

# INSTRUCTIONS AND ITEMS NEEDED FOR INVESTIGATION

***All Forms in the Applicant Package MUST BE COMPLETED IN THEIR ENTIRETY. All forms must be signed even when its states in front of a witness.***

1. The Detailed Earning Statement must be obtained prior to completing the (2) Booklets and the Chronological Listing (employment 2 form); **THIS MUST BE DONE BEFORE MEETING WITH INVESTIGATOR.**
2. The (2) Booklets, Domestic Violence form, Declaration of Incarcerated Associations forms, Medical Inquiry and Letters of Support **MUST BE NOTARIZED.**
3. A \$75.00 U.S. Postal Order (**ONLY A U.S. POSTAL MONEY ORDER WILL BE ACCEPTED**) must be brought with you when meeting with your investigator for the fingerprint process.

|                                                             |       |
|-------------------------------------------------------------|-------|
| Selective Service/ DD214 (4 Copies)                         | _____ |
| Birth Certificate/ Naturalization Paper (4 Copies)          | _____ |
| Social Security Card (4 Copies)                             | _____ |
| (2) Proof of Residence (4 Copies of each)                   | _____ |
| High School Diploma/ GED (4 Copies)                         | _____ |
| Official College Transcript (Original Only)                 | _____ |
| Parking Violation Bureau (PVB) (Original and 1 Copy)        | _____ |
| Drivers License/ Insurance/ Registration (4 Copies)         | _____ |
| DMV Abstract (Original and 1 Copy)                          | _____ |
| Court Disposition: Arrests or Summons (Original and 1 Copy) | _____ |
| Marriage/Divorce Papers/Legally Separated (4 Copies)        | _____ |
| Unemployment Transcript (Original Only)                     | _____ |
| Detailed Earning Statement (Original and 1 Copy)            | _____ |
| 5 Passport Photos                                           | _____ |
| Booklets notarized                                          | _____ |

**\*\*\*\*\*If there are any questions or concerns please contact your investigator\*\*\*\*\***

# EMPLOYMENT

1. Job Inquiry Forms
2. Chronological Listing
3. Detailed Earning Statement
4. Notarized Letter of Support
5. Military/ DD214/ Selective Service Card
6. HRA
7. Unemployment Transcript
8. Bankruptcy Paperwork



NEW YORK CITY DEPARTMENT OF CORRECTION  
Dr. Dora B. Schriro, Commissioner

Alan Vengersky, Deputy Commissioner

Human Resources, Labor Relations & Training

David A. Safran, Ph.D, Director

Applicant Investigation Unit

Bulova Corporate Center

75-20 Astoria Blvd East

East Elmhurst, NY 11370

718 • 546 • 3238

Fax 718 • 278 • 6071

Date:

**THIS IS AN INQUIRY CONCERNING:**

EXAM/LIST #: \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSITION HELD \_\_\_\_\_

\_\_\_\_\_\*\_\_\_\_\_  
FROM / TO

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SUPERVISORS NAME & PHONE NUMBER \_\_\_\_\_

In accordance with the privacy Act of 1975, I hereby give my written consent and authorize you to turn over any and all employment records relating to my employment. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein. I further request that such records be forwarded to the Correction Department Investigator, named below.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

The above named person is an applicant for the position of Correction Officer in the City of New York Department of Correction and states that he/she was employed by you during the period(s) shown above.

I have been assigned by the Correction Commissioner to investigate the character and records of this applicant in order to determine his/her eligibility for the position.

You can assist this department in its effort to appoint competent persons of good character if you would furnish the information requested on the reverse side of this letter. All information will be treated as confidential. Your cooperation and prompt reply will be greatly appreciated.

TELEPHONE # 718- \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Name/Rank:

Employment 1

NAME OF FIRM OR AGENCY

TYPE OF BUSINESS OR FUNCTION OF AGENCY

DATE

EMPLOYED  
FROM/TO

PART TIME /  
FULL TIME

TITLE

S.S #

IF NOT PRESENTLY EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOYMENT  
(PLEASE, CHECK ONE)

RESIGNED VOLUNTARILY (state reason given) \_\_\_\_\_

WAS APPROPRIATE NOTICE GIVEN IN ADVANCE OF RESIGNATION: \_\_\_\_\_

RESIGNED IN LIEU OF TERMINATION: \_\_\_\_\_

TERMINATED, }

LAID-OFF, }

OTHER }

  
  

**CANDIDATE'S EMPLOYMENT RECORD** (Check Yes or No. If you desire to elaborate, do so in "Detail")

Honest?

Yes  
No

Amenable  
To Orders?

Yes  
No

Excessively  
Late?

Yes  
No

Was he  
Ever  
Disciplined?

Yes  
No

Sober?

Yes  
No

Able to get  
Along With  
Others?

Yes  
No

Excessively:  
Absent

Yes  
No

Injured or  
Given First  
Aid?

Yes  
No

IS SUBJECT CONSIDERED ELIGIBLE FOR REHIRE?

Yes No

WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS CANDIDATE?

Yes No

**DETAIL OR ADDITIONAL COMMENTS:**

  
  

ADDRESS WHILE UNDER  
YOUR EMPLOYMENT \_\_\_\_\_

ADDRESSES OF PREVIOUS  
EMPLOYERS \_\_\_\_\_

SIGNATURE & TITLE OF EMPLOYER: \_\_\_\_\_ Tele. # \_\_\_\_\_



## CHRONOLOGICAL LISTING

(EMPLOYMENT, UNEMPLOYMENT, MILITARY SERVICE, COLLEGE, VOCATIONAL TRAINING, SUPPORT)

CANDIDATE: \_\_\_\_\_

EXAM / \* LIST

MAKE A CHRONOLOGICAL LIST OF ALL EMPLOYMENT ACTIVITY SINCE LEAVING HIGH SCHOOL. THIS LIST MUST INCLUDE ALL PERIODS OF UNEMPLOYMENT, MILITARY SERVICE AND SCHOOLING (COLLEGE, VOCATIONAL, TECHNICAL, ETC.). FOR ALL PERIODS OF UNEMPLOYMENT INCLUDE WHETHER YOU RECEIVED UNEMPLOYMENT INSURANCE, SOCIAL SECURITY BENEFITS, SOCIAL SECURITY DISABILITY BENEFITS, PUBLIC ASSISTANCE AND/OR ANYTIME YOU WERE SUPPORTED BY ANYONE OTHER THAN YOURSELF. START FROM YOUR PRESENT STATUS (JOB, SCHOOL, MEANS OF SUPPORT, ETC.) AND WORK YOUR WAY BACK TO THE LAST MONTH AFTER HIGH SCHOOL ONLY.

COMPLETE THE "FROM" "TO" (MONTH/YEAR IE. 07/02) AND "ACTIVITY SECTIONS" OF THIS PAGE.

| FROM | TO      | ACTIVITY (LIST EMPLOYERS, MEANS OF SUPPORT, COLLEGES, ETC.) | VERIFIED BY | REF. # |
|------|---------|-------------------------------------------------------------|-------------|--------|
|      | PRESENT |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |
|      |         |                                                             |             |        |

\_\_\_\_\_  
INVESTIGATOR

\_\_\_\_\_  
SQUAD

\_\_\_\_\_  
DATE

Employment 2



## **NOTARIZED LETTER OF SUPPORT**

- **WHEN EVER AN APPLICANT HAS A PERIOD OF NON-EMPLOYMENT OR DID NOT ATTEND SCHOOL AND LIVED AT HOME WITH PARENTS, RELATIVES OR WHATEVER THE CASE MAY BE, THEY WILL BE ASKED TO SUBMIT A NOTARIZED LETTER OF SUPPORT;**
- **THIS LETTER IS TO BE COMPLETED BY THE INDIVIDUAL THAT SUPPORTED THE CANDIDATE DURING THOSE PERIODS;**
- **IN GENERAL IT CAN SAY:**  
*I \_\_\_\_\_NAME OF PERSON DOING THE SUPPORTING\_\_\_\_\_ SUPPORTED \_\_\_\_\_NAME OF CANDIDATE\_\_\_\_\_ DURING ALL PERIODS OF UNEMPLOYMENT."*
- **THE FORM MUST BE NOTARIZED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS;**
- **INVESTIGATIVE CASES CAN BE SUBMITTED PENDING THIS DOCUMENT, BUT YOU SHOULDN'T.**

### **NOTES:**



NEW YORK CITY DEPARTMENT OF CORRECTION

DORA B. SCHIRRO, Commissioner

Alan Vengersky, Deputy Commissioner

Human Resources, Labor Relations & Training

David A. Safran, Ph.D Director AIU

Bulova Corporate Center

Applicant Investigation Unit – Ste 130

75-20, Astoria Blvd East

East Elmhurst, NY 11370

718-546-3238

718-278-6071

National Personnel Records Center  
(Military Personnel Records)  
9700 Page Boulevard  
St. Louis, MO 63132

**Military Information Release**

I, \_\_\_\_\_, authorize the National Personnel Records Center, in St. Louis, MO, or other custodian of my military record to release to the New York City Department of Correction, information or hardcopies from my military personnel and related medical records, or any information outlined below on the left hand corner.

This could include the hard copy of my DD form 214, Report of Separation.

|               |                       |
|---------------|-----------------------|
| _____         | _____                 |
| Name          | Social Security No.   |
| _____         | _____                 |
| Date of Birth | Branch                |
| _____         | Dates of Service Time |

**Requested:**

- DD-214
- MEDICAL RECORDS
- DISCIPLINARY RECORDS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Thank you for your assistance and cooperation.

Sincerely,

\_\_\_\_\_  
INVESTIGATOR



NEW YORK CITY DEPARTMENT OF CORRECTION

Dora B. Schriro, Commissioner

Alan Vengersky, Deputy Commissioner

Human Resources, Labor Relations & Training

David A Safran, PhD Director AIU

Bulova Corporate Center

Applicant Investigation Unit – Ste 130

75-20 Astoria Blvd East

East Elmhurst, NY 11370

718 546-3238

Fax 718 278-6071

N.Y.C. Department of Social Service  
Bureau of Fraud Investigation  
250 Church Street \* Rm. 422  
New York, New York 10013

I hereby authorize the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to, and/or examined by N.Y.C. Department of Correction for the purpose of determining my eligibility for appointment to the N.Y.C. Department of Correction. I acknowledge this authorization that I release you from any obligation of liability in the disclosure of the contents of such records.

Full Name – Printed \_\_\_\_\_ Candidate's Signature \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Public Assistant Recipient: NO \_\_\_\_\_ YES \_\_\_\_\_ Case No.: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Mother's Full Maiden Name: \_\_\_\_\_  
Husband's Name/Wife's Full Maiden Name: \_\_\_\_\_  
Currently Employed: NO \_\_\_\_\_ YES \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_  
\_\_\_\_\_

Investigator \_\_\_\_\_ Shield# \_\_\_\_\_ Telephone # \_\_\_\_\_

**BUREAU OF CLIENT FRAUD REPLY**

\_\_\_\_\_ No Record \_\_\_\_\_ Active Case \_\_\_\_\_ Closed Case \_\_\_\_\_ Center  
Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_ Type of Benefits Received: \_\_\_\_\_  
Client's Name \_\_\_\_\_ Case No.: \_\_\_\_\_  
Client's Address: \_\_\_\_\_  
Family Composition – (Name, Date of Birth, Social Security No.): \_\_\_\_\_  
Cleared by: \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS**

I \_\_\_\_\_, SS# \_\_\_\_\_

reside at \_\_\_\_\_

\_\_\_\_\_ and hereby authorize the New York State  
Department of Labor ("Department") to release unemployment insurance records  
for the period of \_\_\_\_\_ maintained by the Department under  
the above stated social security number.

These records may be released to \_\_\_\_\_

Whose address is \_\_\_\_\_

\_\_\_\_\_  
This information is sought for the purpose of ***Candidate for Correction Officer*** and  
will be used solely for this purpose.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public

***Department of Labor Tele# (518)-485-8048 Fax# (518) 457-9841***

# CRIMINAL HISTORY

1. NYS Prints
2. FBI Prints
3. Domestic Violence
4. Order of Protection
5. Court Dispositions
6. Statement of Convictions
7. Incarcerated Associations
8. IIS
9. IFCOM



## **DOMESTIC VIOLENCE**

### **INQUIRY REGARDING CONVICTIONS FOR MISDEMEANOR CRIMES OF DOMESTIC VIOLENCE**

Pursuant to Title 18 U.S.C. Section 922 (g) (9)

The purpose of this form is to obtain information that will assist the New York City Department of Correction in determining whether any of its applicants have been adversely affected by federal law, title 18 U.S.C. Section 922 (g) (9). You are directed to complete this form and return it, within ten (10) business days of your receipt of the form, to your Applicant Investigation Unit Investigator. Failure to complete this form truthfully and within ten (10) business days of receipt may result in your not being hired.

Applicants may seek the advice of counsel prior to responding to the questions contained on this form. However, this form must still be completed, notarized and submitted to your investigator within ten (10) business days of receipt. The New York City Department of Correction will notify the Licensing agency and/or appropriate authorities when informed of an applicant who reports the possession of firearms or ammunition in violation of this law.

- 1. Have you ever been convicted of a Misdemeanor Crime of Domestic Violence, in any court, anywhere, including a military tribunal? Indicate:** YES ☐ NO ☐

A "Misdemeanor Crime of Domestic Violence" is defined by 18 U.S.C. 921 (a) (33) (A) as follows: An offense that (i) is a misdemeanor under federal or state law and (ii) has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by:

- A. A current or former spouse, parent or guardian of the victim.
- B. A person with whom the victim shares a child in common.
- C. A person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian.
- D. A person similarly situated to a spouse, parent or guardian of the victim.

- 2. If you answered "yes" to question No.1, provide the following information with respect to the conviction:**  
**Court/Jurisdiction**

**Docket/Case # :** \_\_\_\_\_

**Statute/Charge:** \_\_\_\_\_

**Date Sentenced:** \_\_\_\_\_

**If you answered, "yes" to question No.1:**

- a. Were you pardoned? Indicate: YES NO
- b. Was your conviction expunged? Indicate: YES NO
- c. If any of your civil rights were removed as a result of your conviction, have all of your rights been restored? Indicate: YES NO

- 3. If you answered "Yes" to question 2a, b or c attach copies of documents verifying your response.**

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: \_\_\_\_\_ Exam #: \_\_\_\_\_ List #: \_\_\_\_\_

Position Sought: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Notary Public / Commissioner of Deeds



## ORDER OF PROTECTION ACKNOWLEDGEMENT

Name: \_\_\_\_\_ Exam #: \_\_\_\_\_ List #: \_\_\_\_\_

The purpose of this form is to obtain any information regarding the issuance of any "Order of Protection" by you or against you. Applicants may seek the advice of counsel prior to responding to the questions contained in this form.

1. Have you ever had an "Order of Protection" taken out against you in any court, anywhere, including a military tribunal? Indicate: YES ☐ NO ☐
2. Have you ever taken out an "Order of Protection" against anyone in any court, anywhere, including a military tribunal? Indicate: YES ☐ NO ☐

If you answered "yes" to any of the above questions, provide a detailed explanation on a 17b form (including who, what, where, why, and how the incident transpired).

### **WARNING:**

**SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND SECTION 210.45 OF THE PENAL LAW MAKE IT A CRIME TO KNOWINGLY FALSIFY ANY INFORMATION ON THIS FORM, AND ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY MATERIAL / INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE DISQUALIFICATION OF THE APPLICANT.**

### **DECLARATION (BY APPLICANT)**

**I DECLARE THAT I HAVE READ THE ABOVE WARNING AND THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



## COURT DISPOSITIONS, ARRESTS, SUMMONSES

- IF A CANDIDATE HAS EVER BEEN ARRESTED OR RECEIVED A NON-TRAFFIC SUMMONS, THEY MUST SUBMIT AN ORIGINAL COURT DISPOSITION, WITH A RAISED SEAL, OF THE CASE AND INSERTED IN FOLDER WITH COPIES;
- TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "NAME OF INVESTIGATOR-SHIELD #" DATE AND SIGNATURE;
- CANDIDATE HAS TO EXPLAIN THE CIRCUMSTANCES EVOLVING THE ARREST OR INCIDENT ON A GENERAL INFORMATION FOR (17-B) (CANDIDATE MUST LIST EVERY DETAIL –WHAT, WHEN, WHERE, WHY, WHO AND HOW);
- WARRANTS: IF AN ACTIVE WARRANT IS REVEALED;
  - THE INVESTIGATOR MUST INFORM THE TEAM LEADER
  - TEAM LEADER WILL INFORM UPPER MANAGEMENT
  - THE INVESTIGATOR WILL CALL AND VERIFY THE "WANTED PERSON" INFORMATION WITH THE RESPECTIVE LAW ENFORCEMENT AGENCY
  - IF CROSS REFERENCE IS A POSITIVE HIT AND ACTIVE WARRANT IS VERIFIED...
  - THE INVESTIGATOR, UPON THE DIRECTION OF THE INVESTIGATIVE CAPTAIN, WILL:
    - CALL THE WARRANT SQUAD OF THE ISSUING AGENCY TO ARRANGE CANDIDATE PICK UP
- IF IT'S A WANTED SYSTEM'S SEARCH RESULT, THESE ARE USUALLY BASED ON COMPARISON; CONTACT THE ISSUING LAW ENFORCEMENT AGENCY AND VERIFY THE PERSON BY MEANS OF PHOTOGRAPH, AND OTHER RELATED INFORMATION; MAKE SURE YOU DOCUMENT WHO YOU SPOKE TO, TIME, DATE, AND DISPOSITION OR FINAL RESULT OF YOUR INVESTIGATION CONCERNING THIS MATTER; IF UNSURE ASK YOUR TEAM LEADER!
- INVESTIGATOR SHALL DOCUMENT ALL CALLS ON THE A.I.U. TELEPHONE INQUIRY FORM AND MAKE CHRONOLOGICAL INDICATIONS ON THE PROGRESS REPORT OF THE ACTIONS TAKEN;
- INVESTIGATIVE CASES CANNOT BE SUBMITTED WITHOUT ORIGINAL COURT DISPOSITIONS.

### NOTES:



**CITY OF NEW YORK  
DEPARTMENT OF PERSONNEL  
DECLARATION OF CONVICTIONS OF PENDING CRIMINAL ACTION**

TO BE COMPLETED BY AGENCY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Title appointed to: \_\_\_\_\_

Comp. ☐ Non-comp. ☐ Temp./prov. ☐ Reinstated ☐

I, \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ state that the following is a complete list of all convictions or violations of law (other than traffic violations) in all jurisdictions and of all charges currently pending anywhere. If none, write "none".

| DATE | OFFENSE | PCT. | COURT/LOCATION | DISPOSITION |
|------|---------|------|----------------|-------------|
|      |         |      |                |             |
|      |         |      |                |             |
|      |         |      |                |             |
|      |         |      |                |             |
|      |         |      |                |             |
|      |         |      |                |             |

Convictions for juvenile delinquency, youthful offender or wayward minor under age 19 need not be reported if they are sealed information.

**WARNING:**

**SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND SECTION 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY ANY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE DISQUALIFICATION OF THE APPLICANT.**

**DECLARATION (BY APPLICANT)**

**I DECLARE THAT I HAVE READ THE ABOVE CAPTION AND THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**CITY OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
DECLARATION OF INCARCERATED ASSOCIATIONS**

Are you related to or associated with anyone who was ever incarcerated or is currently incarcerated? If yes, provide the information below. Be sure to include the person's full name, your relationship to the person and date and place of incarceration (if known)). Have you ever called or had contact with any incarcerated individual, including sending mail, depositing money into an account or visited any inmate in any city, state or federal prison? If yes, provide the information below.

| <u>INDIVIDUALS NAME</u> | <u>RELATIONSHIP</u> | <u>DATE &amp; PLACE OF INCARCERATION</u> |
|-------------------------|---------------------|------------------------------------------|
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |
| _____                   | _____               | _____                                    |

**SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE YOU TO BE DISQUALIFIED FROM EMPLOYMENT.**

**DECLARATION (BY APPLICANT)**

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: \_\_\_\_\_ Exam #: \_\_\_\_\_ List #: \_\_\_\_\_  
Position Sought: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

Notary Public / Commissioner of Deeds

\_\_\_\_\_

# EDUCATION

1. High School Letter of Attendance
2. College Letter of Attendance
3. G.E.D./ High School Diploma
4. Official College Transcript(s)



NEW YORK CITY DEPARTMENT OF CORRECTION  
Dr. Dora B. Schriro, Commissioner

Alan Vengersky, Deputy Commissioner

Human Resources, Labor Relations & Training

David A Safran, Ph.D. Director AIU

Bulova Corporate Center

Applicant Investigation Unit – Ste 130

75-20 Astoria Blvd. East

East Elmhurst, NY 11370

718 • 546 • 3238

Fax 718 • 278 • 6071

Date: \_\_\_\_\_

To Whom It May Concern:

Pursuant to the written authorization below, it is requested that the New York City Department of Correction be furnished information contained in the school records of the student named below who is an applicant for appointment to this Department.

Specifically, it is requested that the information requested on the reverse side of this letter, including any pertinent comments from former teachers or other school personnel, be furnished as it appears on your records.

Your prompt attention to this matter will be appreciated.

Yours truly,

\_\_\_\_\_  
Investigator, Squad #

**\*\*\*AUTHORIZATION\*\*\***

I hereby authorize the release of any and all information contained in my school records or known to school personnel and that such information and/or records be disclosed, furnished to, and/or examined by the New York City Department of Correction for the purpose of determining my eligibility for appointment to the New York City Department of Correction. This authorization shall remain in effect until cancelled by me in writing.

\_\_\_\_\_  
Full Name – Printed

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates Attended School: \_\_\_\_\_

\_\_\_\_\_  
Full Name If Different while Enrolled

\_\_\_\_\_  
Candidate's Signature

**High School Education 1**

Candidate: \_\_\_\_\_

Exam #: \_\_\_\_\_

List #: \_\_\_\_\_

-----To Be Completed By Office Personnel -----  
*Please Provide All or As Much Information As Possible*

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Day / Evening.

Degree, Diploma, or Certificate Received: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Transferred to, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Excessive Lateness? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How Many? \_\_\_\_\_

Excessive Absentness? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, How Many? \_\_\_\_\_

Ever Been Suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Any Academic Probation? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, When? \_\_\_\_\_

Any Disciplinary Actions Taken? \_\_\_\_\_

Is there any medical, psychiatric, or unusual behavior pattern, or any confidential information on file? Yes \_\_\_\_\_ No \_\_\_\_\_

If there is, please elaborate below – or if you would prefer to have the investigator contact you personally, please indicate below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**School Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**



NEW YORK CITY DEPARTMENT OF CORRECTION

Dr. Dora B. Schiro, Commissioner

Alan Vengersky, Deputy Commissioner

Human Resources, Labor Relations & Training

David A. Safran, Ph.D, Director

Applicant Investigation Unit

75-20 Astoria Blvd.

East Elmhurst NY 11370

718 • 546 • 3238

Fax 718 • 278 • 6071

Date: \_\_\_\_\_

To Whom It May Concern:

Pursuant to the written authorization below, it is requested that the New York City Department of Correction be furnished information contained in the school records of the student named below who is an applicant for appointment to this Department.

Specifically, it is requested that the information requested on the reverse side of this letter, including any pertinent comments from former teachers or other school personnel, be furnished as it appears on your records.

Your prompt attention to this matter will be appreciated.

Yours truly,

\_\_\_\_\_  
Investigator, Squad #

**\*\*\*AUTHORIZATION\*\*\***

I hereby authorize the release of any and all information contained in my school records or known to school personnel and that such information and/or records be disclosed, furnished to, and/or examined by the New York City Department of Correction for the purpose of determining my eligibility for appointment to the New York City Department of Correction. This authorization shall remain in effect until cancelled by me in writing.

\_\_\_\_\_  
Full Name – Printed

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dates Attended School: \_\_\_\_\_

\_\_\_\_\_  
Full Name If Different while Enrolled

\_\_\_\_\_  
Candidate's Signature

Candidate: \_\_\_\_\_

Exam #: \_\_\_\_\_

List #: \_\_\_\_\_

-----To Be Completed By Office Personnel -----

*Please Provide All or As Much Information As Possible*

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_ Day / Evening.

Degree, Diploma, or Certificate Received: \_\_\_\_\_

Previous School: \_\_\_\_\_

School Transferred to, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Total number of transfer credits on file: \_\_\_\_\_

Total number of credits earned while enrolled in this institution: \_\_\_\_\_

Total number of College Credits on file: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Is there any current outstanding balance? Yes\_\_\_\_ No\_\_\_\_ If Yes, How Much? \_\_\_\_\_

Any Academic Probation? Yes\_\_\_\_ No \_\_\_\_ If Yes, When? \_\_\_\_\_

Any Disciplinary actions taken? \_\_\_\_\_

Is there any medical, psychiatric, or unusual behavior pattern, or any confidential information on file? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If there is, please elaborate below – or if you would prefer to have the investigator contact you personally, please indicate below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**School Representative**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

# GENERAL REQUIREMENTS

1. Birth Certificate/ Naturalization
2. Social Security Card
3. TWO (2) Proofs of Residence
4. Parking Violations Bureau Printout
5. DMV Abstract
6. Driver's License
7. Registration
8. Insurance
9. Marriage License/ Divorce Documentation
10. Miscellaneous Licenses



## **BIRTH \* NATURALIZATION CERTIFICATE**

- INVESTIGATOR SHALL VIEW A CERTIFIED COPY OF BIRTH CERTIFICATE AND/OR A CERTIFIED COPY OF THEIR NATURALIZATION CERTIFICATE THAT HAS A RAISED SEALED AFFIXED;
- THREE PHOTO COPIES OF THE ORIGINAL ARE TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "*NAME OF INVESTIGATOR-SHIELD #*" DATE AND SIGNATURE;
- IF CANDIDATE IS USING A NAME NOT LISTED ON THE BIRTH CERTIFICATE OR THERE ARE DISCREPANCIES ON THE CERTIFICATE HAVE APPLICANT EXPLAIN WHY ON A GENERAL INFORMATION FORM (17-B);
- DEPENDING ON THE CIRCUMSTANCES THEY MIGHT EITHER HAVE TO:
  - FILE FOR A LEGAL NAME CHANGE
  - START USING THEIR LEGAL REGISTERED-BIRTH NAME
- IF CANDIDATE'S BIRTH CERTIFICATE HAS, FOR EXAMPLE, FEMALE SMITH INSTEAD OF A FULL NAME "SHEROL SMITH" THAN A CORRECTED BIRTH CERTIFICATE MUST BE REQUESTED BY THE ISSUING AGENCY;
- IF CANDIDATE IS USING ONE PARENT'S SURNAME WHICH IS NOT LISTED ON THE BIRTH CERTIFICATE, THEN SCHOOL RECORDS DATING BACK TO ELEMENTARY SCHOOL MUST BE OBTAINED TO PROVE ORIGIN NAME;
- A CASE FOLDER MUST CONTAIN A BIRTH CERTIFICATE AND/OR NATURALIZATION CERTIFICATE; A NATURALIZATION CERTIFICATE COULD BE ACCEPTED IN LIEU OF BIRTH CERTIFICATE;
- THE CASE FOLDER CAN BE SUBMITTED PENDING ANY CHANGES ON THE BIRTH CERTIFICATE AS LONG OFFICIAL DOCUMENTATION FROM THE ISSUING AGENCY HAS BEEN SUBMITTED BY CANDIDATE TO PROVE ACTION HAS BEEN TAKEN TO PROPERLY CORRECT DISCREPANCIES;

### **NOTES:**



## SOCIAL SECURITY STATEMENT

Exam # \_\_\_\_\_ List # \_\_\_\_\_

1. My Social Security Number is \_\_\_\_\_
2. I hereby certify (by the block checked) that:  
☐ I have never used or possessed any other Soc. Sec. No.  
☐ I have used or possessed the following additional Soc. Sec. Numbers:

\_\_\_\_\_

The reason for the use of / possession of additional Soc. Sec. number. is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I certify (by the block checked) that:  
☐ I am not receiving, nor have I ever received or filed for Soc. Sec. Benefits.  
☐ I have received Social Security benefits during the period(s) indicated and for the reasons stated:

a. Period(s): From \_\_\_\_\_ to \_\_\_\_\_

b. Reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature- \_\_\_\_\_

Name Printed \_\_\_\_\_

Candidate for: \_\_\_\_\_

Today's Date: \_\_\_\_\_

ABOVE STATEMENT WITNESSED BY:

\_\_\_\_\_  
Rank or Title

\_\_\_\_\_  
Legible Signature

\_\_\_\_\_  
Shield #



## **PROOFS OF RESIDENCE**

- **FOR THE PURPOSE OF CLARIFICATION A RESIDENCE SHALL BE DEFINED AS A DOMICILE; A FIXED AND PERMANENT ABODE OR DWELLING PLACE;**
- **TWO (2) DIFFERENT PROOFS OF RESIDENCE SHALL BE SUBMITTED;**
- **TWO (2) PHOTOCOPIES OF EACH ORIGINAL PROOF IS TO BE SUBMITTED;**
- **THE PROOFS OF RESIDENCE MUST BE DATED WITHIN 30 DAYS OF THE DOCUMENT COLLECTION / INTERVIEW DATE;**
- **THEY PROOFS MUST HAVE CANDIDATE'S LEGAL NAME ON THE DOCUMENTS;**
- **NO POST OFFICE BOX ADDRESSES ARE ACCEPTABLE AS PROOF OF RESIDENCE;**
- **ACCEPTABLE PROOFS ARE:**
  - **UTILITY BILLS**
  - **TELEPHONE BILLS**
  - **BANK STATEMENTS**
  - **TAX RETURNS**
  - **CHARGE CARD BILLING STATEMENTS**
  - **CREDIT CARD BILLING STATEMENTS**
  - **A NOTARIZED LEASE-SUPPORTED BY 3 MOST RECENT RENT RECEIPTS AND A NOTARIZED LETTER FROM THE LANDLORD CAN BE ACCEPTED AS ONE PROOF**
  - **ANY INVOICE MAILED DIRECTLY FROM THE BILLING COMPANY (IE. SUBSCRIPTIONS, MEDICAL BILLS, ETC.)**
  - **A NOTARIZED LETTER FROM PERSON CANDIDATE IS RESIDING WITH STATING THAT HE/SHE LIVES WITH THEM; ALONG WITH A COPY OF A UTILITY BILL OR TELEPHONE BILL, AND A 17B STATING WHY CANDIDATE CAN'T PROVIDE THEIR OWN PROOF.**

### **NOTES:**



**P.V.B. SEARCH**

EXAM # \_\_\_\_\_ LIST # \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
LAST FIRST M.I.

PRESENT  
ADDRESS (S): \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

FORMER  
ADDRESS (S): \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

Did the candidate **EVER** possess any out-of-state license plate? Yes \_\_\_\_\_ No \_\_\_\_\_

**LIST OUT OF STATE PLATES – SPECIAL REQUESTS – OR ANY ADDITIONAL INFORMATION BELOW:**

A.I.U. INVESTIGATOR \_\_\_\_\_ SQUAD: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE IN BELOW AREA\*\*\*\*\*

PLATE

SUMMONSES

AMOUNT

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

NO AUTO (S) FOUND: ☐

SEARCHED BY: \_\_\_\_\_ A.I.U. DATE: \_\_\_\_\_



## **MARRIAGE LICENSE \* DIVORCE DOCUMENTS & SEPARATION PAPERS**

- A CERTIFIED COPY OF THE STATE ISSUED MARRIAGE CERTIFICATE IS TO BE SUBMITTED;
- IF CANDIDATE HAS MARRIED MORE THAN ONCE THAT HE/SHE WILL SUBMIT A CERTIFICATE FOR EACH MARRIAGE;
- IF MARRIED MORE THAN ONCE CANDIDATE MUST SUBMIT THE DIVORCE DOCUMENTS FOR THE PRIOR MARRIAGE; (IE. IF MARRIED THREE TIMES; CANDIDATE MUST SUBMIT TWO DIVORCE DOCUMENTS AND THREE MARRIAGE CERTIFICATES)
- TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "NAME OF INVESTIGATOR-SHIELD #" DATE AND SIGNATURE;
- CHURCH MARRIAGE CERTIFICATES ARE NOT ACCEPTABLE;
- ANY DOCUMENTS SUPPORTING THIS TOPIC CAN BE ALLOCATED UNDER THIS SECTION #22; (CHILD SUPPORT, ETC.)
- INVESTIGATIVE CASES CAN BE SUBMITTED PENDING A MARRIAGE LICENSE, DIVORCE DOCUMENT OR SEPARATION PAPERS.

### **NOTES:**



## MISCELLANEOUS LICENSES

- CANDIDATE IS TO SUBMIT FOR VERIFICATION ANY LICENSES ISSUED TO CANDIDATE;
- TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "NAME OF INVESTIGATOR-SHIELD #" DATE AND SIGNATURE;
- THESE LICENSES INCLUDE: PISTOL-GUN PERMITS, TAXI-HACK, BEAUTICIAN, BARBER, REAL ESTATE, BOOKING AGENT, ETC.; (SEE BELOW)

- SEARCHES FOR THE FOLLOWING LICENSES/REGISTRATIONS ARE AVAILABLE AT:

[http://wdb.dos.state.ny.us/lcns\\_public/LCNS\\_WDB.LICENSEE\\_DYN\\_NAME\\_QUERY.show](http://wdb.dos.state.ny.us/lcns_public/LCNS_WDB.LICENSEE_DYN_NAME_QUERY.show)

ALARM INSTALLER  
APPEARANCE ENHANCEMENT  
ARMORED CAR CARRIER  
ARMORED CAR GUARD  
BARBER  
CENTRAL DISPATCH FACILITY  
HEARING AID DISPENSER  
HEARING AID DISPENSER BUSINESS  
NOTARY PUBLIC

PRIVATE INVESTIGATOR  
REAL ESTATE APPRAISER  
REAL ESTATE ASSOCIATE BROKER  
REAL ESTATE BRANCH OFFICE  
REAL ESTATE BROKER  
REAL ESTATE SALES PERSON  
SECURITY GUARD  
WATCH, GUARD & PATROL AGENCY

<http://www.op.nysed.gov/opsearches.htm>

ACUPUNCTURE  
ARCHITECTURE  
ATHELETIC TRAINING  
AUDIOLOGY  
CERTIFIED DIETICIANS/NUTRITIONISTS  
CERTIFIED INTERIOR DESIGN  
CERTIFIED SHORTHAND REPORTER  
CHIROPRACTIC  
DENTAL PROFESSIONS  
LAND SURVEYING  
LANDSCAPE ARCHITECTURE  
MASSAGE THERAPY  
MEDICINE  
MIDWIFERY

NURSING PROFESSIONS  
OCCUPATIONAL THERAPY  
OPHTHALMIC DISPENSING (OPTICIANS)  
OPTOMETRY  
PHARMACY  
PHYSICAL THERAPY PROFESSIONS  
PODIARTY  
PROFESSIONAL ENGINEERING  
PYSCHOLOGY  
PUBLIC ACCOUNTING  
RESPIRATORY THERAPY PROFESSION  
SOCIAL WORK  
SPEECH-LANGUAGE PATHOLOGY  
VETERINARY PROFESSIONS

- INVESTIGATIVE CASES CAN BE SUBMITTED PENDING A MISCELLANEOUS LICENSE.

### NOTES:

# Miscellaneous

1. Medical Inquiry
2. Corruption Hazard Acknowledgement
3. Authorization for Release of Personal Information
4. Investigation Before Appointment
5. Appointment Subject to Investigation
6. Notice to Correction Officer Candidates
7. Firearm Declaration



## MEDICAL INQUIRY

NAME: \_\_\_\_\_ EXAM #: \_\_\_\_\_ LIST #: \_\_\_\_\_

I, \_\_\_\_\_, declare that I have examined the medical forms which I have completed, and that the statements contained therein are to the best of my knowledge, true and correct, and that I have not knowingly and/or willfully made any omissions or a false statement of fact. I also declare that subsequent to filling out these forms and questionnaires, there has been no change in my medical status except for the following: I also acknowledge that any change in my medical status after the NYC/DOC medical must be immediately reported to the AIU medical unit and that failure to do so could result in **termination of employment** with NYC / DOC.

**STATE ANY CHANGE OR OMISSIONS HERE (IF NONE, WRITE "NONE")**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: \_\_\_\_\_ Exam #: \_\_\_\_\_ List #: \_\_\_\_\_

Position Sought: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Notary Public / Commissioner of Deeds

\_\_\_\_\_



## CORRUPTION HAZARD ACKNOWLEDGEMENT

Dear Candidate:

As an applicant for the position of Correction Officer presently undergoing a character investigation to determine your suitability for appointment, you are hereby informed that it is unlawful for you to offer, give, or agree to give any money, gift, or service in any form in an attempt to influence the outcome of the determination, the member of the Department conducting your investigation has been instructed to make an arrest if any such influence is attempted. Fraternization between Correction candidates and members of service who are assigned to the Applicant Investigation Unit is strictly prohibited and should be reported immediately to the Commanding Officer of the Applicant Investigation Unit. A candidate who tries to exert any influence on the outcome of an investigation in this manner will be liable for prosecution and/or disqualification.

Similarly, it would be unlawful for the member of the Department conducting the investigation to solicit any money, gift, or service in any form to influence him/her in their findings.

Such misconduct should be reported to the Commanding Officer of the Applicant Investigation Unit, by mail to **75-20 Astoria Blvd. East Elmhurst, NY 11370**, or by telephone number **(718) 546-3238**, or in person.

### ANY REPORT OF THIS NATURE IS CONFIDENTIAL AND SHOULD BE MADE IMMEDIATELY

It is the policy of the New York City Department of Correction not to discriminate based on actual or perceived age, alienage or citizenship status, color, creed, disability, gender, marital status, national origin, race, religion or sexual orientation. Retaliation is prohibited and will not be tolerated.

An applicant should follow the same procedure if s/he believes s/he has been sexually harassed or otherwise harassed on any of the above listed basis by an employee of the Applicant Investigation Unit.

Applicants who believe that discrimination or sexual harassment has occurred, should file a complaint with the New York City Department of Correction, Office of Equal Employment Opportunity, 75-20 Astoria Blvd. East Elmhurst, NY 11370, or a supervisor, supervisory head or the Commanding Officer, Applicant Investigation Unit.

### ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the above statement.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Exam #

\_\_\_\_\_  
List #

\_\_\_\_\_  
Candidate's Name (printed)



## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the New York City Department of Correction, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of records educational institutions; financial or credit institutions, including records of loans, the records of commercial or detail credit agencies (including credit reports and/or ratings); and other financial statements records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints of grievances filed by or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by a personal history background investigation, which I developed directly or indirectly, in whole or in part, upon this release the City of New York Department of Correction will consider authorization in determining my suitability for employment.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Department of Correction from any and all liability that may be incurred as a result of collecting such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF,  
EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.**

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF MY PERSONAL INFORMATION".

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
EXAM NO.

\_\_\_\_\_  
LIST NO.

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
Investigator



## INVESTIGATION BEFORE APPOINTMENT

To: Department of Citywide Administrative Services (DCAS)

**Candidate:** \_\_\_\_\_ **EXAM** **\*** **LIST**

Dear Sir:

I am a candidate for the position of Correction Officer. The Department of Correction has explained the status of my character and background investigation to me.

I therefore request that my certification for hiring be withheld until my investigation has been completed. During this interim period I understand that I will retain my original list number.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE

**WITNESSED BY:**

\_\_\_\_\_  
INVESTIGATOR SIGNATURE

\_\_\_\_\_  
SHIELD # SQUAD

\_\_\_\_\_  
DATE



## APPOINTMENT SUBJECT TO INVESTIGATION

Candidate: \_\_\_\_\_

|      |   |   |      |
|------|---|---|------|
| EXAM | / | * | LIST |
|------|---|---|------|

Appointments to the position of Probationary Correction Officer for the New York City Department of Correction are scheduled to be made in the near future. Candidates will be appointed from available civil service lists and your character and your fitness to be a member of the New York City Department of Correction will be investigated thoroughly. This means that after appointment, your investigation as to character and fitness will continue.

Appointments will be made on the basis of: available information, information supplied by you during your personal interview and information supplied in your written notarized questionnaire.

Therefore you're strongly advised that:

- If the post-appointment investigation reveals a **false statement** or **omission of fact**, it will be probable cause for disqualification and can result in the termination of employment;
- **Falsification of any statement** made in the N.Y.C.D.O.C. candidate questionnaire booklet is an offense punishable by fine and/or imprisonment (*NY Administrative Code 1151-9-0*);
- If you do not wish to be appointed subject to investigation, you may request (in writing) that your appointment be deferred until completion of the character investigation.

\_\_\_\_\_  
CANDIDATE SIGNATURE

\_\_\_\_\_  
DATE

### WITNESSED BY:

\_\_\_\_\_  
SIGNATURE / INVESTIGATOR

\_\_\_\_\_  
SHIELD #    SQUAD

\_\_\_\_\_  
DATE



## **NOTICE TO CORRECTION OFFICER CANDIDATES**

You are now a candidate for the position of Correction Officer within the New York City Correction Department. You must keep the Applicant Investigation Unit Investigator assigned to your case fully informed of any events in your life which may have an impact upon your character investigation or your suitability for appointment as a Correction Officer, or which may impact the N.Y.D.O.C.'s ability to fully investigate your background and history.

Events or changes in your life that you must notify your investigator of include, but are not limited to: change of address; change of phone number; change of employment; change of marital status; whether you have received any summonses (traffic, criminal, or civil), have been arrested, or been involved in any way with any police department or law enforcement agency as a witness to, victim of, or suspect in any crime or violation of law.

### **FAILURE TO PROMPTLY INFORM YOUR INVESTIGATOR OF ANY SUCH CHANGES OR EVENTS MAY RESULT IN YOUR BEING DENIED EMPLOYMENT AS A CORRECTION OFFICER.**

I understand my obligation to inform the New York City Department of Correction's Applicant Investigation Unit of any events or changes in my life as described above. I understand that my failure to promptly inform my investigator of any such changes or events may result in my being denied employment as a Correction Officer.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Candidate's Name (printed)

\_\_\_\_\_  
Exam #

\_\_\_\_\_  
List #

Form: 4511A  
 ET : 06/12/08  
 Ref. Dir. # 4511R-A

**SECTION 1 - As part of a background check for employment with the NYC Department of Correction, I hereby declare I am the owner of the firearm(s) listed below.**

[illegible]

**SECTION 2 - I understand that I must surrender all handguns and original handgun permits/licenses on the day of appointment or provide proof of surrender to local police or an original, notarized bill of sale to the NYC Department of Correction.**

**PRINT NAME:****SOCIAL SECURITY #:****SIGNATURE:**

DATE:        /        /

**DISTRIBUTION:** ORIGINAL - INVESTIGATOR  
COPY - EMPLOYEE'S PERSONNEL FOLDER - MEMBER'S COMMAND  
COPY - PERSONNEL DIVISION