicate the question number to which the answers apply.

Question Number	Answer

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











