

**STATE UNIVERSITY OF NEW YORK
UNIVERSITY POLICE DEPARTMENT**



***BACKGROUND INVESTIGATION
QUESTIONNAIRE***

CONFIDENTIAL

CANDIDATE'S NAME: _____

INTRODUCTION

The following document contains questions relative to your life history. You must answer all questions truthfully and completely. A candidate may be rejected if he/she has intentionally made a false statement of material fact, or has practiced or attempted to practice any deception or fraud in his/her application. Omitting information of giving false information may result in the immediate rejection of your application and the removal of your name from further consideration. All information contained herein may be subject to verification, i.e. source documentation, polygraph, and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to the questions contained in this Questionnaire **MUST BE HAND PRINTED** in your own handwriting, legibly in **BLACK INK** only. Each individual question must be answered. **DO NOT** leave any questions blank. If a question does not apply to your particular circumstances, insert "N/A" (Not Applicable) in that field. If the answer to a question is unknown, write "UNKNOWN" in that field. When answering questions that require dates you must insert both month and year. You must provide complete address information when requested. All addresses must include street addresses with house/apartment numbers, city, state, and zip code. Partial address responses are unacceptable.

Be aware that your spelling, grammar and neatness will be considered as part of the selection process. Your attire, speech and manner will also be evaluated during all segments of the background investigation process and will be considered in the final selection.

You may be required to take a polygraph examination to determine the authenticity of the information given by you. Questions asked during this examination will be derived from the following categories: past criminal activity, sexual offenses, drug and alcohol use/involvement, activities which might prove embarrassing to the University Police Department and those areas the examiner deems necessary, given the responses of the candidate to these questions.

DIRECTIONS

1. Read all directions and each question carefully before answering.
2. **ANSWER ALL QUESTIONS TRUTHFULLY AND COMPLETELY.** Candidates may be rejected if they have intentionally made a false statement of a material fact, or have practiced or attempted to practice deception or fraud in their application or examination, or in securing their eligibility for appointment.
3. **ANSWER EVERY QUESTION.** This questionnaire must be fully completed. Missing or insufficient information may result in a delay in the processing of your application. If a question does not apply to you, indicate that by using the N/A symbol.
4. Additional space to answer any questions(s) can be found at the back of this Questionnaire.
5. This Questionnaire must be completed legibly. **PRINT ALL INFORMATION** unless otherwise indicated. **DO NOT USE A TYPEWRITER.** Be certain that your answers can be easily read.
6. Return the completed Questionnaire and all requested documentation by: ____/____/____

NOTICE: The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required to verify your identity, proof of citizenship, credit and criminal history. Failure to provide this information will result in the removal of your name from further employment consideration.

WARNING

Applicants are cautioned to answer every question truthfully and without evasion. Failure to provide accurate information or deliberately providing false information is grounds for rejection prior to appointment and/or discharge after appointment.

HAVE YOU READ AND DO YOU UNDERSTAND ALL OF THE ABOVE INSTRUCTIONS? YES NO

SIGNATURE OF CANDIDATE

DATE

**STATE UNIVERSITY OF NEW YORK
UNIVERSITY POLICE DEPARTMENT**

BACKGROUND INVESTIGATION SUPPORTING DOCUMENTATION

Applicants are required to submit a copy of each of the following documents if applicable:

1. An **official** copy, with raised seal, of your Birth Certificate;
If no record of your birth is on file at the Department of Health or the Bureau of Vital Statistics of the State in which you were born, obtain a statement attesting to that fact.
2. Valid driver's license;
3. Vehicle registration(s) for any vehicle owned or used by you;
4. Proof of citizenship / naturalization documents (*if foreign born*);
5. High school transcripts and diploma;
6. College/trade school transcripts and diploma;
Transcripts MUST be submitted in a SEALED envelope from the institution.
7. DD214 – Military Record of Separation;
8. Selective Service registration card;
9. Passport (*including all pages with transactions*);
10. Marriage Certificate;
11. Separation/divorce decree(s) (*face page and signature page only*);
12. Records of any change in name;
13. Any license issued to you by any governmental agency (*pistol permit, taxi license, liquor license, private investigator, etc.*);
14. All certificates of attendance or certificates received for in-service training classes attended, including Basic Police Academy Certification;
15. A credit report from Equifax, Experian, or TransUnion (**Equifax is preferred**). Please have this report sent directly to the University Police Department conducting the investigation into your background. If your credit report gets sent directly to you, **DO NOT OPEN IT**;
16. State & federal income tax returns for the previous year;
17. Any other document or information not listed above that would be pertinent to this investigation.
18. A 2x2 photograph (passport style) attached to page one (1) of this Questionnaire.

FAILURE TO PRODUCE THESE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION.

Date questionnaire completed: _____

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I. PERSONAL INFORMATION

FULL NAME

| | | | | | | |
|--|---------|-------------|-------------------------|--------------|--|----------------------------|
| LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | | Attach Photo Here 2 x 2 |
| DATE OF BIRTH: | | | SOCIAL SECURITY NUMBER: | | | |
| PLACE OF BIRTH (Use two letter code for State) | | | | | | |
| City: | | County: | | State: | | |
| | | | | Country: | | |
| OTHER NAMES USED Give other names you used and the period of time you used them [for example: your maiden name, names by a former marriage, any former names, aliases, or nicknames] | | | | | | |
| NAME #1: | | | MONTH/YEAR: | | MONTH/YEAR: | |
| NAME #2: | | | MONTH/YEAR: | | MONTH/YEAR: | |
| OTHER IDENTIFYING INFORMATION | Height: | Weight: | Hair Color: | Eye Color: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| TELEPHONE NUMBERS (Include Area Code) | | | | | | |
| Work: | | Home: | | | Cellular: | |

II. CITIZENSHIP

Check the box that reflects your current citizenship status, and follow its instructions.

- I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)
- I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c, and d)
- I am not a U.S. citizen. (Answer items b and e)

| | | | | | | |
|--|-------|--------------|---|-----------------------|------------------------|-------------------------|
| b. Your Mother's Maiden Name and place of birth (City/State): | | | Father's place of birth (City/State): | | | |
| c. UNITED STATES CITIZENSHIP <small>If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.</small> | | | | | | |
| Naturalization Certificate <i>(Where were you naturalized?)</i> | | | | | | |
| Court: | | City: | State: | Certificate #: | | Month/Day/Year Issued: |
| | | | | | | |
| Citizen Certificate <i>Where was the certificate issued?</i> | | | | | | |
| City: | | | State: | Certificate #: | | Month/Day/Year Issued: |
| | | | | | | |
| Give the date the form was prepared and give an explanation if needed. | | | | | | |
| Month/Day/Year: | | Explanation: | | | | |
| | | | | | | |
| U.S. Passport | | | | | | |
| This may be either a current or previous U.S. Passport. | | | Passport #: | | Month/Day/Year Issued: | |
| | | | | | | |
| d. DUAL CITIZENSHIP <small>If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.</small> | | | | | Country: | |
| | | | | | | |
| e. ALIEN <small>If you are an alien, provide the following information:</small> | | | | | | |
| Place You Entered the United States: | City: | State: | Date You Entered U.S Month/Day/Year: | Alien Registration #: | | Country of Citizenship: |
| | | | | | | |

III. RESIDENCY

List the places where you have lived, beginning with your current address. All periods must be accounted for. Be sure to include the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For all addresses, list a person who knew you at that address, and who preferably still lives in that area. Do not list your spouse, former spouse, or other relatives. If the address is "General Delivery," a rural or star route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

| | | | | | | |
|-------------------------------|-----------------|-----------------|--------|-----------|----------------------|-----------|
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Year: | Month/Year: | Street Address: | Apt. # | City: | State: | ZIP Code: |
| Name of Person Who Knows You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |

IV. EDUCATION

List all of the schools you have attended beyond Junior High School, beginning with the most recent and working back, List College or University degrees and the dates they were received.

*Use one of the following codes in the "Code" block:

1 – High School 2 – College/University/Military College 3. Vocational/Technical/Trade School

*For schools you attended, list a person who knew you at the school (an instructor, student, etc.)

*For correspondence schools and extension classes, provide the address where the records are maintained.

| | | | | | | |
|--|-----------------|-------|-----------------|------------------|----------------------|-----------|
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |
| Month/Day/Year | Month/Day/Year: | Code: | Name of School: | Degrees/Diploma: | Month/Year Awarded: | |
| Street Address and City (Country) of School: | | | | | State: | ZIP Code: |
| Name of Person Who Knew You: | Street Address: | City: | State: | ZIP Code: | Telephone #: (H-W-C) | |

Have you ever been suspended or expelled from a school? YES NO

If yes, explain:

List any awards or scholarships you received in high school or college.

How many college credits have you earned? _____ Grade Point Average: _____

What was your major in college? _____ Minor? _____

List any extra-curricular activities in high school and college:

V. EMPLOYMENT

LIST CHRONOLOGICALLY, beginning with the most recent, all periods of employment, including all part-time employment and any "off the books" employment:

| | | |
|----------------------|----------------------|-----|
| Dates Of Employment: | From: | To: |
| Employer's Name: | Your Position/Title: | |
| Address: | Telephone #: | |
| Supervisor's Name: | Reason For Leaving: | |

| | | |
|----------------------|----------------------|-----|
| Dates Of Employment: | From: | To: |
| Employer's Name: | Your Position/Title: | |
| Address: | Telephone #: | |
| Supervisor's Name: | Reason For Leaving: | |

| | | |
|----------------------|----------------------|-----|
| Dates Of Employment: | From: | To: |
| Employer's Name: | Your Position/Title: | |
| Address: | Telephone #: | |
| Supervisor's Name: | Reason For Leaving: | |

| | | |
|----------------------|----------------------|-----|
| Dates Of Employment: | From: | To: |
| Employer's Name: | Your Position/Title: | |
| Address: | Telephone #: | |
| Supervisor's Name: | Reason For Leaving: | |

| | | |
|----------------------|----------------------|-----|
| Dates Of Employment: | From: | To: |
| Employer's Name: | Your Position/Title: | |
| Address: | Telephone #: | |
| Supervisor's Name: | Reason For Leaving: | |

Have any of the following occurrences listed below ever happened to you? If yes, begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested. YES NO

Use the following codes and explain the reason your employment was ended:

| | |
|-------|--|
| Code: | Reason: |
| 1 | Fired from a job |
| 2 | Quit a job after being told you would be fired |
| 3 | Left a job by mutual agreement following allegations of misconduct |
| 4 | Left a job by mutual agreement following allegations of unsatisfactory performance |
| 5 | Left a job for other reasons under unfavorable circumstances |

| | | | |
|-----------------|-------|-----------------|----------------------------|
| Month/Day/Year: | Code: | Specify Reason: | Employer's Name & Address: |
| Month/Day/Year: | Code: | Specify Reason: | Employer's Name & Address: |

Have you ever been employed as a police officer? YES NO

If yes, provide details including dates, name of department, certification # and expiration date.

Have you ever applied for a law enforcement position in which you were not hired? YES NO

If yes, provide details including agency, date applied and reason not hired.

Do you now hold, or have you ever held, any professional or technical license? YES NO

(Examples include but are not limited to: Taxi driver or owner, State Liquor Authority, Nurse, Certified Public Accountant, Electrician, Private Investigator, etc).

If yes, complete the following:

| | | |
|------------------|------------|------------------|
| Type of License: | License #: | Expiration Date: |
| Type of License: | License #: | Expiration Date: |

Have you ever had a professional license suspended or revoked? YES NO

If yes, give details including dates:

Have you ever applied for any other position with this university or any other university, city, town, village, county, state, or federal government entity? YES NO

***Please indicate any law enforcement pre-employment background investigations initiated or completed:**

VI. REFERENCES

List three (3) persons who have known you for the past three years **through business or employment**, including supervisors and co-workers, who may attest to your character. (DO NOT include relatives or friends):

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

List three (3) personal references. A personal reference is a responsible adult who has known you for at least five (5) years and who may attest to your character and integrity. **DO NOT INCLUDE** past/present employers or supervisors, or relatives:

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

| | | |
|---------------|-----------------------|-----------------------|
| Name: | Address/ZIP: | Telephone: (H-W-C) |
| Occupation: | Business Address: | Business Phone: |
| Relationship: | Length Of Time Known: | Best Time To Contact: |

VII. MARITAL STATUS

Check one box to show your current marital status and provide information about your spouse(s) in sections a. and/or b.

- Never married
 Separated
 Divorced
 Cohabitant
 Domestic Partnership
 Married
 Legally separated
 Widowed
 Significant other

Current Spouse/Cohabitant/Significant Other:

| | | | | |
|---|---|----------------|--|-----------|
| Full Name: | | Date of Birth: | Place of Birth <i>(Include country if outside the U.S.):</i> | |
| Other Names Used <i>(Specify maiden name, names by other marriages, etc.):</i> | | | Country(ies) of Citizenship: | |
| Date Married: | Place Married <i>(Include country if outside the U.S.):</i> | | | State: |
| If Separated, Date of Separation: | If Legally Separated, Where is the Record Located? <i>(City/State/Country):</i> | | | |
| Address of Current Spouse, if different than your current address <i>(Street, City, and Country if outside the U.S.):</i> | | | State: | ZIP Code: |

Former Spouse/Significant Other

| | | | | |
|---|-----------------|--|--|-------------------------------|
| Full Name: | | Date of Birth: | Place of Birth <i>(Include country if outside the U.S.):</i> | |
| Country(ies) of Citizenship: | | Date Married: | Place Married <i>(Include country if outside the U.S.):</i> | State: |
| Check One: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Month/Day/Year: | If Divorced, Where is the Record Located? <i>(City/State/Country):</i> | | |
| Address of Former Spouse <i>(Street, City, and Country if outside the U.S.):</i> | | | State: | ZIP Code: Telephone #:(H-W-C) |

Former Spouse/Significant Other

| | | | | |
|---|-----------------|--|--|-------------------------------|
| Full Name: | | Date of Birth: | Place of Birth <i>(Include country if outside the U.S.):</i> | |
| Country(ies) of Citizenship: | | Date Married: | Place Married <i>(Include country if outside the U.S.):</i> | State: |
| Check One: <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | Month/Day/Year: | If Divorced, Where is the Record Located? <i>(City/State/Country):</i> | | |
| Address of Former Spouse <i>(Street, City, and Country if outside the U.S.):</i> | | | State: | ZIP Code: Telephone #:(H-W-C) |

IX. MILITARY INFORMATION

Have you ever served in the Armed Forces of the United States, or of any other nation, or of any state, including any Reserve or National Guard unit? YES NO

If yes, please indicate the following:

| | |
|------------------------|----------------------------|
| Branch: | Service Number: |
| Dates Of Active Duty: | From: To: |
| Highest Rank Attained: | Primary MOS: |
| Type Of Discharge: | Rank At Time Of Discharge: |

Are you now receiving, or have you ever received any benefits related to your military service? Include any benefits administrated by the Veteran’s Administration. YES NO

If yes, please indicate the following:

| | | |
|------------------|-------|-----|
| Granting Agency: | From: | To: |
| Type Of Benefit: | | |
| Granting Agency: | From: | To: |
| Type Of Benefit: | | |

Were you ever the subject of any disciplinary proceeding while in the military service? (include any Court Martial or Summary Proceedings, Article 15 actions or Captain’s Mast). Yes NO

If yes, provide the following information and also, by attaching additional pages(s) to this questionnaire, give a full accounting of each incident:

| | |
|-------|--------------|
| Date: | Charge: |
| Unit: | Disposition: |
| Date: | Charge: |
| Unit: | Disposition: |

Have you registered with the Selective Service System? YES NO

If yes, provide your registration number. If no, indicate the reason for your legal exemption below.

| | | |
|-----------------|-------|------------------------------|
| Registration #: | Date: | Legal Exemption Explanation: |
|-----------------|-------|------------------------------|

Have you ever been rejected by the military prior to or after induction? YES NO

If yes, please explain: _____

List any commendations, awards, or medals in connection with your military service:

X. DRIVERS LICENSE/MOTOR VEHICLE INFORMATION

Provide your driver's license data and vehicle registration data of vehicles registered or owned by you.

| | | | | | |
|-------------------|--------------|-------------|----------------------------|-------------|---------|
| Driver's License: | Date Issued: | Class: | State: | Expiration: | Points: |
| License Plate #: | State: | Expiration: | Vehicle Year, Make, Model: | | |
| License Plate #: | State: | Expiration: | Vehicle Year, Make, Model: | | |
| License Plate #: | State: | Expiration: | Vehicle Year, Make, Model: | | |

Are there any restrictions on your driver's license? YES NO

If Yes, give details including dates:

| |
|--|
| |
| |
| |

Have you ever been issued a driver's license by a state other than New York? YES NO

| | | | |
|--------|------------|--------------|---------------|
| State: | License #: | Date Issued: | Date Expires: |
| State: | License #: | Date Issued: | Date Expires: |

Has any driver's license or vehicle registration issued to you ever been suspended or revoked? YES NO

If Yes, provide details including dates:

| | | |
|-----------------|---------|--------------|
| Month/Day/Year: | Reason: | Disposition: |
| Month/Day/Year: | Reason: | Disposition: |

List all traffic tickets, including out of state traffic tickets, excluding parking tickets, you have received.

| | |
|-------------------|-----------------|
| Charge(s): | Month/Day/Year: |
| Arresting Agency: | Court: |
| Disposition: | |
| Charge(s): | Month/Day/Year: |
| Arresting Agency: | Court: |
| Disposition: | |
| Charge(s): | Month/Day/Year: |
| Arresting Agency: | Court: |
| Disposition: | |
| Charge(s): | Month/Day/Year: |
| Arresting Agency: | Court: |
| Disposition: | |

Are there any arrests or traffic tickets for which you cannot remember the date, charge or location? YES NO
If yes, provide details including approximate dates:

Have you ever been involved in a motor vehicle accident as a driver, passenger, pedestrian or bicyclist? YES NO

If yes, provide details below:

| | | |
|------------------------------------|-----------|-------------------------|
| Month/Day/Year: | Location: | Law Enforcement Agency: |
| Brief description of the incident: | | |
| Month/Day/Year: | Location: | Law Enforcement Agency: |
| Brief description of the incident: | | |
| Month/Day/Year: | Location: | Law Enforcement Agency: |
| Brief description of the incident: | | |
| Month/Day/Year: | Location: | Law Enforcement Agency: |
| Brief description of the incident: | | |

XI. FIREARMS

Do you possess a New York State Pistol Permit? YES NO

If yes, provide the information requested below:

| | | |
|---------------------|------------|-------|
| County of Issuance: | License #: | Type: |
|---------------------|------------|-------|

List all handguns on permit:

| | | | |
|-------|--------|----------|------------------------------------|
| Make: | Model: | Caliber: | Date of Purchase (Month/Day/Year): |
| Make: | Model: | Caliber: | Date of Purchase (Month/Day/Year): |
| Make: | Model: | Caliber: | Date of Purchase (Month/Day/Year): |
| Make: | Model: | Caliber: | Date of Purchase (Month/Day/Year): |

Has any permit or application by you for such permit ever been revoked, reviewed or denied? YES NO

If yes, provide details including dates:

Do you now own or have you ever owned any firearm of any type? YES NO

If yes, provide the information requested below:

| | | | |
|---|-------|-------------|-----------|
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |
| Dates Owned Month/Day/Year Month/Day/Year | Type: | Make/Model: | Serial #: |

XII. FINANCIAL and CREDIT HISTORY

List below the details concerning all loans or other financial obligations currently outstanding in which you or your spouse (or significant other) are the principle debtor, mortgage holder, co-signer, or guarantor. Include mortgages, car loans, education loans, personal loans, etc.

| | | | |
|----------------|------------------|----------|------------------|
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |

Provide the requested information concerning all charge accounts including credit cards held by you or held jointly by your spouse (or significant other) and you. Include MasterCard, Visa, Discover, American Express, retail store charges, gas charges and debit cards with advances on a line of credit.

| | | | |
|----------------|------------------|----------|------------------|
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |
| Creditor/Bank: | Address: | | Type of Loan: |
| Account#: | Original Amount: | Balance: | Monthly Payment: |

Briefly account for other fixed monthly expenses such as rent or payments to relatives for room and board, child care, dues or memberships, service contracts, rent for furniture, cellular phones, appliances or equipment, layaways, etc.

| | | | | |
|----------|------------------|--|----------|------------------|
| Expense: | Monthly Payment: | | Expense: | Monthly Payment: |
| Expense: | Monthly Payment: | | Expense: | Monthly Payment: |
| Expense: | Monthly Payment: | | Expense: | Monthly Payment: |
| Expense: | Monthly Payment: | | Expense: | Monthly Payment: |

Have you ever filed a petition under any chapter of the bankruptcy code? YES NO

Have you ever had wages garnished or had any property repossessed for any reason? YES NO

Have you ever had a lien placed against your property for failing to pay taxes or other debts? YES NO

Have you ever had any judgments against you that have not been paid? YES NO

Are you currently paying spousal maintenance (alimony) or child support? YES NO

Have you ever been delinquent making spousal maintenance or child support payments? YES NO

If you answered "Yes" to any of the above questions, provide the information requested below:

| | | | | |
|-----------------|-----------------|---------|-----------------------------|--|
| Month/Day/Year: | Type of Action: | Amount: | Name Action Occurred Under: | Name/Address or Court or Agency Handling case: |
| Month/Day/Year: | Type of Action: | Amount: | Name Action Occurred Under: | Name/Address or Court or Agency Handling case: |
| Month/Day/Year: | Type of Action: | Amount: | Name Action Occurred Under: | Name/Address or Court or Agency Handling case: |

Have you ever been the defendant in a judgment case, been refused credit, or evicted from a residence? YES NO
 If yes, give a detailed explanation below:

Have you, or has any partnership or corporation in which you have, or had, a principle interest, ever been adjudicated bankrupt either voluntarily or involuntarily? YES NO
 If yes, give a detailed explanation below (include the court, date and case number):

XIII. CONVICTIONS AND JUDICIAL PROCEEDINGS

Excluding traffic infractions, have you ever been arrested for or convicted of any violation of the law in any jurisdiction? Include any arrests resulting in Youthful Offender status, arrests which were dismissed, sealed or otherwise disposed of and cases which are still pending. YES NO. If yes, list below:

NOTE: This includes incidents in which a court appearance was required by an Appearance Ticket or Summons and cases of bail forfeiture.

| | | | |
|-----------------|----------|---------------------------------|--------------|
| Month/Day/Year: | Offense: | Law Enforcement Agency & Court: | Disposition: |
| Month/Day/Year: | Offense: | Law Enforcement Agency & Court: | Disposition: |
| Month/Day/Year: | Offense: | Law Enforcement Agency & Court: | Disposition: |
| Month/Day/Year: | Offense: | Law Enforcement Agency & Court: | Disposition: |
| Month/Day/Year: | Offense: | Law Enforcement Agency & Court: | Disposition: |

Are there currently any penalties or fines outstanding against you which have not been satisfied? YES NO

If Yes, give details including dates:

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Have you ever been called, summoned or subpoenaed to appear as a witness or in any other capacity, before any Grand Jury, legislative committee, hearing board, referee or administrative agency in any jurisdiction?

If Yes, give details including dates:

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Other than incidents previously noted, briefly describe any other contact you have had with any law enforcement agency, campus public safety or private security. Include any incident in which you were questioned or warned, and any contact in which you were a victim, witness, or person with knowledge of any incident or crime.

If Yes, give details including dates:

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Have you ever been involved in any capacity in any civil proceeding in any court (e.g. Small Claims, Domestic Violence, Family Court, Supreme Court, etc.) in this state or any other jurisdiction? YES NO

| | | | |
|-----------------|--------|------------------|--------------|
| Month/Day/Year: | Court: | Matter Involved: | Disposition: |
| Month/Day/Year: | Court: | Matter Involved: | Disposition: |
| Month/Day/Year: | Court: | Matter Involved: | Disposition: |

Have you ever been served with an order of protection? YES NO

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|---------------------------------------|
| If Yes, give details including dates: |
| |

Have you ever been involved as a defendant in a paternity suit? YES NO

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|---------------------------------------|
| If Yes, give details including dates: |
| |

XIV. ILLEGAL DRUG USE and ACTIVITY

The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful response nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding pertaining to illegal drug use and activity.

A. Have you **illegally** used any controlled substance such as marijuana, cocaine, crack cocaine, hashish, narcotics, opium, morphine, codeine, heroine anabolic steroid, etc., amphetamine, depressants, barbiturates, methaqualone, etc., hallucinogenic, LSD, PCP, etc., or prescription drugs? YES NO

B. Have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another? YES NO

If you answered yes to A or B above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

| Month/Day/Year: To: | Month/Day/Year: | Controlled Substance/Prescription Drug Used: | Number of Times Used: |
|------------------------|-----------------|--|-----------------------|
| | | | |
| | | | |
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| | | | |

Are you now (or ever been) either addicted to any substance or habitually abused any substance? YES NO

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|---------------------------------------|
| If Yes, give details including dates: |
| |

Have you ever shared an illegal drug or substance with anyone? YES NO

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|---------------------------------------|
| If Yes, give details including dates: |
| |

XV. MISCELLANEOUS

Do you have any other knowledge or information which may be relevant to the investigation into your employment eligibility with the University Police Department? YES NO

If yes, give a detailed explanation:

Have you ever been the subject of an allegation involving racial or ethnic bias or sexual harassment? YES NO

If yes, give a detailed explanation:

Are you now, or have you even been, a member of any social, labor or fraternal organization such as Rotary, Lions, V.F.W., Elks, Teamsters, etc.? YES NO

If yes, give a detailed explanation:

Have you ever been a member of, or supported financially or otherwise, any organization which advocates, advises or supports the overthrow of the government of the United States of America or any other political entity or subdivision, by the use of violence or other illegal means? YES NO

If yes, give a detailed explanation:

Do you have, or have you ever had, any interest as an officer, partner or shareholder in any business, partnership or other business venture? YES NO

If yes, give a detailed explanation:

List any recreational activities, excluding hobbies, in which you engage and also any affiliated clubs or organizations in which you are involved, or were involved with (i.e., Y.M.C.A., Scouting, Big Brothers, etc.).

In your own handwriting, copy the following paragraph in the space provided. Then sign the form in the space indicated, having your signature witnessed by a **Notary Public**. Your signature on this form is an endorsement of your agreement with the contents of the handwritten paragraph.

"I hereby acknowledge that I have read the instructions contained in the foregoing Background Investigation Questionnaire and have completed the Questionnaire in accordance with the instructions given. I affirm that I have completed the Questionnaire fully, truthfully and to the best of my knowledge. I am aware that any deception, or any attempt to deceive, by me in the completion of this Questionnaire, or in the subsequent background investigation to be conducted by the University Police Department, will result in a rejection of my application from consideration for the position for which I am applying."

I, _____, being duly sworn, depose and say; that I am the person whom the foregoing Background Investigation Questionnaire concerns; that I have completed the Questionnaire in my own hand; and that the answers I have given to each and every question therein are full, complete, true and correct to the best of my knowledge. I understand that it is my responsibility to report ANY changes in material fact that I have supplied in this Questionnaire. I understand that any material misrepresentation of fact, or my failure to immediately report any changes, may be cause for rejection before appointment, disqualification from employment after appointment, and potential criminal prosecution.

Signature of Candidate

Date

Sworn to before me this ____ day of _____, 20____,

Notary Public

