

CIVILIAN EMPLOYEE APPLICATION PACKET

PDCS-5250-1a



SUFFOLK COUNTY POLICE DEPARTMENT
ACCREDITED LAW ENFORCEMENT AGENCY

APPLICANT INVESTIGATION SECTION
30 YAPHANK AVENUE
YAPHANK, NY 11980
631-852-6203

CIVILIAN EMPLOYEE APPLICATION PACKET

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APPLICANT INVESTIGATION SECTION
30 YAPHANK AVENUE
YAPHANK, NY 11980
631-852-6203



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
CIVILIAN APPLICANT BACKGROUND DATA

PDCS-5177-1a

Orientation Date: _____

Name (Last)		First			MI
AKA (maiden name, etc.):					
Address (Number/Street)					
Town or Village				State	Zip
Home Phone #:		Emergency Contact #	Name of Emergency Contact Person		Relationship
Cell Phone #:					
Valid E-mail:			Driver's License #	Exp. Date:	State
SS#	DOB	Country of Birth		Marital Status	
Sex	Height	Weight		Eye Color	
Racial Background	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian				
Education: <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College: # of Credits _____ <input type="checkbox"/> College Degree: <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> Masters <input type="checkbox"/> Other _____					
Military Service (Branch of Service)					# Years Active Duty
Prior Law Enforcement Agency Experience					<input type="checkbox"/> N/A
Name of Department				Position or Rank Held	
Address of Department				Start Date	End Date
				# of Yrs	
1. Present Employment (Name of Employer)					Years Employed
Address of Employer					Work Phone #:
2. Present Employment (Name of Employer) Complete only if currently employed by more than one Employer					Years Employed
Address of Employer					Work Phone #:
Community Service (Name and Location of Volunteer Agency)					# of Years
Are you fluent in a foreign language or sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language(s)?					
Do you have any special skills or training? <input type="checkbox"/> Yes <input type="checkbox"/> No (e.g., helicopter pilot, nurse, EMT professional diver, demolition expert, investigative experience, etc.) If Yes, briefly describe skills or training:					



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
RETURN OF PACKET ACKNOWLEDGEMENT

PDCS-5161d

Candidate Name: _____

I, the undersigned, understand that I am to complete and return the questionnaires and documents I have been personally given today, to the Suffolk County Police Department Applicant Investigation Section **no later than:**

9 AM on _____
Date

Failure to do so shall result in the removal of my name from the current list of civilian employees.

Signature

Date

Social Security #



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
 ACCREDITED LAW ENFORCEMENT AGENCY
CHANGE OF STATUS ACKNOWLEDGMENT

PDCS-5252-1b

AS A CIVILIAN EMPLOYEE CANDIDATE, YOU ARE RESPONSIBLE TO NOTIFY YOUR INVESTIGATOR OR THE APPLICANT INVESTIGATION SECTION IF YOU:

1. Change your address
2. Change your phone number
3. Change of email address
4. Change your employment
5. Change your marital status
6. Change of status on any of your Civil Service Exams
7. Change of any other pertinent information (i.e., injuries, illnesses, or pending litigation as the defendant, complainant or witness).
8. Receive any traffic violations, have a motor vehicle accident, or **any** involvement with a Law Enforcement Agency.

I HAVE READ THE ABOVE 8 STIPULATIONS AND UNDERSTAND THAT MY FAILURE TO COMPLY SHALL RESULT IN MY REMOVAL FROM THE LIST OF ELIGIBLE APPLICANTS.

Print Name

Signature

Date

NOTE:

- Be sure to answer **any and all** canvas letters or correspondence from the Department of Civil Service. If you have any doubts about how to handle this, call the Applicant Investigation Section immediately.
- Remember that rescheduling your appointments with the Applicant Investigation Section or Medical Evaluation Bureau may postpone any hiring you may be in contention for.



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
AUTHORIZATION TO RELEASE INFORMATION

PDCS-5157d

Full Name:	
Any other names by which I have been/are known:	
Date of Birth:	Social Security Number:

To Whom It May Concern:

As an applicant for a position as a _____ with the Suffolk County Police Department, I am required to furnish information for use in determining my qualifications for that position. I hereby request and authorize the full disclosure of **any and all** records, files, reports, notes, opinions and any other information you have concerning me, in any format whatsoever, including sealed information, to the Suffolk County Police Department or any other individual or organization designated by the Suffolk County Police Department.

This Release includes, but is not limited to, employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigations, complaints or grievances filed by or against me, training files, educational or school records and transcripts, financial records, credit history, driving history, military records, results/findings of any alcohol/drug testing or detoxification/rehabilitation program, arrest or criminal records including any investigative files or reports, detention reports, field intelligence reports, booking information, court records, probation reports, and/or traffic citations. This Release is expressly intended to include, all records or other information which has been sealed pursuant to New York State Criminal Procedure Law ("CPL") SS160.50 and 160.55. I further expressly designate the Suffolk County Police Department to be my "designated agent" under CPL §160.50(1)(d) and/or CPL §160.55(1)(d) as may be applicable, to request and receive such records and information.

I understand that any information obtained in whole or in part, upon this Release will be considered in determining my suitability for employment by the Suffolk County Police Department and that all materials obtained upon this Release become the property of the Suffolk County Police Department and will not be returned to me.

I hereby release you, your organization, its representatives, agents, employees, heirs and assigns, the County of Suffolk, its representatives, agents, employees, heirs and assigns, and the Suffolk County Police Department, its representatives, agents, employees, heirs and assigns from any and all liability whatsoever and/or damages, which may result from furnishing the above information.

A photocopy or an electronic facsimile of this signed authorization form is to be considered effective and valid as the original.

This Authorization to Release Information and Waiver shall remain in effect for a period of two (2) years from the date of signature or upon the date of hire of the applicant, whichever occurs first.

Signature: _____ **Date:** _____

Address: _____

Home Phone Number: _____ **Cell Phone Number:** _____

STATE OF NEW YORK
 COUNTY OF SUFFOLK

Sworn to before me on this _____ day of _____, 20 _____.

Notary Public



POLICE DEPARTMENT, COUNTY OF SUFFOLK, N.Y.

ACCREDITED LAW ENFORCEMENT AGENCY

PDCS-5140-1b

**Authorization for Release of Health Information
New York State
Department of Mental Health/Department of Mental Hygiene**

NAME	_____
ADDRESS	_____

D.O.B.	_____
S.S.#	_____

I, _____, do hereby authorize any member, or representative, of the Suffolk County Police Department to seek the release of all information contained in my records maintained by the New York State Department of Mental Health / Department of Mental Hygiene. Further, I hereby authorize the New York State Department of Mental Health / Department of Mental Hygiene to forward said medical information / records to any member, or representative, of the Suffolk County Police Department.

The requested records are to be forwarded to the Suffolk County Police Department, at my request, and will be used by the Suffolk County Police Department for investigative purposes. I am aware that the information disclosed pursuant to this Authorization may be subject to re-disclosure and would no longer be protected.

The expiration date of this Authorization is two years from the date of my signature.

I understand that I have the right to revoke this Authorization by forwarding written notice of revocation to the Suffolk County Police Department or the medical facility specified above. Also, I am aware that any revocation will not be effective if the persons I have authorized to use and/or disclose my protected health information have already taken action because of my earlier authorization.

I understand that I do not have to sign this Authorization, and that my refusal to sign will not affect my abilities to obtain medical treatment, nor will it affect my eligibility for any benefits. However, I understand that failure to sign this Authorization, or revocation of this Authorization, will affect my eligibility as a candidate for employment with the Police Department. I further understand that I have a right to inspect and copy my protected health information to be used and/or disclosed (in accordance with the requirements of the federal privacy protection regulations found in 45 CFR Section 164.524, and NYS Mental Hygiene Law Section 33.13).

I certify that I authorize the use of my health information as set forth in this document.

Signature of Patient

Dated: _____

Name of Patient (Printed)

Sworn to before me on _____, 20__

Witnessed by: _____

Notary Public



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
 ACCREDITED LAW ENFORCEMENT AGENCY
CONDITIONAL OFFER OF EMPLOYMENT - CIVILIAN

PDCS-5254-1a

I am currently eligible for consideration for the following employment:

Job Title: _____

Agency: _____

As part of the pre-employment stage of the selection process, a background investigation of my character has been initiated

On (date): _____

Commanding Officer: _____

of the Suffolk County Police Department Applicant Investigation Section has advised me that at this point in the selection process, I am being presented with **A CONDITIONAL OFFER OF EMPLOYMENT** in accordance with 42 U.S.C. Section 12112 of the Americans with Disabilities Act.

I understand that this offer of employment is conditional upon my taking and successfully passing a medical examination, a psychological examination, and that my on-going background investigation reveals nothing of a derogatory nature.

I further understand that this offer is also conditional upon legislative appropriations and the ability of the employing Agency to fill any vacancies.

 Applicant's Printed Name

 Applicant's Signature

**STATE OF NEW YORK
 COUNTY OF SUFFOLK**

Sworn to before me on this _____ day of _____, 20 _____.

 Notary Public

SUFFOLK COUNTY POLICE DEPARTMENT

DEPENDENTS

14: List **ALL** your children, as well as any person who is legally dependent upon you for support, **EXCEPT** your husband or wife:

NAME	RELATIONSHIP	DOB	STREET	CITY	ST	ZIP

RESIDENCES

15: List **ALL** of your residences for the past 10 years, including **all on/off Base Military Housing**, and **on/off Campus** addresses while attending college. **Begin with your most current residence.** Include complete address, with Unit number or Apartment number, where applicable:

Current Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

SUFFOLK COUNTY POLICE DEPARTMENT

RESIDENCES (Cont.)

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Address	City / County	State	Zip Code	From / To (Month & Year)	Military Installation
With Whom Do You Live					
If Renting, Give Name, Complete Address, And Telephone Number Of Person Who Collects The Rent:					

Note: Photocopy page for additional entries

SUFFOLK COUNTY POLICE DEPARTMENT

EDUCATIONAL HISTORY

16: Indicate the various schools you have attended and other information requested. **Start with High School** and work forward, including **ALL** college, business schools, trade and correspondence schools, and any other school in which accreditation was received.

Type Of School HIGH SCHOOL *	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

Type Of School	Name:	Date From (Month & Year)	Date To (Month & Year)
Address (#, Street, City, State, Zip Code)			Degree / Credits

* GED Completed? YES NO Diploma Number _____ Date Issued: _____

17: How many college credits have you completed? _____ Highest Degree you possess? _____

SUFFOLK COUNTY POLICE DEPARTMENT

EMPLOYMENT HISTORY

18: **COMPLETE EMPLOYMENT HISTORY** Start with your **present** position and work **backward**. Account for ALL time frames, starting from the date of your present position, working backwards for the past 10 years employment (including when unemployed and/or attending school, and ALL OFF THE BOOKS employment). Include **all volunteer** Emergency Service Organizations (i.e. Volunteer FD, Ambulance Co., Auxiliary Police, etc.). **Include any/all** employments that are no longer in business.

DO YOU HAVE ANY OBJECTIONS TO OUR CONTACTING YOUR PRESENT EMPLOYER? YES NO
If YES, Explain: _____

Dates of Employment (Mo/Yr) From:	Name of Employer	Work Phone ()
To: PRESENT		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr) From:	Name of Employer	Work Phone ()
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr) From:	Name of Employer	Work Phone ()
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr) From:	Name of Employer	Work Phone ()
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr) From:	Name of Employer	Work Phone ()
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

SUFFOLK COUNTY POLICE DEPARTMENT

EMPLOYMENT HISTORY (Cont.)

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Dates of Employment (Mo/Yr)	Name of Employer	Work Phone ()
From:		
To:		
Address:		Supervisor:
Job Title or Position	Reason For Leaving	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp <input type="checkbox"/> Volunteer <input type="checkbox"/> Internship

Note: Photocopy page for additional entries

SUFFOLK COUNTY POLICE DEPARTMENT

EMPLOYMENT HISTORY (Cont.)

19: Have you ever been terminated or resigned in lieu of termination? YES NO If YES, provide the following:

A: Name and Address of Employer: _____

B: Date Terminated or Resigned: _____

20: Have you ever received discipline (i.e. oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance, or other work related concerns? YES NO If YES, provide the following:

A: Name and Address of Employer: _____

B: Date of Incident: _____

21: List any employer that may give a different version of why you separated from employment: _____

22: SPOUSE'S EMPLOYER

Name of Employer	Job Title	Monthly Salary
Address (Number and Street)		Work Phone Number ()

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

23: Have you ever applied for a pistol license? YES NO If Yes, Date: ____ Where: ____

24: Have you ever been fingerprinted for any reason? (Other than Civil Service Examinations) YES NO If Yes, provide the details below:

NAME OF AGENCY	DATE	PURPOSE

SUFFOLK COUNTY POLICE DEPARTMENT

MILITARY SERVICE

25: Selective Service Number: _____ Date Issued: _____

26: Have you been in the Military (Including Reserves, National Guard, ROTC)? YES NO
If YES, please complete the following chart:

BRANCH OF SERVICE	RANK/GRADE	DATE ENTERED	OCCUPATIONAL SPECIALTY

27: Have you been discharged from your military service? YES NO

DATE SEPARATION/PROJECTED DATE	TYPE OF DISCHARGE

28: Were you ever the subject of a military investigation or military criminal investigation? YES NO

LEGAL

29: List **ALL Police Contact**, within the last 5 years, during which you were questioned, cited, detained, or arrested, whether as a victim/witness/suspect, in any incident. (**Include** charges that were dismissed, dropped, or reduced.)

DATE	CHARGES OR REASON FOR INVESTIGATION	POLICE OR MILITARY AGENCY	RESULTS

ALCOHOL, DRUG AND GAMBLING HISTORY

30: Are you currently using or experimenting with to any extent, any drugs, narcotics, or controlled substances, including marijuana and its derivatives? YES NO

31: Have you **ever** sold, given away, or profited from selling any substance listed as an unlawful controlled substance in any State or Federal Statute? YES NO

32: Have you ever engaged in any illegal gambling activities? YES NO

33: Have you ever taken a polygraph (Lie Detector) examination? YES NO **If yes:** Date: _____

What for: _____

Where: _____

SUFFOLK COUNTY POLICE DEPARTMENT

MOTOR VEHICLE OPERATION & INSURANCE

34: Give the following information concerning **ALL** drivers' licenses you **have held or currently hold**:

STATE ISSUED	NAME ISSUED	DRIVERS LICENSE NUMBER	DATES FROM / TO	RESTRICTIONS

35: List **ALL** vehicles that you currently own and/or operate: (Registered or Unregistered)

YEAR	MAKE	MODEL	LICENSE PLATE # & STATE	INSURANCE COMPANY	POLICY NO.	INSURANCE EXPIRATION

36: Has your license/privilege to drive, ever been suspended or revoked? **YES** **NO** If yes, provide the following: Date: _____ Reason: _____

37: List each traffic accident that you have been involved in, whether your fault or not, **as the driver** of the vehicle:

DATE	CITY & STATE	POLICE REPORT	INCIDENT DISPOSITION
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

38: List all traffic tickets (Excluding parking tickets) that you have received, regardless of disposition:

DATE	CITY & STATE	CHARGE	DISPOSITION OR PENALTY

SUFFOLK COUNTY POLICE DEPARTMENT

39: Do you have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or which may be relevant, directly or indirectly, in connection with an investigation of your eligibility or fitness for employment within the Suffolk County Police Department and/or any associated agencies including but not limited to, knowledge or information concerning your character, physical or mental condition, temperance, habits, employment, education, subversive activities, family, associations, criminal record, traffic violations, residence, or otherwise?

YES NO If yes, give details:

STATE OF NEW YORK
COUNTY OF _____ ss

I, _____ being duly sworn, depose and say I am the above named person. I signed the foregoing statement and numbered pages. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

Candidate Signature

Sworn to before me this _____ day

of _____ 20 ____

Notary Public State of New York Signature

The information presented by this applicant has been satisfactorily substantiated by the background investigator.

Signature of Investigating Officer



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
APPLICANT QUESTIONNAIRE INSTRUCTION CHECKLIST

PDCS-5253-1

..... **READ CAREFULLY**

Your application is subject to complete background review consisting of family, personal, financial, and employment history. Questions relating to age, height, weight, and physical characteristics are for the purpose of identification in our background investigation only.

Any misstatement of fact, or omission of material information requested in this questionnaire, will be grounds to disqualify you for any employment with the Suffolk County Police Department.

A **PHOTOCOPY** of the following original documents **must** be included when the Applicant Questionnaire is returned to Applicant Investigation Section, by the specified date.

DO NOT INCLUDE ORIGINAL DOCUMENTS IN YOUR PACKET.

1. Birth Certificate
2. Valid Driver's License
3. Social Security Card
4. All Legal name change documents (Marriage License, Divorce papers, etc.)
5. Selective Service Card
6. DD-214 or Statement of Service (if you were/are in the military)
7. Proof of U.S. Citizenship (if born abroad)
8. Criminal Court Disposition and/or Civil Court Findings (if applicable)
9. Tax Transcript from IRS showing last 3 years of taxes filed

..... **INSTRUCTIONS**

1. **PRINT** ALL ANSWERS IN **BLACK INK**
2. Answer every question. If information does not apply, indicate N/A in the blank space.
3. Answer all questions completely. This includes **complete street address, zip codes, area codes, and phone numbers.**
4. If there is insufficient space for your answers, use the additional pages supplied at the end of the questionnaire. Make appropriate references to the question numbers.
5. **Failure to return this questionnaire, properly completed, within the time allotted may result in removal of your name from the eligible list.**
6. **Return 1 original Applicant Questionnaire (PDCS-5255-1, pages 1-9 only) with your packet.**

ALL COMMUNICATION OR INQUIRIES TO BE DIRECTED TO:

**Suffolk County Police Department
Applicant Investigation Section
30 Yaphank Avenue
Yaphank, NY 11980**

**TELEPHONE: 631-852-6203
FAX: 631-852-6569**



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
ADDITIONAL INFORMATION FOR APPLICANTS

PDCS-5126b

TO OBTAIN A COPY OF A BIRTH CERTIFICATE:

Nassau/Suffolk Counties

There is a fee for a certified copy.

Contact: Town Hall of the town where birth occurred;
If birth occurred within an Incorporated Village, contact the Village Hall (e.g., Port Jefferson Village).

New York City

There is a fee for a certified copy.

Contact:

Online: www.nyc.gov

Call: 1-212-788-4520

Mail: NYC Department of Health & Mental Hygiene

or Office of Vital Records

In Person: 125 Worth Street
CN-4, Room 133
New York, NY 10013

FOR MALE APPLICANTS ONLY:

To obtain a selective service number or a *copy* of your selective service card or a letter from selective service stating that you are *not* required to have a number*:

Online: www.sss.gov

Call: 1-847-688-6888 or **Toll Free:** 1-888-655-1825

or **Write:** SELECTIVE SERVICE SYSTEM
P.O. Box 94633
Palatine, IL 60094-4633

In addition to your legal name, your social security number, date of birth and current mailing address will be required.

*Registration was **NOT** required if you were **born** between March 29, 1957, and December 31, 1959.

TO OBTAIN A SOCIAL SECURITY CARD OR A COPY OF YOUR SOCIAL SECURITY CARD:

Online: www.ssa.gov/ssnumber

Call: 1-800-772-1213

**TO OBTAIN AN IRS TAX RETURN TRANSCRIPT FOR EACH OF THE LAST THREE (3) YEARS OF
FILED INCOME TAXES:**

Online: www.irs.gov

Click on the link: "Get Your Tax Refund"

Follow the instructions to view, print, or download your tax transcripts.

TO OBTAIN A DETAILED EARNINGS STATEMENT:

(This is a document showing your complete History of Employment)

This document will be helpful if you are having trouble listing your employments on page 8 of the Applicant Questionnaire. If your investigator is unable to verify your employments, this document will be requested at the 1st interview.

CONTACT SOCIAL SECURITY:

Respond to local office: There is a fee for obtaining this form

Online: www.ssa.gov/online/ssa-7050.pdf

TO SEND IN A TEMPORARY DECLINATION:

Sign and date the declination and **mail it to:**

Suffolk County Police Department
Applicant Investigation Section
30 Yaphank Avenue
Yaphank, NY 11980

or **Email to:** scpd-applicant@suffolkcountyny.gov

ANY QUESTIONS ABOUT:

- Your standing on the list
- Veteran's credits
- Minimum requirements
- Change of address

Call: Department of Civil Service
631-853-5500