

# SUFFOLK COUNTY POLICE DEPARTMENT APPLICANT OUESTIONNAIRE

#### **PDCS-1031m**

**INSTRUCTIONS:** Failure to return this questionnaire, properly completed, within the time allotted, shall result in removal of your name from the eligible list. Read every question carefully. Police Officer Candidates **must answer every question.** A candidate may be rejected who has intentionally made a false statement of any material fact, or practiced or attempted to practice, any deception or fraud in his/her application, in his/her examination, or in securing his/her eligibility or appointment. (Section 50 Civil Service Law) This **questionnaire must be handwritten in legible block letters or completed online**. Entries must be made in **black ink**.

|     |                             |                  |             | PERSONAL                     | DATA       | <u> </u>            |          |        |       |      |
|-----|-----------------------------|------------------|-------------|------------------------------|------------|---------------------|----------|--------|-------|------|
| 1.  | Last Name                   |                  |             |                              | First Na   | ame                 |          | Middle |       |      |
| 2.  | ALIAS (Nickname,            | maiden name, a   | nd any nan  | nes you have used)           |            | ot Applicable       |          |        |       |      |
| 3.  | ☐ Male                      | ☐ Female         |             |                              | 4.         | Social Security Nur | nber     |        |       |      |
| 5.  | Address                     |                  |             |                              | City       |                     |          |        | State | Zip  |
| 5a. | Mailing Address (if differ  | rent than above) |             |                              | City       |                     |          |        | State | Zip  |
| 6.  | Cell Phone #                |                  |             | Home Phone #                 |            |                     | Work Pho | ne #   | 1     |      |
| 7.  | Do you have a Personal C    | Computer?        | E-Mail Add  | lress                        |            |                     |          |        |       |      |
| 8.  | Date of Birth (Month/Day    | /Year)           | Residence a | t Time of Birth (City/State/ | Country or | nly)                |          |        |       |      |
|     | Are you a U.S. Citi         | izen by birth?   | □ Y         | es 🗆 No                      | Or, 1      | by Naturalizatio    | n?       | □ Ye   | es 🗆  | l No |
| 9.  | If Naturalized              | Certificate #    | :           |                              |            |                     |          | Date   |       |      |
|     | If derived from<br>Parent's | Certificate #    | :           |                              |            |                     |          | Date   |       |      |
|     | Certification               | Place            |             |                              |            |                     |          |        |       |      |
|     |                             | Court            |             |                              |            |                     |          |        |       |      |

### SUFFOLK COUNTY POLICE DEPARTMENT 9. PERSONAL DATA (continued) Do you have dual citizenship with another country? 10. □ Yes □ No 11. If dual citizenship, which country? 12. Do you have a US Passport? □ Yes □ No Do you now or have you ever had a foreign passport? 13. □ Yes □ No Have you ever reported a passport lost or stolen? 14. □ Yes No Are you currently registered to Vote? 15. □ Yes □ No Height Weight Eye Color Hair Color 16. List and describe all Scars, Distinguishing Marks, and Tattoos, etc., and where they are located. **☐** Not Applicable 17.

|       |      |                         |              |                       | M.        | ARIT    | AL ST   | TATUS      |        |                          |                                |
|-------|------|-------------------------|--------------|-----------------------|-----------|---------|---------|------------|--------|--------------------------|--------------------------------|
| 18.   | Cu   | rrent Marital Statu     | us:          | Never Ma<br>Separated |           |         | Marri   |            |        | Divorced<br>Widow/Widowe | ☐ Domestic Partner             |
| 19.   | If y | you are, or have ever   | been mar     | ried, comp            | lete the  | follov  | ving re | garding y  | our    | spouse, former sp        | ouse(s), /or domestic partner. |
|       |      | Name of Spouse/Domestic | Partner      |                       |           |         |         | Home Pho   | ne #   |                          | Cell Phone #                   |
| Prese | nt   | Address                 |              |                       |           |         |         | T          |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | rriage                | Date of 1 | Divorce |         | City & Sta | te Ma  | nried/Divorced           |                                |
|       |      | Name of Spouse/Domestic | Partner      |                       |           |         |         | Home Pho   | one #  |                          | Cell Phone #                   |
| Prior |      | Address of Spouse/Domes |              |                       | T         |         |         |            |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | arriage               | Date of   | Divorce |         | City & Sta | ite Ma | arried/Divorced          |                                |
|       |      | Name of Spouse/Domestic | Partner      |                       |           |         |         | Home Pho   | one #  |                          | Cell Phone #                   |
| Prior |      | Address of Spouse/Domes | I            |                       |           |         |         |            |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | arriage               | Date of   | Divorce |         | City & Sta | ite Ma | arried/Divorced          |                                |
|       |      | Name of Spouse/Domestic | Partner      |                       |           |         |         | Home Pho   | ne #   |                          | Cell Phone #                   |
| Prior |      | Address of Spouse/Domes | stic Partner |                       |           |         |         |            |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | arriage               | Date of   | Divorce |         | City & Sta | ite Ma | arried/Divorced          |                                |
|       |      | Name of Spouse/Domestic | e Partner    |                       |           |         |         | Home Pho   | one #  |                          | Cell Phone #                   |
| Prior |      | Address of Spouse/Domes | stic Partner |                       |           |         |         |            |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | arriage               | Date of   | Divorce |         | City & Sta | ite Ma | arried/Divorced          |                                |
|       |      | Name of Spouse/Domestic | e Partner    |                       |           |         |         | Home Pho   | ne #   |                          | Cell Phone #                   |
| Prior |      | Address of Spouse/Dome  | stic Partner |                       |           |         |         | •          |        |                          |                                |
|       |      | Date of Birth           | Date of Ma   | arriage               | Date of   | Divorce |         | City & Sta | ite Ma | arried/Divorced          |                                |

|        |   | DEP   | ENDI    | ENTS |       |              |          |        |          |
|--------|---|-------|---------|------|-------|--------------|----------|--------|----------|
| 20.    | List <b>ALL</b> of your children and/or any other person except for your spouse.  If applicable, provide the name and contact inferson is other than your spouse. |       |         |      |       |              | □ N<br>D |        | ndents   |
| Name ( | Last, First, MI)  | Sex   |         | DOB  | Relat | tionship     | Contac   | t Phon | e Number |
| ,      |   |       |         |      |       | •            |          |        |          |
| Addres | s (If other than your current address)  |       |         |      |       | City         | State    | e      | Zip      |
| Name o | f Other Parent/Guardian   |       |         | DOB  |       | Home Phone # | Cell Ph  | one #  |          |
| Addres | s of Other Parent   | Email | Address | S    |       | City         | State    | e      | Zip      |
|        |   | Į.    |         |      |       |              |          |        |          |
| Name ( | ast, First, MI)   | Sex   |         | DOB  | Relat | tionship     | Contac   | t Phon | e Number |
| Addres | s (If other than your current address)  |       |         |      |       | City         | State    | e      | Zip      |
| Name o | f Other Parent/Guardian   |       |         | DOB  |       | Home Phone # | Cell Ph  | one #  |          |
| Addres | s of Other Parent   | Email | Address | S    |       | City         |          | ST     | Zip      |
|        |   | I     |         |      |       |              |          |        |          |
| Name ( | ast, First, MI)   | Sex   |         | DOB  | Relat | tionship     | Contac   | t Phon | e Number |
| Addres | s (If other than your current address)  | •     |         |      |       | City         | State    | e      | Zip      |
| Name o | f Other Parent/Guardian   |       |         | DOB  |       | Home Phone # | Cell Pho | one #  |          |
| Addres | s of Other Parent   | Email | Address | S    |       | City         | State    | e      | Zip      |
|        |   |       |         |      |       |              |          |        |          |
| Name ( | Last, First, MI)  | Sex   |         | DOB  | Relat | tionship     | Contac   | t Phon | e Number |
| Addres | s (If other than your current address)  |       |         |      |       | City         | State    | e      | Zip      |
| Name o | of Other Parent/Guardian  |       |         | DOB  |       | Home Phone # | Cell Pho | one #  |          |
| Addres | s of Other Parent   | Email | Address | S    |       | City         | State    | e      | Zip      |
|        |   | I     |         |      |       |              |          |        |          |
| Name ( | Last, First, MI)  | Sex   |         | DOB  | Relat | tionship     | Contac   | t Phon | e Number |
| Addres | s (If other than your current address)  |       |         |      |       | City         | State    | e      | Zip      |
| Name o | f Other Parent/Guardian   |       |         | DOB  |       | Home Phone # | Cell Pho | one #  |          |
| Addres | s of Other Parent   | Email | Address | S    |       | City         | State    | e      | Zip      |

| DEP  | ENDI | ENTS (cont | tinued | <b>l</b> ) |              |              |           |
|--|------|------------|--------|------------|--------------|--------------|-----------|
|  |      | ı          |        |            |              |              |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Pho  | 1e Number |
| Address (If other than your current address) |      |            |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # |           |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |
|  | 1    |            |        |            | ·            | l .          |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Phon | ne Number |
| Address (If other than your current address) |      |            |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # | L         |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |
|  |      |            |        |            |              |              |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Phon | ae Number |
| Address (If other than your current address) |      |            |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # |           |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |
|  |      |            |        |            |              |              |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Phon | ne Number |
| Address (If other than your current address) |      |            |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # |           |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |
|  |      |            |        |            |              |              |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Phon | ae Number |
| Address (If other than your current address) |      |            |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # | l         |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |
|  |      |            |        |            |              |              |           |
| Name (Last, First, MI)                       | Sex  | DOB        |        | Relat      | tionship     | Contact Pho  | ne Number |
| Address (If other than your current address) |      | l          |        |            | City         | State        | Zip       |
| Name of Other Parent/Guardian                |      |            | DOB    |            | Home Phone # | Cell Phone # | <u>I</u>  |
| Address of Other Parent                      | Emai | Address    |        |            | City         | State        | Zip       |

#### **CHARACTER REFERENCES**

| 21. | List FIVE persons <b>NOT RELATED</b> to you and <b>NOT FORMER EMPLOYERS</b> , | who have known | ou for at least | FIVE |
|-----|---|----------------|-----------------|------|
|     | YEARS.  |                |                 |      |

|      |                                    |                   | T           |      |              |              |         |                |
|------|------------------------------------|-------------------|-------------|------|--------------|--------------|---------|----------------|
|      | Full Name (Include Mr./Mrs./Ms.)   |                   | Years Know  | vn   | Home Phone # | Cell Phone # | Wo      | rk Phone #     |
| 1    |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
| Cu   | rrent Address                      | Email Address     |             | City |              |              | State   | ZIP            |
|      |                                    |                   |             |      |              |              |         |                |
| ш    | w Did You Meet Them                |                   |             |      |              |              | Loct Do | nte of Contact |
| 110  | w Did Tou Meet Them                |                   |             |      |              |              | Last Da | ne of Contact  |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      | Full Name (Include Mr. Mrs. Ms.)   |                   | VV          |      | II Dh #      | G-II Di#     | ***     |                |
| •    | Full Name (Include Mr./Mrs./Ms.)   |                   | Years Know  | vn   | Home Phone # | Cell Phone # | WO      | rk Phone #     |
| 2    |                                    |                   |             |      |              |              |         |                |
| Cu   | rrent Address                      | Email Address     |             | City |              |              | State   | ZIP            |
| -    | 11010114411666                     | 2311411 11441 055 |             | City |              |              | State   |                |
|      |                                    |                   |             |      |              |              |         |                |
| Ho   | w Did You Meet Them                |                   |             |      |              |              | Last Da | te of Contact  |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      | Full Name (Include Mr./Mrs./Ms.)   |                   | Years Know  | vn   | Home Phone # | Cell Phone # | Wo      | rk Phone #     |
| 3    |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
| Cu   | rrent Address                      | Email Address     |             | City |              |              | State   | ZIP            |
|      |                                    |                   |             |      |              |              |         |                |
| ш    | w Did You Meet Them                |                   |             |      |              |              | Loct Do | nte of Contact |
| 110  | w Did Tou Meet Them                |                   |             |      |              |              | Last Da | ne of Contact  |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      | Full Name (Include Mr./Mrs./Ms.)   |                   | Years Know  |      | Home Phone # | Cell Phone # | Wa      | rk Phone #     |
| 4    | run wante (mctude wit./wits./wis.) |                   | 1 ears Know | VII  | nome rhone # | Cen ruone #  | Wo      | rk Filone #    |
| 4    |                                    |                   |             |      |              |              |         |                |
| Cu   | rrent Address                      | Email Address     | <u> </u>    | City |              |              | State   | ZIP            |
|      |                                    |                   |             | 0113 |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
| Ho   | w Did You Meet Them                |                   |             |      |              |              | Last Da | te of Contact  |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   | 1           |      |              | T            |         |                |
|      | Full Name (Include Mr./Mrs./Ms.)   |                   | Years Know  | vn   | Home Phone # | Cell Phone # | Wo      | rk Phone #     |
| 5    |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |
| Cu   | rrent Address                      | Email Address     |             | City |              |              | State   | ZIP            |
|      |                                    |                   |             |      |              |              |         |                |
| TT - | w Did You Meet Them                |                   |             |      |              |              | Loct D  | nte of Contact |
| н0   | w Did 10d Meet Flielii             |                   |             |      |              |              | Last Da | ne of Contact  |
|      |                                    |                   |             |      |              |              |         |                |
|      |                                    |                   |             |      |              |              |         |                |

|        |   |        |            | FA      | MILY     | MEMBE              | RS            |                  |           |     |     |
|--------|---|--------|------------|---------|----------|--------------------|---------------|------------------|-----------|-----|-----|
| 22.    | To the <b>best of your kno</b> family, <b>any</b> member of your formerly reside(d) with ev                           | our o  | r domestic | partner | 's famil | y, or <b>any</b> o | one with whom |                  | J Yes     |     | No  |
| 23.    | To the <b>best of your kno</b> family, <b>any</b> member of your formerly reside(d) with e crime, or subversive group | our of | r domestic | partner | 's famil | y, or <b>any</b> o | one with whom | you currently or | J Yes     |     | No  |
| 24.    | List the following <b>FAMI</b> spouse; former spouse; debrothers; step-sisters.                                       |        |            |         |          |                    |               |                  |           |     |     |
| Name ( | Last, First, MI)  |        | Living     |         | Deceased | d                  | Relationship  |                  |           |     | Age |
| Addre  | ss  |        |            |         |          | C                  | City          |                  | State     | ZIP |     |
| Occup  | ation   |        |            |         | En       | nail Address       |               | Home Phone #     | Cell Phon | e # |     |
| Name ( | Last, First, MI)  |        | Living     |         | Deceased | d                  | Relationship  |                  |           |     | Age |
| Addre  | ss  |        |            |         |          | C                  | City          |                  | State     | ZIP | ,   |
| Occup  | ation   |        |            |         | En       | nail Address       |               | Home Phone #     | Cell Phon | e # |     |
| Name ( | Last, First, MI)  |        | Living     |         | Deceased | d                  | Relationship  |                  |           |     | Age |
| Addre  | SS  |        |            |         |          | C                  | City          |                  | State     | ZIP | 1   |
| Occup  | ation   |        |            |         | En       | nail Address       |               | Home Phone #     | Cell Phon | e # |     |
| Name ( | Last, First, MI)  |        | Living     |         | Deceased | d                  | Relationship  |                  | <u> </u>  |     | Age |
| Addre  | SS  |        |            |         |          | C                  | City          |                  | State     | ZIP | 1   |
| Occup  | ation   |        |            |         | En       | nail Address       |               | Home Phone #     | Cell Phon | e # |     |
| Name ( | Last, First, MI)  |        | Living     |         | Deceased | d                  | Relationship  |                  |           |     | Age |
| Addre  | SS  |        |            |         |          | C                  | City          |                  | State     | ZIP | ı   |
| Occup  | ation   |        |            |         | En       | nail Address       |               | Home Phone #     | Cell Phon | e # |     |

#### **FAMILY MEMBERS (continued)**

| Name (Last, First, MI) |   | Living |   | Dece | eased       |     | Relationship |              |           |      | Age      |
|------------------------|---|--------|---|------|-------------|-----|--------------|--------------|-----------|------|----------|
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | SS  |              | Home Phone # | Cell Phor | ne#  |          |
| Name (Last, First, MI) |   | Living |   | Dec  | eased       |     | Relationship |              |           |      | Age      |
| Name (East, First, MI) | J | Living | ٥ | Deci | cused       |     | •            |              |           |      | 1280     |
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | ss  |              | Home Phone # | Cell Phor | ne#  |          |
| Name (Last, First, MI) |   | Living |   | Dece | eased       |     | Relationship |              |           |      | Age      |
|                        |   |        |   |      |             |     |              |              |           |      | _        |
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | ss  |              | Home Phone # | Cell Phor | ne#  |          |
| Name (Last, First, MI) |   | Living |   | Dece | eased       |     | Relationship |              |           |      | Age      |
|                        |   |        |   |      |             |     |              |              |           |      |          |
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | ss  |              | Home Phone # | Cell Phor | ne#  |          |
| Nome (Lot First MD)    |   | Living |   | Dece | pasad       |     | Relationship |              |           |      | Age      |
| Name (Last, First, MI) | J | Living |   | Dece | easeu       |     | Kelauoiship  |              |           |      | Age      |
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | SS  |              | Home Phone # | Cell Phor | ne # |          |
|                        |   |        |   | _    |             |     | D-l-d1       | I            | <u> </u>  |      | <b>.</b> |
| Name (Last, First, MI) |   | Living |   | Dece | eased       |     | Relationship |              |           |      | Age      |
| Address                |   |        |   |      |             | Cit | ty           |              | State     | ZI   | P        |
| Occupation             |   |        |   |      | Email Addre | SS  |              | Home Phone # | Cell Phor | ne#  |          |

|                          |   |        |        |             |      |              |              |    |           |     | 130 |
|--------------------------|---|--------|--------|-------------|------|--------------|--------------|----|-----------|-----|-----|
|                          |   | ]      | FAMILY | MEMBERS     | (con | ntinued)     |              |    |           |     |     |
|                          |   |        |        |             |      |              |              |    |           |     |     |
| Name (Last, First, MI)   |   | Living |        | Deceased    |      | Relationship |              |    |           |     | Age |
|                          |   |        |        |             |      |              |              |    | •         |     |     |
| Address                  |   |        |        |             | Cit  | ty           |              |    | ST        | ZII | P   |
| Occupation               |   |        |        | Email Addr  | ess  |              | Home Phone   | C  | ell Phone | e   |     |
|                          |   |        |        |             |      |              |              |    |           |     |     |
| Name (Last, First, MI)   |   | Living |        | Deceased    |      | Relationship |              |    |           |     | Age |
|                          |   |        |        |             |      |              |              |    |           |     |     |
| Address                  |   |        |        |             | Cit  | ty           |              | St | tate      | ZII | P   |
| Occupation               |   |        |        | Email Addr  | ess  |              | Home Phone # | С  | ell Phon  | e # |     |
|                          |   |        |        |             |      |              |              |    |           |     |     |
| Name (Last, First, MI)   |   | Living |        | Deceased    |      | Relationship |              |    |           |     | Age |
| Traine (Edst, 11st, 191) | ٦ | Living |        | seccused    |      | •            |              |    |           |     |     |
| Address                  |   |        |        |             | Cit  | ty           |              | St | tate      | ZII | P   |
|                          |   |        |        | T           |      |              | Γ            |    |           |     |     |
| Occupation               |   |        |        | Email Addre | ess  |              | Home Phone # | C  | ell Phon  | e # |     |

| Name (Last, First, MI)      |   | Living |   | Dece | ased          |     | Relationship |              |            |     | Age |
|-----------------------------|---|--------|---|------|---------------|-----|--------------|--------------|------------|-----|-----|
|                             |   |        |   |      |               |     |              |              |            |     | Ì   |
|                             |   |        |   |      |               |     |              |              | _          |     |     |
| Address                     |   |        |   |      |               | Cit | ty           |              | State      | ZII | }   |
|                             |   |        |   |      |               |     |              |              |            | l   |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
| Occupation                  |   |        |   |      | Email Address | S   |              | Home Phone # | Cell Phone | e # |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
| Name (Last, First, MI)      |   | Living |   | Dece | eased         |     | Relationship |              |            |     | Age |
| - 141111 (11111)            | _ |        | _ |      |               |     | -            |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     | i   |
| Address                     |   |        |   |      |               | Cit | ty           |              | State      | ZII | P   |
|                             |   |        |   |      |               |     |              |              |            | l   |     |
|                             |   |        |   |      |               |     |              |              |            | l   |     |
| Occupation                  |   |        |   |      | Email Address | s   |              | Home Phone # | Cell Phone | e # |     |
| •                           |   |        |   |      |               |     |              |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     |     |
| Name (Last, First, MI)      |   | Living |   | Dece | eased         |     | Relationship |              |            |     | Age |
| realite (East, 1 list, Wil) | _ | Living | _ | Dece | useu          |     | <u>.</u>     |              |            |     |     |
|                             |   |        |   |      |               |     |              |              |            |     | i   |
| Address                     |   |        |   |      |               | Cit | ty           |              | State      | ZII | P   |
| Address                     |   |        |   |      |               | Cit | ty           |              | State      | ZII | P   |

Email Address

Home Phone #

Cell Phone #

Occupation

#### RESIDENCES

| 25. | List <b>ALL</b> of your residences since birth, including <b>all on/off Base Military Housing</b> and <b>on/off Camp</b> attending college. <b>Begin with your most current residence</b> . Include complete address with Unit number, where applicable. |   |
|-----|--|---|
|     |  |   |
|     |  | • |

|  |                       | City                        | Cour | ,                       | State                           | ZIP                       |
|--|-----------------------|-----------------------------|------|-------------------------|---------------------------------|---------------------------|
| From (Month & Year)  | To (Month & Year)     | Military Installation       |      |                         |                                 |                           |
| With Whom Do You Live  |                       |                             |      |                         |                                 |                           |
| If Renting, Give Name of Person Wh   | to Collects The Rent  |                             |      | Phone Number of Pers    | on Who Colle                    | ects The Rent             |
| Address of Person Who Collects The   | Rent                  |                             | Ema  | il Address of Person Wh | no Collects the                 | e Rent                    |
| Address  |                       | City                        | Cour | nty                     | State                           | ZIP                       |
|  |                       |                             |      |                         |                                 |                           |
| From (Month & Year)  | To (Month & Year)     | Military Installation       | ı    |                         |                                 |                           |
| With Whom Did You Live   |                       |                             |      |                         |                                 |                           |
| If Renting, Give Name of Person Wh   | o Collected the Rent  |                             |      | Phone Number of Pers    | on Who Colle                    | ected the Rent            |
| Address of Person Who Collected the  | e Rent                |                             | Ema  | il Address of Person Wh | no Collects the                 | e Rent                    |
|  |                       |                             |      |                         |                                 |                           |
|  |                       | ,                           |      |                         |                                 |                           |
| Address  |                       | City                        | Com  | nty                     | State                           | ZIP                       |
| Address From (Month & Year)  | To (Month & Year)     | City  Military Installation | Cour | nty                     | State                           | ZIP                       |
|  | To (Month & Year)     |                             | Cour | nty                     | State                           | ZIP                       |
| From (Month & Year)  |                       |                             | Cour | Phone Number of Pers    |                                 |                           |
| From (Month & Year)  With Whom Did You Live  | to Collected the Rent |                             |      |                         | on Who Colle                    | ected the Rent            |
| From (Month & Year)  With Whom Did You Live  If Renting, Give Name of Person Wh  | to Collected the Rent |                             |      | Phone Number of Pers    | on Who Colle                    | ected the Rent            |
| From (Month & Year)  With Whom Did You Live  If Renting, Give Name of Person Wh  | to Collected the Rent |                             |      | Phone Number of Pers    | on Who Colle                    | ected the Rent            |
| From (Month & Year)  With Whom Did You Live  If Renting, Give Name of Person Wh  Address of Person Who Collected the                               | to Collected the Rent | Military Installation       | Ema  | Phone Number of Pers    | on Who Colle<br>no Collects the | ected the Rent            |
| From (Month & Year)  With Whom Did You Live  If Renting, Give Name of Person Wh  Address of Person Who Collected the                               | o Collected the Rent  | Military Installation  City | Ema  | Phone Number of Pers    | on Who Colle<br>no Collects the | ected the Rent            |
| From (Month & Year)  With Whom Did You Live  If Renting, Give Name of Person Wh  Address of Person Who Collected the  Address  From (Month & Year) | To (Month & Year)     | Military Installation  City | Ema  | Phone Number of Pers    | on Who Collects the             | ected the Rent e Rent ZIP |

#### RESIDENCES (continued)

| Address                                     |                      | City                      | Cou   | nty   | State          | ZIP            |  |  |
|---|----------------------|---------------------------|---|---|----------------|----------------|--|--|
|   |                      |                           |   |   |                |                |  |  |
| From (Month & Year)                         | To (Month & Year)    | Military Installation     |   |   |                |                |  |  |
| With Whom Did You Live                      |                      |                           |   |   |                |                |  |  |
| If Renting, Give Name of Person Wh          | o Collected the Rent | Phone Number of Person Wh |   |   |                | ected the Rent |  |  |
| Address of Person Who Collected the         | e Rent               |                           | Email Address of Person Who Collects the Re   |   |                |                |  |  |
|   |                      |                           |   |   |                |                |  |  |
| Address                                     |                      | City                      | Cou   | nty   | State          | ZIP            |  |  |
| From (Month & Year)                         | To (Month & Year)    | Military Installation     |   |   |                |                |  |  |
| With Whom Did You Live                      |                      |                           |   |   |                |                |  |  |
| If Renting, Give Name of Person Wh          | o Collected the Rent |                           |   | Phone Number of Person Who Collected the Rent |                |                |  |  |
| Address of Person Who Collected the Rent    |                      |                           | Email   | Address of Person Who                         | Collects the l | Rent           |  |  |
| A.11  |                      |                           | C   |   |                |                |  |  |
| Address                                     |                      | City                      | Cou   | nty   | State          | ZIP            |  |  |
| From (Month & Year)                         | To (Month & Year)    | Military Installation     |   |   |                |                |  |  |
| With Whom Did You Live                      |                      |                           |   |   |                |                |  |  |
| If Renting, Give Name of Person Wh          | o Collected the Rent |                           |   | Phone Number of Pers                          | on Who Colle   | ected the Rent |  |  |
| Address of Person Who Collected the         | e Rent               |                           | Email Address of Person Who Collects the Rent |   |                |                |  |  |
| A J J                                       |                      |                           | Cou   | ntv   |                |                |  |  |
| Address                                     |                      |                           |   | iity  | State          | ZIP            |  |  |
|   |                      | City                      |   |   |                |                |  |  |
| From (Month & Year)                         | To (Month & Year)    | Military Installation     |   |   |                |                |  |  |
| From (Month & Year)  With Whom Did You Live | To (Month & Year)    |                           |   |   |                |                |  |  |
|   |                      |                           |   | Phone Number of Pers                          | on Who Colle   | ected the Rent |  |  |
| With Whom Did You Live                      | o Collected the Rent |                           |   | Phone Number of Person Who                    |                |                |  |  |

#### **RESIDENCES** (continued)

| Address  |                      | City                  | County  | State   | ZIP            |  |  |  |
|--|----------------------|-----------------------|---|---|----------------|--|--|--|
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |   |   |                |  |  |  |
|  |                      | y                     |   |   |                |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |                |  |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       | Phone Number of Per                           | Phone Number of Person Who Collected the Rent |                |  |  |  |
| Address of Person Who Collected the                    | Rent                 |                       | Email Address of Person Wh                    | o Collects the                                | Rent           |  |  |  |
| Address of Person Wild Concern the                     | . Acm                |                       | Zilian Facaress of Ferson Wil                 | o conceis the                                 |                |  |  |  |
|  |                      |                       |   |   |                |  |  |  |
| Address  |                      | City                  | County  | State   | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |   |   |                |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |                |  |  |  |
|  |                      |                       |   |   |                |  |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       | Phone Number of Per                           | son Who Colle                                 | ected the Rent |  |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Email Address of Person Wh                    | o Collects the                                | Rent           |  |  |  |
|  |                      |                       |   |   |                |  |  |  |
| Address  |                      | City                  | County  | State   | ZIP            |  |  |  |
|  |                      | City                  |   | State   | ZH             |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | •   |   |                |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |                |  |  |  |
| If Renting, Give Name of Person Wh                     | a Callected the Rent |                       | Phone Number of Person Who Collected th       |   |                |  |  |  |
| in reciting, one remains of recountry in               |                      |                       | Fhone Number of Person who Conected           |   |                |  |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Email Address of Person Who Collects the Rent |   |                |  |  |  |
|  |                      |                       |   |   | ı              |  |  |  |
| Address  |                      | City                  | County  | State   | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |   |   |                |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |                |  |  |  |
| If Renting, Give Name of Person Who Collected the Rent |                      |                       | Phone Number of Per                           | son Who Colle                                 | ected the Rent |  |  |  |
|  | o Collected the Rent |                       |   |   |                |  |  |  |
|  | o Collected the Rent |                       |   |   |                |  |  |  |
| Address of Person Who Collected the                    |                      |                       | Email Address of Person Wh                    | o Collects the                                | Rent           |  |  |  |

14c.

### SUFFOLK COUNTY POLICE DEPARTMENT

#### **RESIDENCES** (continued)

| Address  |                      | City                  | Count        | ty  | State         | ZIP            |  |  |
|--|----------------------|-----------------------|--------------|---|---------------|----------------|--|--|
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | •            |   |               |                |  |  |
| With Whom Did You Live                                 |                      |                       |              |   |               |                |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |              | Phone Number of Pers                          | son Who Colle | ected the Rent |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Email A      | Address of Person Who                         | Collects the  | Rent           |  |  |
|  |                      |                       |              |   |               |                |  |  |
| Address  |                      | City                  | Count        | ty  | State         | ZIP            |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | •            |   |               |                |  |  |
| With Whom Did You Live                                 |                      |                       |              |   |               |                |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |              | Phone Number of Person Who Collected the Rent |               |                |  |  |
| Address of Person Who Collected the Rent En            |                      |                       | Email A      | Address of Person Who                         | Collects the  | Rent           |  |  |
|  |                      |                       |              |   |               |                |  |  |
| Address  |                      | City                  | County State |   | ZIP           |                |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |              |   |               |                |  |  |
| With Whom Did You Live                                 |                      |                       |              |   |               |                |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |              | Phone Number of Pers                          | son Who Colle | ected the Rent |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Email A      | Address of Person Who                         | Collects the  | Rent           |  |  |
|  |                      |                       | I C          | 4   |               |                |  |  |
| Address  |                      | City                  | Count        | ty  | State         | ZIP            |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |              |   |               |                |  |  |
| With Whom Did You Live                                 |                      |                       |              |   |               |                |  |  |
| If Renting, Give Name of Person Who Collected the Rent |                      |                       |              | Phone Number of Person Who Collected the Rent |               |                |  |  |
| Address of Person Who Collected the Rent               |                      |                       | Email A      | Address of Person Who                         | Collects the  | Rent           |  |  |

| RESIDENCES (continued)                                 |                      |                       |   |   |               |                |  |  |  |
|--|----------------------|-----------------------|---|---|---------------|----------------|--|--|--|
|  |                      |                       |   |   |               |                |  |  |  |
| Address  |                      | City                  | Cou   | inty  | State         | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | •   |   |               |                |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |               |                |  |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |   | Phone Number of Pers                          | son Who Colle | ected the Rent |  |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Email Address of Person Who Collects the Rent |   |               |                |  |  |  |
|  |                      |                       |   |   |               |                |  |  |  |
| Address  |                      | City                  | Cou   | inty  | State         | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | 1   |   |               | I              |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |               |                |  |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |   | Phone Number of Pers                          | son Who Colle | ected the Rent |  |  |  |
| Address of Person Who Collected the Rent               |                      |                       | Emai  | ll Address of Person Who                      | Collects the  | Rent           |  |  |  |
|  |                      |                       | •   |   |               |                |  |  |  |
| Address  |                      | City                  | County  |   | State         | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation | 1   |   |               | I              |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |               |                |  |  |  |
| If Renting, Give Name of Person Wh                     | o Collected the Rent |                       |   | Phone Number of Pers                          | son Who Colle | ected the Rent |  |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Emai  | ll Address of Person Who                      | Collects the  | Rent           |  |  |  |
|  |                      |                       |   |   |               |                |  |  |  |
| Address  |                      | City                  | Cou   | nnty  | State         | ZIP            |  |  |  |
| From (Month & Year)                                    | To (Month & Year)    | Military Installation |   |   |               | •              |  |  |  |
| With Whom Did You Live                                 |                      |                       |   |   |               |                |  |  |  |
| If Renting, Give Name of Person Who Collected the Rent |                      |                       |   | Phone Number of Person Who Collected the Rent |               |                |  |  |  |
| Address of Person Who Collected the                    | e Rent               |                       | Emai  | ll Address of Person Who                      | Collects the  | Rent           |  |  |  |

|                                 | EDUCATIONAL HISTORY  |                |  |   |  |         |         |    |  |  |
|---------------------------------|--|----------------|--|---|--|---------|---------|----|--|--|
| 26.                             | Do you have a  | High School    | Diploma or a GED?                      |   |  | Yes     |         | No |  |  |
| 27.                             | How many coll  | ege credits h  | ave you completed?                     | Highest Degree you possess?   |  |         | ı       |    |  |  |
| 28.                             | Have you ever training?  | received any   | disciplinary action, suspension, or ex | xpulsion from any type of school or   |  | Yes     |         | No |  |  |
| 29.                             |  |                |  | nation requested. <b>Start with High Scheme</b> schools and any other school in v |  |         |         |    |  |  |
|                                 | of School H SCHOOL *   | Name of School |  |   |  |         |         |    |  |  |
|                                 | Date Attended From (Month/Year)                                |                | Date Attended To (Month/Year)          | Degree/Certification  |  | Credits |         |    |  |  |
| Addres                          | s (Number and Street)  |                |  | City  |  | State   | ZIP     |    |  |  |
| Туре О                          | Type Of School Name of School                                  |                |  |   |  |         |         |    |  |  |
| Date Attended From (Month/Year) |  | /Year)         | Date Attended To (Month/Year)          | Degree/Certification  |  | Credits |         |    |  |  |
| Address (Number and Street)     |  |                |  | City  |  | State   | ZIP     |    |  |  |
| Type Of School Name of School   |  |                |  |   |  |         |         |    |  |  |
| Date A                          | Date Attended From (Month/Year)  Date Attended To (Month/Year) |                | Date Attended To (Month/Year)          | Degree/Certification  |  | Credits |         |    |  |  |
| Addres                          | s (Number and Street)  |                |  | City  |  |         | ZIP     |    |  |  |
| Туре О                          | of School  | Name of School | 1                                      |   |  |         |         |    |  |  |
| Date A                          | ttended From (Month  | /Year)         | Date Attended To (Month/Year)          | Degree/Certification  |  | Credits |         |    |  |  |
| Addres                          | s (Number and Street)  |                | 1                                      | City  |  | State   | ZIP     |    |  |  |
| Туре О                          | of School  | Name of School |  |   |  |         |         |    |  |  |
| Date A                          | ttended From (Month  | /Year)         | Date Attended To (Month/Year)          | Degree/Certification  |  | Credits |         |    |  |  |
| Addres                          | s (Number and Street)  |                |  | City  |  | State   | ZIP     |    |  |  |
| Type O                          | of School  | Name of School |  |   |  |         |         |    |  |  |
|                                 |  |                | I                                      |   |  |         |         |    |  |  |
| Date A                          | ttended From (Month  | (Year)         | Date Attended To (Month/Year)          | Degree/Certification  |  |         | Credits |    |  |  |
| Addres                          | s (Number and Street)  |                |  | City  |  | State   | ZIP     |    |  |  |

| EDUCATIONAL HISTORY (continued)                                |                |                               |                      |         |     |  |  |  |  |
|--|----------------|-------------------------------|----------------------|---------|-----|--|--|--|--|
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School   | Name of School |                               |                      |         |     |  |  |  |  |
| Date Attended From (Month/                                     | Year)          | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School   | Name of School |                               |                      |         |     |  |  |  |  |
| Date Attended From (Month/Year)                                |                | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School   | Name of School |                               |                      |         |     |  |  |  |  |
| Date Attended From (Month/                                     | Year)          | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School Name of School                                  |                |                               |                      |         |     |  |  |  |  |
| Date Attended From (Month/Year)  Date Attended To (Month/Year) |                | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School   | Name of School | ı                             |                      |         |     |  |  |  |  |
| Date Attended From (Month/                                     | Year)          | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               |                      |         |     |  |  |  |  |
| Type Of School   | Name of School |                               |                      |         |     |  |  |  |  |
| Date Attended From (Month/                                     | Year)          | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |
|  |                |                               | ı                    | 1       |     |  |  |  |  |
| Type Of School   | Name of School | I                             |                      |         |     |  |  |  |  |
| Date Attended From (Month/                                     | Year)          | Date Attended To (Month/Year) | Degree/Certification | Credits |     |  |  |  |  |
| Address (Number and Street)                                    |                |                               | City                 | State   | ZIP |  |  |  |  |

|   | EMPLOYMENT HISTORY                     |                      |  |                                       |         |                        |             |             |                  |               |                  |
|---|--|----------------------|--|---------------------------------------|---------|------------------------|-------------|-------------|------------------|---------------|------------------|
| 30.   | Have you ever been t                   | erminated or resig   | gned in lieu of termination  | ?                                     |         |                        |             |             | Yes              |               | No               |
| 31.   |  |                      | oral/written reprimand, su<br>, or other work related con  |                                       | excess  | sive                   |             |             | Yes              |               | No               |
| 32.   | Will any employer po                   | ossibly give a diffe | erent version of why you s   | eparated from emp                     | loym    | ent?                   |             |             | Yes              | П             | No               |
|   | COMPLETE EMPI                          | LOYMENT HIST         | <b>FORY</b> Start with y   | your <b>present</b> position          | on and  | d work <b>back</b>     | war         | <br>rd.     |                  |               |                  |
| 33.   | (including when une employer performan | mployed and/or a     | g from the date of your protected in grant | L <b>OFF THE BOO</b> applicable). Ind | OKS e   | employment) all volunt | ). I<br>eer | Inclu<br>Em | ide ph<br>iergen | otoco<br>cy S | opy of<br>ervice |
|   | Do you h                               | ave any objecti      | ons to our contacting  | your present emp                      | ploye   | er?                    |             |             | es               |               | No               |
| From  | f Employment (Mo/Yr)                   | Name of Employer     |  |                                       |         |                        |             | Worl        | k Phone          | 9             |                  |
| To<br>Addres                                      | PRESENT s (Number and Street)          |                      |  | City                                  |         |                        |             | State       | .                | ZIP           |                  |
|   |  |                      |  |                                       |         |                        |             | State       |                  |               |                  |
| Supervi   | isor                                   |                      | Email Address  | Job Title or Position                 |         |                        |             |             |                  |               |                  |
| Reason  | For Leaving                            |                      |  |                                       |         |                        |             | Part-T      |                  | П             | emp              |
| Dates of Employment (Mo/Yr) From Name of Employer |  |                      |  | Worl                                  | k Phone | ?                      |             |             |                  |               |                  |
| To Cr   |  |                      |  | <u> </u>                              |         | 777                    |             |             |                  |               |                  |
| Addres  | s (Number and Street)                  |                      |  | City                                  |         |                        |             | State       | 3                | ZIP           |                  |
| Supervi   | isor                                   |                      | Email Address  | Job Title or Position                 |         |                        | ,           |             |                  |               |                  |
| Reason  | For Leaving                            |                      |  |                                       |         |                        |             | Part-T      |                  | Т             | emp              |
|   |  |                      |  |                                       |         | volunteer 1            | וויי        |             |                  |               |                  |
| From  | f Employment (Mo/Yr)                   | Name of Employer     |  |                                       |         |                        |             | Worl        | k Phone          | 9             |                  |
| To  |  |                      |  |                                       |         |                        |             |             |                  |               |                  |
| Addres  | s (Number and Street)                  |                      |  | City                                  |         |                        |             | State       | !                | ZIP           |                  |
| Supervi   | isor                                   |                      | Email Address  | Job Title or Position                 |         |                        |             |             |                  |               |                  |
| Reason  | For Leaving                            |                      |  |                                       | _       |                        |             | Part-T      |                  | Т             | 'emp             |
|   | f Employment (Mo/Yr)                   | Name of Employer     |  |                                       |         |                        |             | Wor         | k Phone          | ;             |                  |
| From<br>To  |  |                      |  |                                       |         |                        |             |             |                  |               |                  |
|   | s (Number and Street)                  |                      |  | City                                  |         |                        |             | State       | ,                | ZIP           |                  |
| Supervi   | isor:                                  |                      | Email Address  | Job Title or Position                 |         |                        |             |             |                  |               |                  |
| Reason  | For Leaving                            |                      |  | I                                     |         |                        | _           | Part-T      |                  | Т             | emp              |

| EMPLOYMENT HISTORY (continued)      |                         |               |                       |  |   |        |  |  |
|-------------------------------------|-------------------------|---------------|-----------------------|--|---|--------|--|--|
| Dates of Employment (Mo/Yr) From To | Name of Employer        |               |                       |  | Work Phon                               | ne     |  |  |
| Address (Number and Street)         |                         |               | City                  |  | State                                   | ZIP    |  |  |
| Supervisor                          |                         | Email Address | Job Title or Position |  |   |        |  |  |
| Reason For Leaving                  |                         |               |                       |  | Part-Time<br>Internship                 | ☐ Temp |  |  |
| Dates of Employment (Mo/Yr)         | Name of Employer        |               |                       |  | Work Phon                               | ne     |  |  |
| From                                | - Committee of Employee |               |                       |  |   | -      |  |  |
| То                                  |                         |               |                       |  |   |        |  |  |
| Address (Number and Street)         |                         |               | City                  |  | State                                   | ZIP    |  |  |
| Supervisor                          |                         | Email Address | Job Title or Position |  |   |        |  |  |
| Reason For Leaving                  |                         |               | ·                     |  | Part-Time<br>Internship                 | ☐ Temp |  |  |
| Dates of Employment (Mo/Yr)<br>From | Name of Employer        |               |                       |  | Work Phon                               | ne     |  |  |
| То                                  |                         |               |                       |  |   |        |  |  |
| Address (Number and Street)         |                         |               | City                  |  | State                                   | ZIP    |  |  |
| Supervisor                          |                         | Email Address | Job Title or Position |  |   |        |  |  |
| Reason For Leaving                  |                         |               |                       |  | Part-Time<br>Internship                 | ☐ Temp |  |  |
| Dates of Employment (Mo/Yr)         | Name of Employer        |               |                       |  | Work Phon                               | ne     |  |  |
| From                                | Tume of Emproyer        |               |                       |  | *************************************** | ••     |  |  |
| То                                  |                         |               |                       |  |   |        |  |  |
| Address (Number and Street)         |                         |               | City                  |  | State                                   | ZIP    |  |  |
| Supervisor                          |                         | Email Address | Job Title or Position |  |   | •      |  |  |
| Reason For Leaving                  |                         | I             |                       |  | Part-Time<br>Internship                 | ☐ Temp |  |  |
|                                     |                         |               |                       |  |   |        |  |  |
| Dates of Employment (Mo/Yr) From    | Name of Employer        |               |                       |  | Work Phon                               | ne     |  |  |
| Address (Nymbor and Street)         |                         |               | City                  |  | State                                   | ZID    |  |  |
| Address (Number and Street)         |                         |               | City                  |  | State                                   | ZIP    |  |  |
| Supervisor                          |                         | Email Address | Job Title or Position |  |   |        |  |  |
| Reason For Leaving                  |                         |               |                       |  | Part-Time<br>Internship                 | ☐ Temp |  |  |

|                                     |                                     |                  |                       |               |            | 100.   |
|-------------------------------------|-------------------------------------|------------------|-----------------------|---------------|------------|--------|
|                                     | ]                                   | EMPLOYMENT HISTO | ORY (continued)       |               |            |        |
| Dates of Employment (Mo/Yr)         | Name of Employer                    |                  |                       |               | Work Phor  | ne     |
| From                                |                                     |                  |                       |               |            |        |
| То                                  |                                     |                  |                       |               |            |        |
| Address (Number and Street)         |                                     |                  | City                  |               | State      | ZIP    |
| Supervisor                          |                                     | Email Address    | Job Title or Position |               |            |        |
| Reason For Leaving                  |                                     | <u> </u>         | <u> </u>              | ☐ Full Time ☐ | Part-Time  | ☐ Temp |
|                                     |                                     |                  |                       | □ Volunteer □ | Internship | •      |
|                                     | _                                   |                  |                       | 1             |            |        |
| Dates of Employment (Mo/Yr)<br>From | Name of Employer                    |                  |                       |               | Work Phor  | ne     |
| То                                  |                                     |                  |                       |               |            |        |
| Address (Number and Street)         |                                     |                  | City                  |               | State      | ZIP    |
| Supervisor                          | Email Address Job Title or Position |                  |                       |               |            |        |
| Reason For Leaving                  |                                     |                  |                       | ☐ Full Time ☐ | Part-Time  | ☐ Temp |
| _                                   |                                     |                  |                       |               | Internship |        |
|                                     |                                     |                  |                       |               | -          |        |
| Dates of Employment (Mo/Yr)         | Name of Employer                    |                  |                       |               | Work Phor  | ne     |
| From                                |                                     |                  |                       |               |            |        |
| То                                  |                                     |                  | T                     |               |            |        |
| Address (Number and Street)         |                                     |                  | City                  |               | State      | ZIP    |
| Supervisor                          |                                     | Email Address    | Job Title or Position |               |            |        |
| Reason For Leaving                  |                                     |                  | 1                     | ☐ Full Time ☐ | Part-Time  | □ Тетр |
|                                     |                                     |                  |                       | □ Volunteer □ | Internship | •      |
|                                     |                                     |                  |                       | I .           |            |        |
| Dates of Employment (Mo/Yr)         | Name of Employer                    |                  |                       |               | Work Phor  | ne     |
| From                                | -                                   |                  |                       |               |            |        |
| То                                  |                                     |                  | T                     |               |            |        |
| Address (Number and Street)         |                                     |                  | City                  |               | State      | ZIP    |
| Supervisor                          |                                     | Email Address    | Job Title or Position |               |            |        |
| Reason For Leaving                  |                                     |                  | -1                    | ☐ Full Time ☐ | Part-Time  | П Тетр |
|                                     |                                     |                  |                       | □ Volunteer □ | Internship |        |
|                                     |                                     |                  |                       | •             | •          |        |
| Dates of Employment (Mo/Yr) From    | Name of Employer                    |                  |                       |               | Work Phor  | ne     |
| То                                  |                                     |                  | T                     |               |            | _      |
| Address (Number and Street)         |                                     |                  | City                  |               | State      | ZIP    |
| Supervisor                          |                                     | Email Address    | Job Title or Position |               | ı          |        |
| Reason For Leaving                  |                                     | l                | 1                     | ☐ Full Time ☐ | Part-Time  | ☐ Temp |
| _                                   |                                     |                  |                       |               | Internship | r      |

| EMPLOYMENT HISTORY (continued)      |                  |               |                       |               |                      |               |  |  |  |
|-------------------------------------|------------------|---------------|-----------------------|---------------|----------------------|---------------|--|--|--|
| Dates of Employment (Mo/Yr)         | Name of Employer |               |                       |               | Work Pho             | 20            |  |  |  |
| From                                | Name of Employer |               |                       |               | Work Filor           | ic            |  |  |  |
| To                                  |                  |               |                       |               |                      |               |  |  |  |
| Address (Number and Street)         |                  |               | City                  |               | State                | ZIP           |  |  |  |
| Supervisor                          |                  | Email Address | Job Title or Position |               | l e                  |               |  |  |  |
| Reason For Leaving                  |                  | ,             |                       |               | Part-Time Internship | <b>П</b> Тетр |  |  |  |
|                                     | T                |               |                       |               |                      |               |  |  |  |
| Dates of Employment (Mo/Yr) From    | Name of Employer |               |                       |               | Work Pho             | ne            |  |  |  |
| To                                  |                  |               | Lau                   |               | g                    |               |  |  |  |
| Address (Number and Street)         |                  |               | City                  |               | State                | ZIP           |  |  |  |
| Supervisor                          |                  | Email Address | Job Title or Position |               |                      |               |  |  |  |
| Reason For Leaving                  |                  |               |                       |               | Part-Time            | ☐ Temp        |  |  |  |
|                                     |                  |               |                       | ☐ Volunteer ☐ | Internship           |               |  |  |  |
|                                     |                  |               |                       |               | T                    |               |  |  |  |
| Dates of Employment (Mo/Yr)<br>From | Name of Employer |               |                       |               | Work Pho             | ne            |  |  |  |
| To                                  |                  |               |                       |               |                      |               |  |  |  |
| Address (Number and Street)         |                  |               | City                  |               | State                | ZIP           |  |  |  |
| Supervisor                          |                  | Email Address | Job Title or Position |               | II.                  |               |  |  |  |
| Reason For Leaving                  |                  |               |                       | ☐ Full Time ☐ | 7 Part-Time          | ☐ Temp        |  |  |  |
| reason 1 or Bearing                 |                  |               |                       |               | Internship           | Temp          |  |  |  |
|                                     | T                |               |                       |               |                      |               |  |  |  |
| Dates of Employment (Mo/Yr) From    | Name of Employer |               |                       |               | Work Pho             | ne            |  |  |  |
| То                                  |                  |               |                       |               |                      |               |  |  |  |
| Address (Number and Street)         |                  |               | City                  |               | State                | ZIP           |  |  |  |
| Supervisor                          |                  | Email Address | Job Title or Position |               |                      |               |  |  |  |
| Reason For Leaving                  |                  | 1             | 1                     | ☐ Full Time   | Part-Time            | ☐ Temp        |  |  |  |
|                                     |                  |               |                       | □ Volunteer □ | Internship           | •             |  |  |  |
| Data of Familians (AM 187)          | Name of E        |               |                       |               | W. 1 D               |               |  |  |  |
| Dates of Employment (Mo/Yr) From    | Name of Employer |               |                       |               | Work Pho             | ie            |  |  |  |
| То                                  |                  |               |                       |               |                      |               |  |  |  |
| Address (Number and Street)         |                  |               | City                  |               | State                | ZIP           |  |  |  |
| Supervisor                          |                  | Email Address | Job Title or Position |               | ı                    | •             |  |  |  |
| Reason For Leaving                  |                  | 1             |                       | ☐ Full Time ☐ | 7 Part-Time          | ☐ Temp        |  |  |  |
| Ü                                   |                  |               |                       |               | Internship           | cmp           |  |  |  |

|                                     | EMPLOYMENT HISTORY (continued) |               |                       |  |                         |               |  |  |  |  |
|-------------------------------------|--------------------------------|---------------|-----------------------|--|-------------------------|---------------|--|--|--|--|
| Dates of Employment (Mo/Yr) From To | Name of Employer               |               |                       |  | Work Phon               | ie            |  |  |  |  |
| Address (Number and Street)         |                                |               | City                  |  | State                   | ZIP           |  |  |  |  |
| Supervisor                          |                                | Email Address | Job Title or Position |  |                         |               |  |  |  |  |
| Reason For Leaving                  |                                |               |                       |  | Part-Time<br>Internship | □ Тетр        |  |  |  |  |
| Dates of Employment (Mo/Yr) From To | Name of Employer               |               |                       |  | Work Phon               | ne            |  |  |  |  |
| Address (Number and Street)         | L                              |               | City                  |  | State                   | ZIP           |  |  |  |  |
| Supervisor                          |                                | Email Address | Job Title or Position |  |                         |               |  |  |  |  |
| Reason For Leaving                  |                                |               |                       |  | Part-Time<br>Internship | <b>П</b> Тетр |  |  |  |  |
| Dates of Employment (Mo/Yr) From    | Name of Employer               |               |                       |  | Work Phon               | e             |  |  |  |  |
| Address (Number and Street)         |                                |               | City                  |  | State                   | ZIP           |  |  |  |  |
| Supervisor                          |                                | Email Address | Job Title or Position |  |                         |               |  |  |  |  |
| Reason For Leaving                  |                                |               |                       |  | Part-Time<br>Internship | □ Тетр        |  |  |  |  |
| Dates of Employment (Mo/Yr) From To | Name of Employer               |               |                       |  | Work Phon               | e             |  |  |  |  |
| Address (Number and Street)         |                                |               | City                  |  | State                   | ZIP           |  |  |  |  |
| Supervisor                          |                                | Email Address | Job Title or Position |  | 1                       |               |  |  |  |  |
| Reason For Leaving                  |                                |               | l                     |  | Part-Time<br>Internship | ☐ Temp        |  |  |  |  |
| Dates of Employment (Mo/Yr) From To | Name of Employer               |               |                       |  | Work Phon               | e             |  |  |  |  |
| Address (Number and Street)         | L                              |               | City                  |  | State                   | ZIP           |  |  |  |  |
| Supervisor                          |                                | Email Address | Job Title or Position |  | 1                       | l             |  |  |  |  |
| Reason For Leaving                  |                                |               |                       |  | Part-Time<br>Internship | ☐ Temp        |  |  |  |  |

|     | FINANCES                |   |           |      |         |         |      |  |  |  |
|-----|-------------------------|---|-----------|------|---------|---------|------|--|--|--|
|     | Is your spou            | ise employed?   | □ Yes     |      | No      |         | N/A  |  |  |  |
| 34. | Name of<br>Employer (s) |   |           | l    |         |         |      |  |  |  |
|     | Other than e            | employment, do you or your spouse have any additional source(s) of income?                                      |           |      | Yes     |         | No   |  |  |  |
| 35. | □ Self                  | List Source(s) and Amount(s) of Income (Child Support, Disability, Inheritance, Trust Fund, etc.).              |           | Tota | l Amoun | t of In | come |  |  |  |
|     | □ Spouse                | List Source(s) and Amount(s) of Income (Child Support, Disability, Inheritance, Trust Fund, etc.).              |           | Tota | l Amoun | t of In | come |  |  |  |
| 36. | Have you ev             | ver filed for or been granted bankruptcy?   |           |      | Yes     |         | No   |  |  |  |
| 37. | Have you ev             |   |           | Yes  |         | No      |      |  |  |  |
| 38. | Have you ev             |   | Yes       |      | No      |         |      |  |  |  |
| 39. | Have you ev             |   | Yes       |      | No      |         |      |  |  |  |
| 40. | Have you ev             |   | Yes       |      | No      |         |      |  |  |  |
| 41. | Have you ev             |   |           | Yes  |         | No      |      |  |  |  |
| 42. | Have you ev             | ver had a garnishee, wage assignment, or judgment against you?  |           |      | Yes     |         | No   |  |  |  |
| 43. | Do you have             | e any other property of value?  |           |      | Yes     |         | No   |  |  |  |
| 44. |                         | ow <b>ALL</b> Bank Accounts, Investment Accounts and current balances (Savings, ket, CD's, Mutual Funds, etc.). | Checking, |      | Yes     |         | No   |  |  |  |
|     |                         | INSTITUTION NAME TYPE OF AC   | COUNT     |      | BALA    | NCI     | E    |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |
|     |                         |   |           |      |         |         |      |  |  |  |

|                |  | FINANCES (co                      | ntinued)  |                   |
|----------------|--|-----------------------------------|---|-------------------|
| <b>45.</b> Con | mplete the following Financial Workshee                    | t.                                |   |                   |
|                | INCOME   | Pay Period (Bi- Wkly, Wkly, Etc.) | Net Income  | Monthly Income    |
| Candidate:     | Current Salary   |                                   |   |                   |
| Candidate:     | Part-time Earnings   |                                   |   |                   |
| Spouse:        | Income   |                                   |   |                   |
| Other Inco     | me (Total Self + Spouse from Question #35)                 |                                   |   |                   |
|                | TOTAL MON  | THLY INCOME:                      | \$  |                   |
|                | MONTHLY EXPENSES (Mortgage/Rent, Telephone, Electric, Loan | s, etc.)                          | WHEN PAID (Monthly, Semi Annual, Quarterly, etc.) | AMOUNT            |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                | CREDIT CARDS   |                                   | MONTHLY PAYMENT                                   | REMAINING BALANCE |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                |  |                                   |   |                   |
|                | TOTAL MON  | THLY EXPENSES                     | S: \$   |                   |

#### PRIOR APPLICATIONS TO SUFFOLK COUNTY POLICE DEPARTMENT AND/OR OTHER AGENCIES

| 46.   | Have you ever applied for a position with the Suffolk County Police Department or ANY Law Enforcement, Law Enforcement related agency, governmental agency or have you taken any other civil service examinations?  If YES, provide the date, the position, and the results; check ALL Boxes that apply. |                                |          |  |   |              |  |  |  |
|---|--|--------------------------------|----------|--|---|--------------|--|--|--|
| Name of Agency  Agency Phone Number  Date Applied |  |                                |          |  |   |              |  |  |  |
|   | Agency I none runnoci Date Appneu  |                                |          |  |   |              |  |  |  |
| Com   | Complete Address Including Zip Code Position Applied For   |                                |          |  |   |              |  |  |  |
|   |  |                                |          |  |   |              |  |  |  |
|   | ☐ Background Investigation Conducted Background Investigator's Name  |                                |          |  | Background Investigator's Email Address |              |  |  |  |
|   | Submitted Application Only   | ☐ Took Physical Fitness Test   |          | Took Ora                               | l Psychological Exam                    |              |  |  |  |
|   |  |                                | Took Wri | tten Psychological Examination         |   |              |  |  |  |
|   | Failed Written Test  | ☐ Fingerprinted                |          | Failed Psy                             | ychological Exam Oral/Written           |              |  |  |  |
|   | Placed on Eligibility List List #  | ☐ Took Medical Exam            |          | Disqualifi                             | ied                                     |              |  |  |  |
|   | Oral Interview Taken   | ☐ Failed Medical Exam          |          | Hired / Jo                             | b Offer Made                            |              |  |  |  |
|   | Failed Oral Interview  | ☐ Took Polygraph Exam          |          | Withdrew                               | Application or Declined Offer           |              |  |  |  |
|   | No Response from Agency  | ☐ Unknown Status               |          | Other                                  |   |              |  |  |  |
|   |  |                                | ı        |  | A DI NI I                               | D ( ) !! !   |  |  |  |
| Namo  | e of Agency  |                                |          |  | Agency Phone Number                     | Date Applied |  |  |  |
| Complete Address Including Zip Code               |  |                                |          |  | Position Applied For                    |              |  |  |  |
|   | Background Investigation Conducted   | Background Investigator's Name |          | В                                      | ackground Investigator's Email          | Address      |  |  |  |
|   | Submitted Application Only   | ☐ Took Physical Fitness Test   |          | Took Ora                               | l Psychological Exam                    |              |  |  |  |
|   | Took Written Test Grade  | ☐ Failed Physical Fitness Test |          | Took Wri                               | tten Psychological Examination          |              |  |  |  |
|   | Failed Written Test  | ☐ Fingerprinted                |          | Failed Psy                             | ychological Exam Oral/Written           |              |  |  |  |
|   | Placed on Eligibility List List #  | ☐ Took Medical Exam            |          | ☐ Disqualified                         |   |              |  |  |  |
|   | Oral Interview Taken   | ☐ Failed Medical Exam          |          | ☐ Hired / Job Offer Made               |   |              |  |  |  |
|   | Failed Oral Interview  | ☐ Took Polygraph Exam          |          | Withdrew Application or Declined Offer |   |              |  |  |  |
|   | No Response from Agency  | ☐ Unknown Status               |          | Other                                  |   |              |  |  |  |
|   |  |                                |          |  |   |              |  |  |  |
| Name  | e of Agency  |                                |          |  | Agency Phone Number:                    | Date Applied |  |  |  |
| Com   | olete Address Including Zip Code   |                                |          |  | Position Applied For:                   |              |  |  |  |
|   | Background Investigation Conducted   | Background Investigator's Name |          | В                                      | ackground Investigator's Email          | Address      |  |  |  |
|   | Submitted Application Only   | ☐ Took Physical Fitness Test   |          | Took Ora                               | l Psychological Exam                    |              |  |  |  |
| l   | Took Written Test Grade  | ☐ Failed Physical Fitness Test |          |  | tten Psychological Examination          |              |  |  |  |
| l _   | Failed Written Test  | ☐ Fingerprinted                |          |  | ychological Exam Oral/Written           |              |  |  |  |
|   | Placed on Eligibility List List #  | ☐ Took Medical Exam            |          | Disqualifi                             | -                                       |              |  |  |  |
|   | Oral Interview Taken   | ☐ Failed Medical Exam          | l _      | _                                      | bb Offer Made                           |              |  |  |  |
| l _   | Failed Oral Interview  | ☐ Took Polygraph Exam          | _        |  | Application or Declined Offer           |              |  |  |  |
|   | No Response from Agency  | ☐ Unknown Status               |          | Other                                  |   |              |  |  |  |

#### PRIOR APPLICATIONS TO SUFFOLK COUNTY POLICE DEPARTMENT AND/OR OTHER AGENCIES (continued)

| Name of Agency                       |                                |            | Agency Phone Number             | Date Applied |  |  |
|--------------------------------------|--------------------------------|------------|---------------------------------|--------------|--|--|
| Complete Address Including Zip Code  |                                |            | Position Applied For            | 1            |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name | Е          | Background Investigator's Email | Address      |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | Took Ora   | al Psychological Exam           |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test | Took Wr    | itten Psychological Examination | ı            |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                | Failed Ps  | ychological Exam Oral/Written   |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            | Disqualif  | ied                             |              |  |  |
| ☐ Oral Interview Taken               | ☐ Failed Medical Exam          | Hired / Jo | ob Offer Made                   |              |  |  |
| ☐ Failed Oral Interview              | ☐ Took Polygraph Exam          | Withdrew   | Application or Declined Offer   |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | Other      |                                 |              |  |  |
| Name of Agency                       |                                |            | Agency Phone Number             | Date Applied |  |  |
|                                      |                                |            |                                 |              |  |  |
| Complete Address Including Zip Code  |                                |            | Position Applied For            |              |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name | F          | Background Investigator's Emai  | l Address    |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | Took Ora   | al Psychological Exam           |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test | Took Wr    | itten Psychological Examination | 1            |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                | Failed Ps  | ychological Exam Oral/Written   |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            | Disqualif  | fied                            |              |  |  |
| ☐ Oral Interview Taken               | ☐ Failed Medical Exam          | Hired / Jo | ob Offer Made                   |              |  |  |
| ☐ Failed Oral Interview              | ☐ Took Polygraph Exam          | Withdrew   | v Application or Declined Offer |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | Other      |                                 |              |  |  |
|                                      |                                |            | 1                               | ı            |  |  |
| Name of Agency                       |                                |            | Agency Phone Number:            | Date Applied |  |  |
| Complete Address Including Zip Code  |                                |            | Position Applied For:           |              |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name | F          | Background Investigator's Emai  | l Address    |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | Took Ora   | al Psychological Exam           |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test | Took Wr    | itten Psychological Examination | 1            |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                |            | ychological Exam Oral/Written   |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            | Disqualit  | fied                            |              |  |  |
| ☐ Oral Interview Taken               | ☐ Failed Medical Exam          | Hired / Jo | ob Offer Made                   |              |  |  |
| ☐ Failed Oral Interview              | ☐ Took Polygraph Exam          | Withdrew   | Application or Declined Offer   |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | Other      |                                 |              |  |  |

#### PRIOR APPLICATIONS TO SUFFOLK COUNTY POLICE DEPARTMENT AND/OR OTHER AGENCIES (continued)

|   |                                    |          |        | 1                                       |              |  |  |
|---|------------------------------------|----------|--------|---|--------------|--|--|
| Name of Agency  |                                    |          |        | Agency Phone Number                     | Date Applied |  |  |
| Complete Address Including Zip Code                                   |                                    |          |        | Position Applied For                    |              |  |  |
| ☐ Background Investigation Conducted                                  | Background Investigator's Name Bac |          |        | ackground Investigator's Email Address  |              |  |  |
| ☐ Submitted Application Only  | ☐ Took Physical Fitness Test       | ☐ Took   | Oral   | Psychological Exam                      |              |  |  |
| ☐ Took Written Test Grade   | ☐ Failed Physical Fitness Test     |          |        | en Psychological Examination            |              |  |  |
| Failed Written Test   | ☐ Fingerprinted                    |          |        | chological Exam Oral/Written            |              |  |  |
| ☐ Placed on Eligibility List  List #                                  | ☐ Took Medical Exam                | ☐ Disqua | -      |   |              |  |  |
| Oral Interview Taken  | ☐ Failed Medical Exam              | _        |        | Offer Made                              |              |  |  |
| ☐ Failed Oral Interview   | ☐ Took Polygraph Exam              | _        |        | Application or Declined Offer           |              |  |  |
| □ No Response from Agency   | ☐ Unknown Status                   | Other    |        |   |              |  |  |
| _ The response from Egene)  |                                    |          |        |   |              |  |  |
| Name of Agency  |                                    |          |        | Agency Phone Number                     | Date Applied |  |  |
|   |                                    |          |        |   |              |  |  |
| Complete Address Including Zip Code                                   |                                    |          |        | Position Applied For                    |              |  |  |
| □ Background Investigation Conducted Background Investigator's Name B |                                    |          |        | Background Investigator's Email Address |              |  |  |
| ☐ Submitted Application Only  | ☐ Took Physical Fitness Test       | ☐ Took   | Oral   | Psychological Exam                      |              |  |  |
| ☐ Took Written Test Grade   | ☐ Failed Physical Fitness Test     | ☐ Took   | Write  | ten Psychological Examination           |              |  |  |
| ☐ Failed Written Test   | ☐ Fingerprinted                    | ☐ Failed | Psyc   | chological Exam Oral/Written            |              |  |  |
| ☐ Placed on Eligibility List List #                                   | ☐ Took Medical Exam                | ☐ Disqu  | alifie | ed                                      |              |  |  |
| ☐ Oral Interview Taken  | ☐ Failed Medical Exam              | ☐ Hired  | / Job  | Offer Made                              |              |  |  |
| ☐ Failed Oral Interview   | ☐ Took Polygraph Exam              | ☐ Withd  | rew A  | Application or Declined Offer           |              |  |  |
| ☐ No Response from Agency   | ☐ Unknown Status                   | ☐ Other  |        |   |              |  |  |
|   |                                    |          |        |   |              |  |  |
| Name of Agency  |                                    |          |        | Agency Phone Number:                    | Date Applied |  |  |
| Complete Address Including Zip Code                                   |                                    |          |        | Position Applied For:                   |              |  |  |
| ☐ Background Investigation Conducted                                  | Background Investigator's Name     |          | Ba     | ckground Investigator's Email           | Address      |  |  |
| ☐ Submitted Application Only  | ☐ Took Physical Fitness Test       | ☐ Took   | Oral   | Psychological Exam                      |              |  |  |
| ☐ Took Written Test Grade   | ☐ Failed Physical Fitness Test     | _        |        | ten Psychological Examination           |              |  |  |
| ☐ Failed Written Test   | ☐ Fingerprinted                    |          |        | chological Exam Oral/Written            |              |  |  |
| ☐ Placed on Eligibility List List #                                   | ☐ Took Medical Exam                | ☐ Disqu  | -      | _                                       |              |  |  |
| ☐ Oral Interview Taken  | ☐ Failed Medical Exam              | _        |        | Offer Made                              |              |  |  |
| ☐ Failed Oral Interview   | ☐ Took Polygraph Exam              | _        |        | Application or Declined Offer           |              |  |  |
| ☐ No Response from Agency   | ☐ Unknown Status                   | ☐ Other  |        |   |              |  |  |

#### PRIOR APPLICATIONS TO SUFFOLK COUNTY POLICE DEPARTMENT AND/OR OTHER AGENCIES (continued)

|                                      |                                |             |            | 1                                  |              |  |  |
|--------------------------------------|--------------------------------|-------------|------------|------------------------------------|--------------|--|--|
| Name of Agency                       |                                |             |            | Agency Phone Number                | Date Applied |  |  |
| Complete Address Including Zip Code  |                                |             |            | Position Applied For               |              |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name |             | Ba         | ckground Investigator's Email      | Address      |  |  |
|                                      |                                |             |            |                                    |              |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | ☐ To        | ook Oral   | Psychological Exam                 |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test |             |            | ten Psychological Examination      |              |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                | ☐ Fa        | iled Psyc  | chological Exam Oral/Written       |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            | ☐ Di        | isqualifie | ed                                 |              |  |  |
| ☐ Oral Interview Taken               | ☐ Failed Medical Exam          | □ ні        | ired / Job | Offer Made                         |              |  |  |
| ☐ Failed Oral Interview              | ☐ Took Polygraph Exam          | ☐ Wi        | ithdrew 1  | w Application or Declined Offer    |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | ☐ Oti       | her        |                                    |              |  |  |
| Name of Agency                       |                                |             |            | Aganay Phana Numbar                | Date Applied |  |  |
| Name of Agency                       |                                |             |            | Agency Phone Number                | Date Applied |  |  |
| Complete Address Including Zip Code  |                                |             |            | Position Applied For               |              |  |  |
|                                      |                                |             |            |                                    |              |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name |             | Ва         | ackground Investigator's Email     | Address      |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | <b>П</b> То | ook Oral   | Psychological Exam                 |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test | □ то        | ook Writ   | ten Psychological Examination      |              |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                | ☐ Fa        | iled Psyc  | chological Exam Oral/Written       |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            | ☐ Di        | isqualifie | ed                                 |              |  |  |
| ☐ Oral Interview Taken               | ☐ Failed Medical Exam          | _           | -          | Offer Made                         |              |  |  |
| ☐ Failed Oral Interview              | ☐ Took Polygraph Exam          | ☐ Wi        | ithdrew A  | lrew Application or Declined Offer |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | Ot          | ther       |                                    |              |  |  |
|                                      |                                |             |            |                                    |              |  |  |
| Name of Agency                       |                                |             |            | Agency Phone Number:               | Date Applied |  |  |
| Complete Address Including Zip Code  |                                |             |            | Position Applied For:              |              |  |  |
| ☐ Background Investigation Conducted | Background Investigator's Name |             | Ва         | l<br>ckground Investigator's Email | Address      |  |  |
| ☐ Submitted Application Only         | ☐ Took Physical Fitness Test   | П То        | ook Oral   | Psychological Exam                 |              |  |  |
| ☐ Took Written Test Grade            | ☐ Failed Physical Fitness Test |             |            | ten Psychological Examination      |              |  |  |
| ☐ Failed Written Test                | ☐ Fingerprinted                |             |            | chological Exam Oral/Written       |              |  |  |
| ☐ Placed on Eligibility List List #  | ☐ Took Medical Exam            |             | isqualifie | •                                  |              |  |  |
| Oral Interview Taken                 | ☐ Failed Medical Exam          | _           | _          |                                    |              |  |  |
| ☐ Failed Oral Interview              |                                |             |            |                                    |              |  |  |
| ☐ No Response from Agency            | ☐ Unknown Status               | Ot          |            | Approacion of Decimed Office       |              |  |  |
| INO Response from Agency             | Unknown Status                 | 0           | 1101       |                                    |              |  |  |

|        |  | MILITAR  | Y SER    | VICE                 |                    |       |          |   |    |
|--------|--|--|----------|----------------------|--------------------|-------|----------|---|----|
| 47.    | Selective Service Nu                               | ımber  |          |                      | Date Issued        |       |          |   |    |
| 48.    | · ·  | e Military (Including Reserves, National lete the following chart. | ıl Guar  | d and/or ROTC)?      |                    |       | Yes      |   | No |
|        | Branch Of Service                                  | Rank/Grade   |          | Date Entered         | Occupation         | nal S | pecialty | y |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
| 49.    | Have you been disch                                | arged from your military service?                                  |          |                      |                    |       | Yes      |   | No |
|        | Date Separ   | ration/Projected Date  |          | Т                    | ype of Discharge   |       |          |   |    |
|        |  | 3  |          |                      | <u> </u>           |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    | 1     |          | 1 |    |
| 50.    | Are you receiving an                               | y additional compensation from the m                               | ilitary? |                      |                    |       | Yes      |   | No |
| 51.    | Were you ever the su                               | ibject of a military investigation or mil                          | itary cr | iminal investigatior | 1?                 |       | Yes      |   | No |
|        | Wara you aver the si                               | ubject of any military discipline pursu                            | ent to t | ha Uniform coda ot   | f Military Justica |       |          |   |    |
| 52.    |  | tion? If <b>Yes</b> , please complete the follo                    |          |                      | William y Justice  |       | Yes      |   | No |
| I      | Date   | Charge   |          |                      | Disposition        |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
|        |  |  |          |                      |                    |       |          |   |    |
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|        |  |  |          |                      |                    |       |          |   |    |
|        | I  |  | 1.0      | 10                   |                    |       |          |   |    |
| 53.    | Are you currently a r If <b>Yes</b> , complete the | nember of the U.S. Reserve or National                             | d Guard  | 1?                   |                    |       | Yes      |   | No |
| Rank/0 |  | ccupational Specialty  | Service  |                      |                    |       |          |   |    |
|        |  | occupanional opecials,   | Service  |                      |                    |       |          |   |    |
| Compo  | onent  |  | Organi   | zation Name          |                    |       |          |   |    |
| Addres | SS   |  | •        |                      |                    |       |          |   |    |
|        | CIIVE  | dicate Reserve Obligation  |          |                      |                    |       |          |   |    |
|        | NACTIVE  |  |          |                      |                    |       |          |   |    |
| 51     | Have you aven been                                 | raiacted by the military prior to or after                         | n indexa | ion?                 |                    |       | Voc      | _ | No |

#### MOTOR VEHICLE OPERATION & INSURANCE

| 55.      | Give the following information concerning ALL drivers' licenses you have held or currently hold. |                 |   |                                 |                 |                                 |             |  |         |        |         |  |  |
|----------|--|-----------------|---|---------------------------------|-----------------|---------------------------------|-------------|--|---------|--------|---------|--|--|
| State Is | sued   | Name Issued     |   |                                 |                 | Driver's License Number - Class |             |  |         |        |         |  |  |
| Issue D  | ate  | Expiration Date | te Restrictions                                     |                                 |                 |                                 |             |  |         |        |         |  |  |
| State Is | sued   | Name Issued     | Driver's License Number - Class                     |                                 |                 |                                 |             |  |         |        |         |  |  |
| Issue D  | ate  | Expiration Date | Restrictions  |                                 |                 |                                 |             |  |         |        |         |  |  |
| State Is | sued   | Name Issued     |   | Driver's License Number - Class |                 |                                 |             |  |         |        |         |  |  |
| Issue D  | ate  | Expiration Date | Restrictions  |                                 |                 |                                 |             |  |         |        |         |  |  |
| State Is | sued   | Name Issued     |   | Driver's License Number - Class |                 |                                 |             |  |         |        |         |  |  |
| Issue D  | ate  | Expiration Date | Restrictions  | Restrictions                    |                 |                                 |             |  |         |        |         |  |  |
|          |  |                 |   |                                 |                 |                                 |             |  |         |        |         |  |  |
| 56.      | List AI  | L vehicles that | t you currently own and                             | or operate                      | (Registered     | or Unregistered).               |             |  |         |        |         |  |  |
| Year     | Make   | 2               |   | Model                           |                 |                                 | Plate/State |  |         |        |         |  |  |
| Insurar  | nce Compar   | у               |   |                                 | Policy Number   | •                               |             |  | Insuran | се Ехр | iration |  |  |
| Year     | Make   | •               |   | Model                           |                 |                                 | Plate/State |  |         |        |         |  |  |
| Insurar  | nce Compar   | ny              |   | ı                               | Policy Number   | •                               |             |  | Insuran | се Ехр | iration |  |  |
| Year     | Make   | )               |   | Model                           |                 |                                 | Plate/State |  |         |        |         |  |  |
| Insurar  | nce Compar   | ny              |   |                                 | Policy Number   | •                               |             |  | Insuran | се Ехр | iration |  |  |
| Year     | Make   | 2               |   | Model                           |                 |                                 | Plate/State |  |         |        |         |  |  |
|          |  |                 |   |                                 |                 |                                 |             |  |         |        |         |  |  |
| Insurar  | ice Compar   | y               |   |                                 | Policy Number   | •                               |             |  | Insuran | се Ехр | iration |  |  |
| Year     | Make   | •               |   | Model                           |                 |                                 | Plate/State |  |         |        |         |  |  |
| Insurar  | nce Compar   | у               |   | •                               | Policy Number   |                                 |             |  | Insuran | се Ехр | iration |  |  |
| Year     | Make   | 2               |   | Model                           | 1               |                                 | Plate/State |  |         |        |         |  |  |
| Insurar  | nce Compar   | у               |   |                                 | Policy Number   | •                               |             |  | Insuran | се Ехр | iration |  |  |
|          |  |                 |   |                                 | •               |                                 |             |  | ı       |        |         |  |  |
| 57.      |  |                 | l auto insurance for any                            |                                 |                 |                                 |             |  | Yes     |        | No      |  |  |
| 58.      |  |                 | lege to drive ever been s                           |                                 |                 |                                 |             |  | Yes     |        | No      |  |  |
| 59.      | Have ye (Hit &   |                 | volved in an accident w                             | here you le                     | eft the scene v | without identifying yo          | ourself     |  | Yes     |        | No      |  |  |
| 60.      |  |                 | ehicle, have you ever be<br>Impaired due to drugs o |                                 | d, questioned   | or arrested for Drivi           | ng While    |  | Yes     |        | No      |  |  |

#### MOTOR VEHICLE OPERATION & INSURANCE (continued)

|      | recent.    | D.11             | ***               |   |
|------|------------|------------------|-------------------|---|
| Date | City/State | Police<br>Report | Were you Injured? | Incident Disposition  |
|      |            | ☐ Yes            | ☐ Yes             |   |
|      |            | □ No □ Yes       | ☐ No ☐ Yes        |   |
|      |            | ☐ No             | ☐ No              |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes<br>☐ No     |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes<br>☐ No     |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes ☐ No        |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes<br>☐ No     |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes<br>☐ No     |   |
|      |            | ☐ Yes ☐ No       | ☐ Yes<br>☐ No     |   |
|      |            |                  |                   |   |
|      |            |                  |                   | ceived, regardless of disposition. Start with the most recent |
| Date | City/State | Cl               | narge             | Disposition or Penalty  |
|      |            | ĺ                | 8                 |   |
|      |            |                  |                   | Disposition of Tenancy  |
|      |            |                  | 5                 | Disposition of Tenates  |
|      |            |                  | 3                 |   |
|      |            |                  | 3                 |   |
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|      |            |                  |                   |   |
|      |            |                  |                   |   |

#### ADDITIONAL BACKGROUND HISTORY QUESTIONS □ Yes □ No 63. Have you ever applied for a pistol license? Why\_\_ 63a. □ Yes □ No 64. Were you ever denied a pistol license? No □ Yes Have you ever been fingerprinted for any reason? (Other than Civil Service Examinations) **65.** When Why Where 65a. □ Yes П No Have you ever been arrested? **66.** □ Yes □ No 67. Have you ever had a warrant issued for your arrest, Failed to Appear, or had a Summons issued for anything excluding traffic? □ Yes $\square$ No Have you ever been questioned or detained, whether as a victim/witness/suspect, in any incident? **68.** □ Yes No 69. Have you ever been involved in any **CIVIL** Court Action? □ Yes No 70. Do you currently have any insurance litigation or claims pending? □ Yes □ No Have you ever had an insurance claim denied? 71. □ Yes □ No Are you currently using or experimenting with to any extent, any drugs, narcotics, or 72. controlled substances, including marijuana and its derivatives? □ Yes □ No **73.** Have you ever sold, or received compensation from selling marijuana, or any substance listed as an unlawful controlled substance in any State or Federal Statute? ☐ Yes □ No 74. Have you ever placed a bet with a bookmaker or incurred any debt from gambling of any kind? □ Yes No Have you ever taken a polygraph (Lie Detector) examination? 75. Whv 75a. □ Yes □ No Have you ever failed a polygraph (Lie Detector) examination? **76.** □ Yes П No 77. Do you have any objections to taking a polygraph prior to appointment with S.C.P.D.? □ Yes □ No As a Police Officer you are required to carry firearms while on duty. Do you object to carrying or **78.** using firearms, ammunition or other lethal or non-lethal weapons issued to Suffolk County Police Officers? □ Yes □ No Do you have any mental or moral reservations or religious convictions that would prevent you **79.** from justifiably taking a human life in order to protect yourself, or a third person, from harm? □ Yes □ No 80. Do you have any physical or mental disability which would prevent you from performing, in a reasonable manner, the duties required of this position? (See document titled "Entry Level Police Officer" on pages 2 and 3.)

#### ADDITIONAL KNOWLEDGE OR INFORMATION

| 81. | Do you have any additional knowledge or information which is or may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for the position of <b>Entry Level Police Officer?</b> This includes, but is not limited to, knowledge or information concerning your character, physical or mental condition, alcohol, drug use, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence or otherwise?  If <b>Yes</b> , give details. | Yes | No |
|-----|---|-----|----|
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| ADDITIONAL KNOWLEDGE OR INFORMATION (continued) |  |
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#### SWORN DEPOSITION

| I,   | being duly  |
|--|---|
| sworn, depose and say I am the above named person.   | I signed the foregoing statement and all pages. I personally read |
| and completed answers to each and every question the | erein and I do solemnly swear that each and every answer is full, |
| true and correct in every respect.                   |   |
|  |   |
|  | Con Piloto Circotore  |
|  | Candidate Signature   |
|  |   |
|  |   |
| Sworn to before me this day                          |   |
| of20   |   |
|  |   |
|  |   |
|  | Notary Public State of New York Signature                         |
|  |   |
|  |   |
|  |   |
| The information presented by this candidate has be   | en satisfactorily substantiated by the background investigator.   |
|  |   |
|  |   |
|  | Signature of Investigating Officer                                |