

FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE AS A CLASS A MISDEMEANOR AS DEFINED IN SECTION 210.45 OF THE NEW YORK STATE PENAL LAW. In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the agency as part of the standard application process for the New York State Police. Failure to disclose your Social Security Number will prohibit your application from being processed. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

PERSONAL INFORMATION (Use "REMARKS" on page 2 if more space is needed.)

Last Name		First Name		MI	Social Security Number	
					Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Address – Number & Street					Home Telephone Number	
					()- -	
City		State	Zip		Business Telephone Number	
					()- -	
Mailing Address If Different From Above – Number & Street						
City		State			Zip	
Date of Birth	Place of Birth – City or County		State or Province		Country (if other than the U.S.)	
Father's Full Name			Mother's Maiden Name			

Please provide any additional home addresses during the last 5 years. Use "REMARKS" on page 2 if more space is needed.

Home Address – Number & Street			Home Address – Number & Street		
City	State	Zip	City	State	Zip

EMPLOYMENT HISTORY (Please start with most recent/current employment. Include all employment during the last 5 years.)

Title and Dates (From/To)	Employer's Name, Address and Phone Number	Reason for Leaving
Title _____	Current Employer: Address: Phone Number: SUPERVISOR:	
Title _____ TO	Employer: Address: Phone Number: SUPERVISOR:	
Title _____ TO	Employer: Address: Phone Number: SUPERVISOR:	

IF APPROPRIATE, ATTACH A RESUME OR SEPARATE SHEET TO DESCRIBE ALL OTHER EMPLOYMENT OR EXPERIENCE.

EDUCATION AND TRAINING

Name of Institution	Location	Dates Attended	Major/Course	Diploma/Degree Earned

Do you have a High School Equivalency Diploma? _____ If "YES", specify issuing body and number _____

SECURITY BACKGROUND DOCUMENT

MILITARY SERVICE (U.S. Armed Forces)

VETERANS STATUS (please check appropriate box)	Non – Veteran	Veteran	Disabled Veteran	Spouse of Disabled Vet
Branch (If you did not serve – enter NONE)	Dates Served (From/To)		Honorable Discharge -Yes/No	
Have you completed a form authorizing the release of your military records if applicable? (THIS FORM MUST BE COMPLETED FOR THE APPLICANT TO BE CONSIDERED FOR EMPLOYMENT.)				YES ___ NO ___

ADDITIONAL INFORMATION (Answer all questions)

1. a. Do you possess a current Drivers License? b. If "YES", specify: Issuing State _____ License Number _____	YES ___ NO ___
2. *Except for minor traffic violations, have you ever been convicted of a crime (misdemeanor or felony), including DWI? (EXPLAIN IN REMARKS BELOW)	YES ___ NO ___
3. *Are there current pending charges against you for any crime (misdemeanor or felony), including DWI? (EXPLAIN IN REMARKS BELOW)	YES ___ NO ___
4. a. Are you a citizen of the United States? b. Do you have the legal right to accept employment in the United States? c. If you are not a U.S. citizen, specify INS Number _____	YES ___ NO ___ YES ___ NO ___
5. a. Were you ever discharged from any employment except for lack of work or funds? b. Were you ever discharged from any employment due to disability or medical condition?	YES ___ NO ___ YES ___ NO ___
6. *Have you ever resigned from any employment in lieu of disciplinary action or termination? (EXPLAIN IN REMARKS BELOW)	YES ___ NO ___
7. Have you ever had any professional license suspended, modified, or revoked? (EXPLAIN IN REMARKS BELOW)	YES ___ NO ___

REMARKS (Attach additional sheets if necessary)

REFERENCES

NAME	ADDRESS	TELEPHONE

AFFIRMATION

<p>By my signature I agree to be fingerprinted and have my prints processed by the Division of Criminal Justice Services (DCJS) and the National Crime Information Center (NCIC); and I understand that local law enforcement agencies will be contacted and that if there are any open questions I will be contacted.</p> <p>I CERTIFY THAT ALL QUESTIONS ANSWERED AND ALL INFORMATION PROVIDED BY ME ON THIS FORM ARE TRUE AND CORRECT. I AGREE TO AND AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED.</p> <p>_____</p> <p align="center">SIGNATURE</p>	<p>_____</p> <p align="center">DATE</p>
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