

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 9th 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.

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.

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.

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: _____

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: _____ S.S.

County of: _____

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: _____

