



SUFFOLK COUNTY POLICE DEPARTMENT

APPLICANT QUESTIONNAIRE

8.

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

| | | | | | |
|------------|--|--|---|------------------------|--|
| 1. | Last Name | First Name | Middle | | |
| 2. | ALIAS (Nickname, maiden name, and any names you have used) <input type="checkbox"/> Not Applicable | | | | |
| 3. | <input type="checkbox"/> Male <input type="checkbox"/> Female | | 4. | Social Security Number | |
| 5. | Address | City | State | Zip | |
| 5a. | Mailing Address (if different than above) | City | State | Zip | |
| 6. | Cell Phone # | Home Phone # | Work Phone # | | |
| 7. | Do you have a Personal Computer? <input type="checkbox"/> Yes <input type="checkbox"/> No | E-Mail Address | | | |
| 8. | Date of Birth (Month/Day/Year) | Residence at Time of Birth (City/State/Country only) | | | |
| 9. | Are you a U.S. Citizen by birth? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Or, by Naturalization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | If Naturalized | Certificate # | | Date | |
| | If derived from Parent's Certification | Certificate # | | Date | |
| | | Place | | | |
| Court | | | | | |

SUFFOLK COUNTY POLICE DEPARTMENT

PERSONAL DATA (continued)

| | | | | | |
|------------|---|--------|-----------|------------------------------|---|
| 10. | Do you have dual citizenship with another country? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. | If dual citizenship, which country? | | | | |
| 12. | Do you have a US Passport? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. | Do you now or have you ever had a foreign passport? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. | Have you ever reported a passport lost or stolen? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. | Are you currently registered to Vote? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. | Height | Weight | Eye Color | Hair Color | |
| 17. | List and describe all Scars, Distinguishing Marks, and Tattoos, etc., and where they are located. | | | | <input type="checkbox"/> Not Applicable |

SUFFOLK COUNTY POLICE DEPARTMENT

MARITAL STATUS

18. Current Marital Status: Never Married Married Divorced Domestic Partner
 Separated Engaged Widow/Widower

19. If you are, or have ever been married, complete the following regarding your spouse, former spouse(s), /or domestic partner.

| | | | | |
|----------------|---------------------------------|------------------|-----------------|-------------------------------|
| Present | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

| | | | | |
|--------------|------------------------------------|------------------|-----------------|-------------------------------|
| Prior | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address of Spouse/Domestic Partner | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

| | | | | |
|--------------|------------------------------------|------------------|-----------------|-------------------------------|
| Prior | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address of Spouse/Domestic Partner | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

| | | | | |
|--------------|------------------------------------|------------------|-----------------|-------------------------------|
| Prior | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address of Spouse/Domestic Partner | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

| | | | | |
|--------------|------------------------------------|------------------|-----------------|-------------------------------|
| Prior | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address of Spouse/Domestic Partner | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

| | | | | |
|--------------|------------------------------------|------------------|-----------------|-------------------------------|
| Prior | Name of Spouse/Domestic Partner | | Home Phone # | Cell Phone # |
| | Address of Spouse/Domestic Partner | | | |
| | Date of Birth | Date of Marriage | Date of Divorce | City & State Married/Divorced |

SUFFOLK COUNTY POLICE DEPARTMENT

DEPENDENTS

| | | |
|------------|--|---|
| 20. | List ALL of your children and/or any other person who is legally dependent upon you for support, except for your spouse. If applicable , provide the name and contact information of the other parent or guardian, if that person is other than your spouse. | <input type="checkbox"/> No Dependents |
|------------|--|---|

| | | | | | |
|--|---------------|-----|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | Email Address | | City | State | Zip |

| | | | | | |
|--|---------------|-----|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | Email Address | | City | ST | Zip |

| | | | | | |
|--|---------------|-----|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | Email Address | | City | State | Zip |

| | | | | | |
|--|---------------|-----|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | Email Address | | City | State | Zip |

| | | | | | |
|--|---------------|-----|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | Email Address | | City | State | Zip |

SUFFOLK COUNTY POLICE DEPARTMENT

11a.

DEPENDENTS (continued)

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

| | | | | | |
|--|-----|---------------|--------------|----------------------|-----|
| Name (Last, First, MI) | Sex | DOB | Relationship | Contact Phone 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 | | Email Address | City | State | Zip |

SUFFOLK COUNTY POLICE DEPARTMENT

12.

CHARACTER REFERENCES

21. List FIVE persons **NOT RELATED** to you and **NOT FORMER EMPLOYERS**, who have known you for at least **FIVE YEARS**.

| | | | | | |
|-----------------------|----------------------------------|---------------|--------------|--------------|----------------------|
| 1 | Full Name (Include Mr./Mrs./Ms.) | Years Known | Home Phone # | Cell Phone # | Work Phone # |
| Current Address | | Email Address | City | | State ZIP |
| How Did You Meet Them | | | | | Last Date of Contact |

| | | | | | |
|-----------------------|----------------------------------|---------------|--------------|--------------|----------------------|
| 2 | Full Name (Include Mr./Mrs./Ms.) | Years Known | Home Phone # | Cell Phone # | Work Phone # |
| Current Address | | Email Address | City | | State ZIP |
| How Did You Meet Them | | | | | Last Date of Contact |

| | | | | | |
|-----------------------|----------------------------------|---------------|--------------|--------------|----------------------|
| 3 | Full Name (Include Mr./Mrs./Ms.) | Years Known | Home Phone # | Cell Phone # | Work Phone # |
| Current Address | | Email Address | City | | State ZIP |
| How Did You Meet Them | | | | | Last Date of Contact |

| | | | | | |
|-----------------------|----------------------------------|---------------|--------------|--------------|----------------------|
| 4 | Full Name (Include Mr./Mrs./Ms.) | Years Known | Home Phone # | Cell Phone # | Work Phone # |
| Current Address | | Email Address | City | | State ZIP |
| How Did You Meet Them | | | | | Last Date of Contact |

| | | | | | |
|-----------------------|----------------------------------|---------------|--------------|--------------|----------------------|
| 5 | Full Name (Include Mr./Mrs./Ms.) | Years Known | Home Phone # | Cell Phone # | Work Phone # |
| Current Address | | Email Address | City | | State ZIP |
| How Did You Meet Them | | | | | Last Date of Contact |

SUFFOLK COUNTY POLICE DEPARTMENT

FAMILY MEMBERS

| | | | |
|------------|---|------------------------------|-----------------------------|
| 22. | To the best of your knowledge , has any member of your family, any member of your spouse's family, any member of your or domestic partner's family, or anyone with whom you currently or formerly reside(d) with ever been arrested or involved in ANY Criminal Activity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. | To the best of your knowledge , has any member of your family, any member of your spouse's family, any member of your or domestic partner's family, or anyone with whom you currently or formerly reside(d) with ever been associated and/or involved with ANY gang activity, organized crime, or subversive group? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|------------|--|
| 24. | List the following FAMILY MEMBERS , in order, showing relationship: Parents; guardians; step-parents; foster parents; spouse; former spouse; domestic partner; former domestic partner; brothers; sisters; mother-in-law; father-in-law; step-brothers; step-sisters. |
|------------|--|

| | | |
|--|---------------|---------------------------|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | Relationship | Age |
| Address | City | State ZIP |
| Occupation | Email Address | Home Phone # Cell Phone # |

| | | |
|--|---------------|---------------------------|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | Relationship | Age |
| Address | City | State ZIP |
| Occupation | Email Address | Home Phone # Cell Phone # |

| | | |
|--|---------------|---------------------------|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | Relationship | Age |
| Address | City | State ZIP |
| Occupation | Email Address | Home Phone # Cell Phone # |

| | | |
|--|---------------|---------------------------|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | Relationship | Age |
| Address | City | State ZIP |
| Occupation | Email Address | Home Phone # Cell Phone # |

| | | |
|--|---------------|---------------------------|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | Relationship | Age |
| Address | City | State ZIP |
| Occupation | Email Address | Home Phone # Cell Phone # |

SUFFOLK COUNTY POLICE DEPARTMENT

13a.

FAMILY MEMBERS (continued)

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

| | | | | | |
|--|---------------|--------------|--------------|-------|-----|
| Name (Last, First, MI) <input type="checkbox"/> Living <input type="checkbox"/> Deceased | | Relationship | | Age | |
| Address | | City | | State | ZIP |
| Occupation | Email Address | Home Phone # | Cell Phone # | | |

SUFFOLK COUNTY POLICE DEPARTMENT

13b.

FAMILY MEMBERS (continued)

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | ST | ZIP |
| Occupation | Email Address | | Home Phone | Cell Phone | |

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|--------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | State | ZIP |
| Occupation | Email Address | | Home Phone # | Cell Phone # | |

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|--------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | State | ZIP |
| Occupation | Email Address | | Home Phone # | Cell Phone # | |

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|--------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | State | ZIP |
| Occupation | Email Address | | Home Phone # | Cell Phone # | |

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|--------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | State | ZIP |
| Occupation | Email Address | | Home Phone # | Cell Phone # | |

| | | | | | |
|------------------------|---------------------------------|-----------------------------------|--------------|--------------|-----|
| Name (Last, First, MI) | <input type="checkbox"/> Living | <input type="checkbox"/> Deceased | Relationship | | Age |
| Address | | City | | State | ZIP |
| Occupation | Email Address | | Home Phone # | Cell Phone # | |

SUFFOLK COUNTY POLICE DEPARTMENT

RESIDENCES

25. List **ALL** of your residences since birth, 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 |
| From (Month & Year) | To (Month & Year) | Military Installation | | | |
| With Whom Do You Live | | | | | |
| If Renting, Give Name of Person Who Collects The Rent | | | | Phone Number of Person Who Collects The Rent | |
| Address of Person Who Collects The Rent | | | | Email 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 Who 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 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 Who 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 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 Who 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 Rent | |

SUFFOLK COUNTY POLICE DEPARTMENT

14a.

RESIDENCES (continued)

| | | | | | |
|---|------------------------------|------------------------------|--|--------------|------------|
| 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 Person Who Collected the Rent | | |
| Address of Person Who Collected the Rent | | | Email 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 Who 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 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 Who 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 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 Who 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 Rent | | |

SUFFOLK COUNTY POLICE DEPARTMENT

14b.

RESIDENCES (continued)

| | | | | | |
|---|------------------------------|------------------------------|---------------|--|------------|
| 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 Person Who Collected the Rent | |
| Address of Person Who Collected the Rent | | | | Email 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 Who 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 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 Who 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 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 Who 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 Rent | |

SUFFOLK COUNTY POLICE DEPARTMENT

14c.

RESIDENCES (continued)

| | | | | | |
|---|------------------------------|------------------------------|--|--------------|------------|
| 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 Person Who Collected the Rent | | |
| Address of Person Who Collected the Rent | | | Email 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 Who 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 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 Who 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 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 Who 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 Rent | | |

SUFFOLK COUNTY POLICE DEPARTMENT

14d.

RESIDENCES (continued)

| | | | | | |
|---|------------------------------|------------------------------|--|--------------|------------|
| 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 Person Who Collected the Rent | | |
| Address of Person Who Collected the Rent | | | Email 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 Who 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 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 Who 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 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 Who 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 Rent | | |

SUFFOLK COUNTY POLICE DEPARTMENT

EDUCATIONAL HISTORY

| | | | |
|------------|---|------------------------------|-----------------------------|
| 26. | Do you have a High School Diploma or a GED? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. | How many college credits have you completed? | Highest Degree you possess? | |
| 28. | Have you ever received any disciplinary action, suspension, or expulsion from any type of school or training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

29. 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 | Name of School | | |
| HIGH 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) | 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 |

SUFFOLK COUNTY POLICE DEPARTMENT

15a.

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) | 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) | Degree/Certification | Credits | |
| Address (Number and Street) | | City | State | ZIP |

SUFFOLK COUNTY POLICE DEPARTMENT

EMPLOYMENT HISTORY

| | | | |
|------------|--|------------------------------|-----------------------------|
| 30. | Have you ever been terminated or resigned in lieu of termination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. | Have you ever received discipline (i.e. oral/written reprimand, suspension, etc.) for excessive absences, tardiness, work performance, or other work related concerns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. | Will any employer possibly give a different version of why you separated from employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|--|--|------------------------------|-----------------------------|
| 33. | <p><u>COMPLETE EMPLOYMENT HISTORY</u> Start with your present position and work backward.</p> <p>Account for ALL time frames, starting from the date of your present position, working backwards to your first employment (including when unemployed and/or attending school, and ALL OFF THE BOOKS employment). Include photocopy of employer performance evaluations for the past 5 years (if applicable). 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.</p> | | |
| Do you have any objections to our contacting your present employer? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | | |
|------------------------------------|-------------------------|---|-------------------------|
| Dates of Employment (Mo/Yr) | Name of Employer | Work Phone | |
| From | | | |
| To PRESENT | | | |
| Address (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor: | Email Address | 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

16a.

EMPLOYMENT HISTORY (continued)

| | | | |
|---|---|------------------------------|------------|
| Dates of Employment (Mo/Yr) From | Name of Employer | Work Phone | |
| To | | | |
| Address (Number and Street) | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | City | State | ZIP |
| Supervisor | Email Address | 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

16b.

EMPLOYMENT HISTORY (continued)

| | | | | |
|---|-------------------------|------------------------------------|-------------------------------------|-------------------------------|
| Dates of Employment (Mo/Yr) From | Name of Employer | Work Phone | | |
| To | | | | |
| Address (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (continued)

| | | | |
|---|-------------------------|---|-------------------------|
| Dates of Employment (Mo/Yr) From | Name of Employer | Work Phone | |
| To | | | |
| Address (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State ZIP |
| Supervisor | Email Address | 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

16d.

EMPLOYMENT HISTORY (continued)

| | | | | |
|---|-------------------------|------------------------------------|-------------------------------------|-------------------------------|
| Dates of Employment (Mo/Yr) From | Name of Employer | Work Phone | | |
| To | | | | |
| Address (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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 (Number and Street) | | City | State | ZIP |
| Supervisor | Email Address | 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

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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|-------------------------------------|------------------------------------|

| | | | |
|--|--|--|--------------|
| Name of Agency | | Agency Phone Number | Date Applied |
| Complete Address Including Zip Code | | Position Applied For | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | Background Investigator's Email Address | |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer | |
| <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Other | |

| | | | |
|--|--|--|--------------|
| Name of Agency | | Agency Phone Number | Date Applied |
| Complete Address Including Zip Code | | Position Applied For | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | Background Investigator's Email Address | |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer | |
| <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Other | |

| | | | |
|--|--|--|--------------|
| Name of Agency | | Agency Phone Number: | Date Applied |
| Complete Address Including Zip Code | | Position Applied For: | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | Background Investigator's Email Address | |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer | |
| <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Other | |

SUFFOLK COUNTY POLICE DEPARTMENT

19a.

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 | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number | Date Applied |
| Complete Address Including Zip Code | | Position Applied For | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number: | Date Applied |
| Complete Address Including Zip Code | | Position Applied For: | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

SUFFOLK COUNTY POLICE DEPARTMENT

19b.

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 | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number | Date Applied |
| Complete Address Including Zip Code | | Position Applied For | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number: | Date Applied |
| Complete Address Including Zip Code | | Position Applied For: | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

SUFFOLK COUNTY POLICE DEPARTMENT

19c.

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 | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number | Date Applied |
| Complete Address Including Zip Code | | Position Applied For | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

| | | | |
|--|---|--|---|
| Name of Agency | | Agency Phone Number: | Date Applied |
| Complete Address Including Zip Code | | Position Applied For: | |
| <input type="checkbox"/> Background Investigation Conducted | Background Investigator's Name | | Background Investigator's Email Address |
| <input type="checkbox"/> Submitted Application Only <input type="checkbox"/> Took Written Test Grade _____ <input type="checkbox"/> Failed Written Test <input type="checkbox"/> Placed on Eligibility List List # _____ <input type="checkbox"/> Oral Interview Taken <input type="checkbox"/> Failed Oral Interview <input type="checkbox"/> No Response from Agency | <input type="checkbox"/> Took Physical Fitness Test <input type="checkbox"/> Failed Physical Fitness Test <input type="checkbox"/> Fingerprinted <input type="checkbox"/> Took Medical Exam <input type="checkbox"/> Failed Medical Exam <input type="checkbox"/> Took Polygraph Exam <input type="checkbox"/> Unknown Status | <input type="checkbox"/> Took Oral Psychological Exam <input type="checkbox"/> Took Written Psychological Examination <input type="checkbox"/> Failed Psychological Exam Oral/Written <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired / Job Offer Made <input type="checkbox"/> Withdrew Application or Declined Offer <input type="checkbox"/> Other | |

SUFFOLK COUNTY POLICE DEPARTMENT

MILITARY SERVICE

| | | |
|------------|--------------------------|-------------|
| 47. | Selective Service Number | Date Issued |
|------------|--------------------------|-------------|

| | | | |
|------------|---|------------------------------|-----------------------------|
| 48. | Have you been in the Military (Including Reserves, National Guard and/or ROTC)? If YES , please complete the following chart. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

| Branch Of Service | Rank/Grade | Date Entered | Occupational Specialty |
|-------------------|------------|--------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|------------|--|------------------------------|-----------------------------|
| 49. | Have you been discharged from your military service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

| Date Separation/Projected Date | Type of Discharge |
|--------------------------------|-------------------|
| | |
| | |
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| | |
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| | | | |
|------------|--|------------------------------|-----------------------------|
| 50. | Are you receiving any additional compensation from the military? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

| | | | |
|------------|---|------------------------------|-----------------------------|
| 51. | Were you ever the subject of a military investigation or military criminal investigation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

| | | | |
|------------|---|------------------------------|-----------------------------|
| 52. | Were you ever the subject of any military discipline pursuant to the Uniform code of Military Justice or any service regulation? If Yes , please complete the following chart. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

| Date | Charge | Disposition |
|------|--------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|------------|--|------------------------------|-----------------------------|
| 53. | Are you currently a member of the U.S. Reserve or National Guard? If Yes , complete the following. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

| | | |
|--|------------------------|-----------------------------|
| Rank/Grade | Occupational Specialty | Service |
| Component | | Organization Name |
| Address | | |
| <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE | | Indicate Reserve Obligation |

| | | | |
|------------|--|------------------------------|-----------------------------|
| 54. | Have you ever been rejected by the military prior to or after induction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

SUFFOLK COUNTY POLICE DEPARTMENT

MOTOR VEHICLE OPERATION & INSURANCE

| | | | |
|--------------|---|---------------------------------|--|
| 55. | Give the following information concerning ALL drivers' licenses you have held or currently hold . | | |
| State Issued | Name Issued | Driver's License Number - Class | |
| Issue Date | Expiration Date | Restrictions | |
| State Issued | Name Issued | Driver's License Number - Class | |
| Issue Date | Expiration Date | Restrictions | |
| State Issued | Name Issued | Driver's License Number - Class | |
| Issue Date | Expiration Date | Restrictions | |
| State Issued | Name Issued | Driver's License Number - Class | |
| Issue Date | Expiration Date | Restrictions | |

| | | | | |
|-------------------|--|---------------|-------------|----------------------|
| 56. | List ALL vehicles that you currently own and/or operate (Registered or Unregistered). | | | |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |
| Year | Make | Model | Plate/State | |
| Insurance Company | | Policy Number | | Insurance Expiration |

| | | | |
|------------|---|------------------------------|-----------------------------|
| 57. | Have you been refused auto insurance for any reason? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 58. | Has your license/privilege to drive ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 59. | Have you ever been involved in an accident where you left the scene without identifying yourself (Hit & Run)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 60. | As the operator of a vehicle, have you ever been stopped, questioned or arrested for Driving While Intoxicated or Ability Impaired due to drugs or alcohol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUFFOLK COUNTY POLICE DEPARTMENT

ADDITIONAL BACKGROUND HISTORY QUESTIONS

| | | | | | |
|-------------|--|------------|-----------|------------------------------|-----------------------------|
| 63. | Have you ever applied for a pistol license? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 63a. | Where _____ | When _____ | Why _____ | | |
| | _____ | _____ | _____ | | |
| | _____ | _____ | _____ | | |
| 64. | Were you ever denied a pistol license? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 65. | Have you ever been fingerprinted for any reason? (Other than Civil Service Examinations) | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 65a. | Where _____ | When _____ | Why _____ | | |
| | _____ | _____ | _____ | | |
| | _____ | _____ | _____ | | |
| 66. | Have you ever been arrested? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 67. | Have you ever had a warrant issued for your arrest, Failed to Appear, or had a Summons issued for anything excluding traffic? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 68. | Have you ever been questioned or detained, whether as a victim/witness/suspect, in any incident? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 69. | Have you ever been involved in any CIVIL Court Action? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70. | Do you currently have any insurance litigation or claims pending? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 71. | Have you ever had an insurance claim denied? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 72. | Are you currently using or experimenting with to any extent, any drugs, narcotics, or controlled substances, including marijuana and its derivatives? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 74. | Have you ever placed a bet with a bookmaker or incurred any debt from gambling of any kind? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75. | Have you ever taken a polygraph (Lie Detector) examination? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 75a. | Where _____ | When _____ | Why _____ | | |
| | _____ | _____ | _____ | | |
| | _____ | _____ | _____ | | |
| 76. | Have you ever failed a polygraph (Lie Detector) examination? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 77. | Do you have any objections to taking a polygraph prior to appointment with S.C.P.D.? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 78. | As a Police Officer you are required to carry firearms while on duty. Do you object to carrying or using firearms, ammunition or other lethal or non-lethal weapons issued to Suffolk County Police Officers? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 79. | Do you have any mental or moral reservations or religious convictions that would prevent you from justifiably taking a human life in order to protect yourself, or a third person, from harm? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SUFFOLK COUNTY POLICE DEPARTMENT

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 Entry Level Police Officer ? 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 Yes , give details. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|-------------------------------------|------------------------------------|

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ADDITIONAL KNOWLEDGE OR INFORMATION (continued)

[Empty rectangular box for providing additional knowledge or information.]

SUFFOLK COUNTY POLICE DEPARTMENT

SWORN DEPOSITION

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 all pages. I personally read and completed 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 candidate has been satisfactorily substantiated by the background investigator.

Signature of Investigating Officer