

NEW YORK STATE POLICE

TROOPER APPLICANT BACKGROUND INFORMATION QUESTIONNAIRE

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the agency as part of the standard application process for the New York State Police. Failure to disclose your Social Security Number will not prohibit your application from being processed. The State Police will release your Social Security Number only for reasons required by law or with your written consent.

INSTRUCTIONS

- The Applicant must complete all pages of this questionnaire honestly, accurately and thoroughly.
- It is the Applicant's responsibility to obtain all of the requested information.

A. Personal Information										
Last Name			First Name				Middle Name			
Gender		Date of Birth (Day/Month/Year)		Social Security Number			Height (Feet/Inches)		Weight (Lbs)	
Male <input type="checkbox"/>	Female <input type="checkbox"/>						Feet	Inches		
Hair Color		Eye Color		Do you have any scars, marks or tattoos? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, list each below.			
Scars, Marks, Tattoos: (Provide description and location on body)										
Physical Address (Street Name and Number)					Apt	City/Town/Village			State	Zip
Mailing Address (If different from Physical Address)					Apt	City/Town/Village			State	Zip
Phone Numbers:		Residence Phone			Cellular phone			Work Phone		
E-Mail:										
Have You Ever Changed your Name?			Yes <input type="checkbox"/>			No <input type="checkbox"/>				
If Yes, provide an explanation below for name change(s). (include dates, former names, and jurisdiction of court where filed)										

B. Birth & Family						
Given Name: (Name at Birth)	Your Last Name (At Birth)		First Name (At Birth)		Middle Name (At Birth, No Initials)	
Place of Birth:	City		County		State	Country
Are you currently a citizen of the United States?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Was your U.S. citizenship obtained by birth or naturalization?			Birth <input type="checkbox"/>		Naturalization <input type="checkbox"/>	
If you obtained your citizenship through Naturalization, provide all applicable information below.						
If Applicable, Date of Citizenship		If Applicable, USCIS Number			If Applicable, Naturalization Certificate Number	

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B. Birth/Family						
Mother's Information						
Mother's Last Name		Mother's First Name		Mother's Middle Name (No Initials)		
Mother's Maiden Name		Mother's Date of Birth		Mother's Place of Birth		
Mother's Physical Address (Street Name and Number)				Apt.	City	State
Mother's Occupation			Mother's Employer			
Mother's Phone Numbers		Residence Phone		Cellular Phone		Work Phone
Father's Information						
Father's Last Name		Father's First Name		Father's Middle Name (No Initials)		Father's Date of Birth
Father's Physical Address (Street Name and Number)				Apt.	City	State
Father's Place of Birth		Father's Occupation			Father's Employer	
Father's Phone Numbers		Residence Phone		Cellular Phone		Work Phone
Additional Caregiver and/or Parent						
Were you raised by a grandparent, stepparent, foster parent or any other person(s) other than your biological parents? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, provide the requested information for the person(s) who raised you below.						
1.	Caregiver's Last Name		First Name		M.I.	Caregiver's relationship to you
Caregiver's Physical Address			City	State	Zip	Phone Number
2.	Caregiver's Last Name		First Name		M.I.	Caregiver's relationship to you
Caregiver's Physical Address			City	State	Zip	Phone Number
Provide an explanation below for having been raised by person(s) other than your biological parent(s).						
Explanation:						

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B. Birth/Family					
Siblings					
Do you have any siblings? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide the requested information for each of your siblings below.					
1.	Sibling's Last Name		First Name		M.I.
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Relationship to You		Brother <input type="checkbox"/> Sister <input type="checkbox"/>			
Sibling's Physical Address (Street)			City	State	Zip
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sibling's Phone Number					
<input style="width: 100%;" type="text"/>					
2.	Sibling's Last Name		First Name		M.I.
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Relationship to You		Brother <input type="checkbox"/> Sister <input type="checkbox"/>			
Sibling's Physical Address (Street)			City	State	Zip
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sibling's Phone Number					
<input style="width: 100%;" type="text"/>					
3.	Sibling's Last Name		First Name		M.I.
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Relationship to You		Brother <input type="checkbox"/> Sister <input type="checkbox"/>			
Sibling's Physical Address (Street)			City	State	Zip
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sibling's Phone Number					
<input style="width: 100%;" type="text"/>					
4.	Sibling's Last Name		First Name		M.I.
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Relationship to You		Brother <input type="checkbox"/> Sister <input type="checkbox"/>			
Sibling's Physical Address (Street)			City	State	Zip
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sibling's Phone Number					
<input style="width: 100%;" type="text"/>					
5.	Sibling's Last Name		First Name		M.I.
	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Relationship to You		Brother <input type="checkbox"/> Sister <input type="checkbox"/>			
Sibling's Physical Address (Street)			City	State	Zip
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sibling's Phone Number					
<input style="width: 100%;" type="text"/>					

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C. Marital Status and Relationships					
Current Relationships					
Are you currently married or in a relationship with a <u>significant</u> other or domestic partner? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, provide the person's information from your current relationship below.					
The below listed person is my: Domestic Partner <input type="checkbox"/> <u>Significant</u> Other <input type="checkbox"/> Spouse <input type="checkbox"/>					
Last Name		First Name		M.I.	Maiden Name (If Applicable)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	Date of Marriage (If Applicable)		Location of Marriage: (City State)		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Physical Address (Current Domestic Partner/Spouse/Significant Other)				Apt	City
<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Current Domestic Partner/Spouse/Significant Other's Phone Numbers		Residence Phone		Cellular Phone	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Are you currently estranged or legally separated from this person? No <input type="checkbox"/> Yes, Estranged <input type="checkbox"/> Yes, Legally Separated <input type="checkbox"/> Not Applicable <input type="checkbox"/>					

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C. Marital Status and Relationships

Former Relationships

Other than your current marriage or relationship, have you ever been married before or been involved in a relationship with a significant other and/or domestic partner? Yes No

If Yes, provide the person's information from your previous relationship(s) below.

1.	Last Name	First Name	M.I.	Date of Birth
	The above listed person was my: Domestic Partner <input type="checkbox"/> Significant Other <input type="checkbox"/> Spouse <input type="checkbox"/>			
	Date of Marriage (If Applicable)	Location of Marriage	Date of Divorce	Divorce Filed with (Court/Agency)
Grounds for Divorce (If Applicable):				
If you were not married to this person, provide the approximate dates of relationship:				
			To	

2.	Last Name	First Name	M.I.	Date of Birth
	The above listed person was my: Domestic Partner <input type="checkbox"/> Significant Other <input type="checkbox"/> Spouse <input type="checkbox"/>			
	Date of Marriage (If Applicable)	Location of Marriage (City, State)	Date of Divorce	Divorce Filed with (Court/Agency)
Grounds for Divorce (If Applicable):				
If you were not married to this person, provide the approximate dates of relationship:				
			To	

3.	Last Name	First Name	M.I.	Date of Birth
	The above listed person was my: Domestic Partner <input type="checkbox"/> Significant Other <input type="checkbox"/> Spouse <input type="checkbox"/>			
	Date of Marriage (If Applicable)	Location of Marriage (City, State)	Date of Divorce	Divorce Filed with (Court/Agency)
Grounds for Divorce (If Applicable):				
If you were not married to this person, provide the approximate dates of relationship:				
			To	

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Family Court Action

Have you ever been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court? Yes No If Yes, provide an explanation below.

Explanation:

Have you ever been involved in any type of domestic incident that required any contact with a law enforcement agency? Yes No If Yes, provide an explanation below.

Explanation:

(If more space is needed use the back of this page)

C. Marital Status and Relationships							
Do you have any children? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, number of children:		Provide the children's information below.			
1.	Child's Last Name		Child's First Name		M.I.	Child's Date of Birth	
	Child's Physical Address (Street)		City		State	Zip	
	Parent's Last Name		Parent's First Name		M.I.	Parent's Date of Birth	
	2.	Child's Last Name		Child's First Name		M.I.	Child's Date of Birth
		Child's Physical Address (Street)		City		State	Zip
Parent's Last Name		Parent's First Name		M.I.	Date of Birth		
3.		Child's Last Name		Child's First Name		M.I.	Child's Date of Birth
		Child's Physical Address (Street)		City		State	Zip
	Parent's Last Name		Parent's First Name		M.I.	Parent's Date of Birth	
	4.	Child's Last Name		Child's First Name		M.I.	Child's Date of Birth
		Child's Physical Address (Street)		City		State	Zip
Parent's Last Name		Parent's First Name		M.I.	Parent's Date of Birth		
5.		Child's Last Name		Child's First Name		M.I.	Child's Date of Birth
		Child's Physical Address (Street)		City		State	Zip
	Parent's Last Name		Parent's First Name		M.I.	Parent's Date of Birth	
	6.	Child's Last Name		Child's First Name		M.I.	Child's Date of Birth
		Child's Physical Address (Street)		City		State	Zip
Parent's Last Name		Parent's First Name		M.I.	Parent's Date of Birth		

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C. Marital Status and Relationships

Child Support

Are you responsible for making child support payments for any children?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide the requested information below.
No.	Child's Name (Last, First)	Monthly Payment	Are the Payments Current?	
1.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.		\$	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been the subject of legal action as a result of overdue payments, delinquent payments or nonpayment of child support? Yes No If Yes, explain below.

Explanation: (Overdue, delinquent, non-payment information.)

Additional Payments, Alimony, Spousal Maintenance/Support Payments

Are you responsible for alimony, maintenance payments, spousal support and/or any other payments to Current/Former Domestic Partners/Spouses/Significant Others?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, list below.
1.	Name of Person from Previous Relationship (Last, First)	Payment Type (Alimony, Spousal Maintenance, etc.)		
	Monthly Payment: \$	Are the payments current? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.	Name of Person from Previous Relationship (Last, First)	Payment Type (Alimony, Spousal Maintenance, etc.)		
	Monthly Payment: \$	Are the payments current? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Have you ever been the subject of legal action as a result of overdue and/or delinquent payments to a Domestic Partner, Significant Other or Spouse? Yes No If Yes, explain below.

Explanation: (Late, overdue and/or other derogatory payment information.)

D. Residences

- List ALL incidents in which you were evicted and/or directed to vacate a residence.
- List ALL residences from current to birth. Provide the actual physical addresses you resided at, mailing addresses are not acceptable.
- If applicable, include addresses you resided at while serving in the military and/or attending college. If you resided at multiple dormitories while attending college they must be individually listed.
- If you are unable to recall exact dates of occupancy for previous residences, provide an estimate

Evictions - Directed/Forced to Vacate							
Have you ever been evicted from a residence or been directed/forced to vacate a residence?					Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide an explanation below.
Explanation: (Identify residence and former landlord/property manager, provide reason)							
Current Residence							
Current Residence (Your Current Residence)		Street Name and Number (Physical Address)				Apt #	
Dates of Occupancy		City			State	Zip	
	To	Present					
Do you currently own or rent this property?			Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Neither <input type="checkbox"/>	If applicable, monthly rent (List mortgage payment in Sec. "H")	
If applicable, is your monthly rent payment current? (List mortgage payment in Sec. "H")			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	If No, provide an explanation below.	
Explanation of Overdue/Nonpayment of Rent: (Cause and amount overdue)							
Property Management Company Name (If applicable)		Landlord/Property Managers Name (If applicable, last, first)			Phone Number		
Do you currently reside with anyone at this residence?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, list each of the person(s) you <u>currently</u> reside with below.	
No	Last Name	First Name	M.I.	Age	Phone Number	Relationship to You	
1.							
2.							
3.							
4.							
5.							
6.							

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D. Residences			
Former Residence List			
Utilize this page to list all former residences in reverse chronological order.			
1.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
2.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
3.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
4.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
5.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
6.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
7.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
8.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
9.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
10.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
11.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
12.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
13.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
14.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	
15.	Dates of Occupancy		Physical Address of Previous Residences (Street, Apt#, City, State, Zip)
		To	

(If more space is needed use the back of this page)

E. Employment

- List all incidents in which you collected unemployment benefits.
- List all incidents of termination/forced resignation, discipline and demotion.
- List **CURRENT** employment, including part-time positions and military service. **DO NOT** list former employment on this page.

Unemployment Benefits										
Have you ever collected unemployment benefits?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, provide the requested information below.	
Dates you received unemployment benefits			Reason you received unemployment benefits							
1.		To								
2.		To								
3.		To								
Terminations, Forced Resignations, Demotions and Discipline										
Have you ever been terminated or been directed/forced to resign from any employer or been demoted/disciplined by any employer?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, explain below.	
Explanation: (Cause of terminations or directed/forced resignation and/or discipline/demotion, provide date and identify employer)										
Current Employment										
Are you currently employed?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, how many jobs do you currently have?	
Current employment only, do not list former employment on this page. Begin documenting former employment on page 10.										
Current Employer-1		Dates of Employment			Name of Employer			Employer's Phone Number		
			To	Present						
Employer's Physical Address					City			State	Zip	
Occupation		Job Duties								
Supervisor's Name (Last, First)					Supervisor's Title			Supervisor's Phone Number		
Co-Worker's Name (Last, First)					Co-Worker's Title			Co-Worker's Phone Number		
Current Employer-2		Dates of Employment			Name of Employer			Employer's Phone Number		
			To	Present						
Employer's Physical Address					City			State	Zip	
Occupation		Job Duties								
Supervisor's Name (Last, First)					Supervisor's Title			Supervisor's Phone Number		
Co-Worker's Name (Last, First)					Co-Worker's Title			Co-Worker's Phone Number		

(If more space is needed use the back of this page)

E. Employment

- List chronologically ALL former employment, including part-time positions and military service. Start with your most recent and list in reverse chronological order.
- DO NOT list current employment on this page, current employment is to be listed on page 9.
- If known, list your former supervisor and a former co-worker below for each employer.

Former Employment						
Former Employer-1	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						
Former Employer-2	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						
Former Employer-3	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						

Continue on page 11

Former Employment						
Former Employer-4	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						
Former Employer-5	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						
Former Employer-6	Dates of Employment		Name of Employer		Employer's Phone Number	
		To				
Employer's Physical Address				City	State	Zip
Occupation		Job Description				
Supervisor's Name (Last, First)			Supervisor's Title		Supervisor's Phone Number	
Co-Worker's Name (Last, First)			Co-Worker's Name		Co-Worker's Phone Number	
Reason for Leaving:						

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F. Education

- Ensure that you have the minimum number of required college credits prior to completing this section. Refer to the NYSP recruitment website for specific requirements regarding college credits.
- Unopened Official Transcript(s) must be provided at Applicant Processing to verify the minimum credits needed. Unopened official transcript(s) from each institution attended is/are required.
- Beginning with the most recent, list ALL colleges attended. If you are unsure of exact dates of attendance provide an estimate.

College	
Enter your total number of accumulated college credits:	Effective this date:

DO NOT INCLUDE PARTIAL OR INCOMPLETE CREDITS

1.	College Name	Dates of Attendance			Number of Credits Earned	GPA
			TO			
College's Physical Address		City			State	Zip
If Applicable, Type of Degree <u>Earned</u> (i.e. A.A.S Criminal Justice, B.S. Accounting, J.D.)				Name of Former Instructor (Last, First)		
2.	College Name	Dates of Attendance			Number of Credits Earned	GPA
			TO			
College's Physical Address		City			State	Zip
If Applicable, Type of Degree <u>Earned</u> (i.e. A.A.S Criminal Justice, B.S. Accounting, J.D.)				Name of Former Instructor (Last, First)		
3.	College Name	Dates of Attendance			Number of Credits Earned	GPA
			TO			
College's Physical Address		City			State	Zip
If Applicable, Type of Degree <u>Earned</u> (i.e. A.A.S Criminal Justice, B.S. Accounting, J.D.)				Name of Former Instructor (Last, First)		
4.	College Name	Dates of Attendance			Number of Credits Earned	GPA
			TO			
College's Physical Address		City			State	Zip
If Applicable, Type of Degree <u>Earned</u> (i.e. A.A.S Criminal Justice, B.S. Accounting, J.D.)				Name of Former Instructor (Last, First)		

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F. Education							
College Discipline and Incidents							
While attending any college were you ever expelled, suspended or disciplined in any way?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
While attending any college were you ever accused of violating any of the college/university's rules, regulations or codes of conduct even if you were not disciplined or found at fault/guilty?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
While attending any college were you ever the subject of an investigation by that college/university for any alleged conduct or incident(s)?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
While attending any college were you ever the subject of any complaint by an instructor, student, college/university employee, or any other person(s)?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answered Yes to any of the above listed questions provide an explanation below. (Do Not Include Parking Tickets)							
Explanation: (Provide dates, allegations and identify involved persons)							
High School							
Name of Last High School Attended			Years Attended		Did you graduate from High School? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			To				
High School Address				City	State	Zip	
If you did not graduate from High School, did you obtain a High School Equivalency Diploma/GED?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Former High School Instructor: (Last, First)							
Were you ever expelled or suspended from any High School?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
				If Yes, explain below.			
Explanation of Expulsion(s) and/or Suspension(s):							

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G. New York State Certified Police Officer Training Academy							
Have you ever attended a certified Police Officer Training Academy/Course?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Police Academy		Dates Attended		Academy Phone Number			
		To					
Physical Address of Police Academy			City	State	Zip		
Name of Law Enforcement Agency that hired and/or sponsored you for this academy:							
Did you graduate from this Police Academy?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, what was your grade average:	
Did you fail any courses while attending this academy?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes, list the failed courses below.	
If Applicable, List All Failed Course(s):							

Bring a copy of your Academy completion certification with you to the Trooper Candidate Processing.

(If more space is needed use the back of this page)

H. Financial Information				
Have you ever filed for bankruptcy personally or on behalf of a business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever defaulted on any loan or had any property repossessed and/or foreclosed on?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had a lien placed against you personally or on behalf of a business?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been contacted by a collections agency regarding a delinquent account and/or debt?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever had a judgment filed against you or had your wages garnished?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you answered Yes, to any of the above listed questions, provide an explanation below:				
Checking Account and Loans				
Do you have a checking account?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Bank/Financial Institution:				
Address	City	State	Zip	Phone Number
Do you currently have a mortgage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Lender:				
Address	City	State	Zip	Phone Number
Do you currently have a student loan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Lender:				
Address	City	State	Zip	Phone Number
Do you have a vehicle loan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Lender:				
Address	City	State	Zip	Phone Number
Do you currently have any additional loans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Lender:				
Address	City	State	Zip	Phone Number
Do you have any additional loans?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Lender:				
Address	City	State	Zip	Phone Number

(If more space is needed use the back of this page)

I. State Police Acquaintances			
Do you have any New York State Police acquaintances?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide the requested information below.			
No.	State Police Employee's Name (Last, First)	How are you acquainted	Number of years acquainted
1.			
2.			
3.			
4.			

J. Social Acquaintances

- Provide three social acquaintances, these should be persons who know you well. The persons you list as Social Acquaintances should be persons that you consider to be your "Best Friends".
- Do not provide any relatives or current/former employers.

1.	Last Name	First Name	M.I.	Number of years acquainted :
How are you acquainted?				
Physical Address of Social Acquaintance				City
				State
Phone Numbers				Zip
Home Phone		Cellular Phone		Work Phone
2.	Last Name	First Name	M.I.	Number of years acquainted :
How are you acquainted?				
Physical Address of Social Acquaintance				City
				State
Phone Numbers				Zip
Home Phone		Cellular Phone		Work Phone
3.	Last Name	First Name	M.I.	Number of years acquainted :
How are you acquainted?				
Physical Address of Social Acquaintance				City
				State
Phone Numbers				Zip
Home Phone		Cellular Phone		Work Phone

(If more space is needed use the back of this page)

K. References

- Provide three references who are responsible adults such as householders, property owners or business professionals, who have known you well during the past five years.
- Do not provide any relatives or current/former employers.

1.	Last Name		First Name		M.I.	Number of years acquainted :		
Physical Address of Reference					City		State	Zip
Phone Numbers	Home Phone		Cellular Phone		Work Phone			
2.	Last Name		First Name		M.I.	Number of years acquainted :		
Physical Address of Reference					City		State	Zip
Phone Numbers	Home Phone		Cellular Phone		Work Phone			
3.	Last Name		First Name		M.I.	Number of years acquainted :		
Physical Address of Reference					City		State	Zip
Phone Numbers	Home Phone		Cellular Phone		Work Phone			

L. Military Service

Have you ever attempted to enlist and/or attempted to serve in any branch of the United States Military? Yes No

If Yes, were you able to enlist and/or serve in the United States Military? Yes No If No, provide an explanation below. If Yes, document your military service in Section L.

Explanation: (Reason for being unable to serve in U.S. Military.)

Service Type and Veterans Status

Have you ever been dishonorably discharged from any Military Service? Yes No

Have you ever served or are you currently serving **FULL TIME** in any of the branches of the United States Military? Yes No

Other than for training, while serving in the National Guard or Reserves, have you ever been federally activated? Yes No

Are you eligible for Veteran's Preference Credits? Yes No

Have you ever received a permanent appointment or obtained employment by use of your Veteran's Credits? Yes No

If Yes, Provide and Explanation of Veteran's Credit Use: (Date points used, # points used, identify employment obtained)

(If more space is needed use the back of this page)

L. Military Service					
Service Information					
1.	Branch of Military	Type of Service (Active Duty or National Guard/Reserves)		Date Entered	Date Discharged
	Active Duty <input type="checkbox"/> National Guard/Reserve Service <input type="checkbox"/>				
	Final or Current Rank	Military Specialty	Type of Discharge		
2.	Branch of Military	Type of Service (Active Duty or National Guard/Reserves)		Date Entered	Date Discharged
	Active Duty <input type="checkbox"/> National Guard/Reserve Service <input type="checkbox"/>				
	Final or Current Rank	Military Specialty	Type of Discharge		
3.	Branch of Military	Type of Service (Active Duty or National Guard/Reserves)		Date Entered	Date Discharged
	Active Duty <input type="checkbox"/> National Guard/Reserve Service <input type="checkbox"/>				
	Final or Current Rank	Military Specialty	Type of Discharge		
Do you have any additional military service? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, list the service on back of page.					
Disability Status					
Are you a disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> If Yes, what is your percentage: _____ %					
Discipline					
While serving in the Military were you ever the subject of a Courts-Martial or Non Judicial Punishment? (Article 15, NJP, Navy/Marine Corps – “Captains Mast”, Air Force – “Office Hours”, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, provide an explanation below: (Incident type, dates, location, discipline received, etc.)					
While serving in the Military did you ever fail to complete your full term of enlistment and/or service? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, provide an explanation below: (Reason for failing to complete enlistment/service commitment)					
Did you register with the Select Service? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
If Yes, provide the following:		Date Registered	Select Service Number		

***If applicable, bring Proof of Selective Service Registration and also, if applicable, bring a copy of your DD-214(s) (Member - 4 Version) with you to the Trooper Candidate Processing for the above dates of service. ***

(If more space is needed use the back of this page)

M. Motor Vehicle Records

- Accidents, tickets and traffic arrests will be carefully evaluated and do not necessarily eliminate an applicant.
- If exact dates for accidents, tickets, suspensions, etc. are unknown, provide an estimate.

Driver's License and/or Permit		
Do you currently have a Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, provide the requested information below. *Applicants must have a NYS Driver's License to attend the Academy*
Licensing State:	License Number:	License Expiration Date:
If you do not currently possess a Driver's License do you have a Learner's Permit? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, provide Learner's Permit Information below.
Issuing State of Permit :	Permit Number:	Permit Expiration Date:

Driver's License and/or Permit Suspensions				
Has your Driver's License and/or Learner's Permit in any state ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, provide the requested information below.	
1.	Date of Suspension	Date Suspension Ended	License State	Agency Issuing Suspension (DMV, Court, etc.)
	Reason for Suspension:			
2.	Date of Suspension	Date Suspension Ended	License State	Agency Issuing Suspension (DMV, Court, etc.)
	Reason for Suspension:			
(If more space is needed use the back of this page)				

Motor Vehicle Collisions		
As the operator of a motor vehicle, have you ever been involved in an accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Number of Accidents:

Provide information regarding each accident below.				
1.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If applicable, which violation(s) were you issued a summons for:			
	Description of Accident:			
2.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If applicable, which violation(s) were you issued a summons for:			
	Description of Accident:			
3.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If applicable, which violation(s) were you issued a summons for:			
	Description of Accident:			

Continue Motor Vehicle collisions on page 19

(If more space is needed use the back of this page for License/Permit/Suspensions)

M. Motor Vehicle Records					
4.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If applicable, which violation(s) were you issued a summons for:				
Description of Accident:					
5.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If applicable, which violation(s) were you issued a summons for:				
Description of Accident:					
6.	Date of Accident	Location of Accident	Responding Police Agency (If Applicable)	Was Anyone Injured?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
	As a result of this accident were you cited for being at fault, issued a summons, or arrested as an operator of one of the motor vehicles involved?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If applicable, which violation(s) were you issued a summons for:				
Description of Accident:					
(If more space is needed use the back of this page)					
DWI and DWAI Arrests					
Have you ever been arrested for driving while intoxicated or while ability to operate is impaired by alcohol and/or drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide the requested information below.	
No.	Date of Arrest	Location of Arrest (City, State)	Final Disposition of Arrest		
1.					
2.					
3.					
Traffic Tickets					
List all traffic tickets (even if there was no conviction) you have ever received in any state, or country. Do not include parking tickets.					
No.	Date of Ticket	Location (City, State)	Violation (Name/Type of Violation)	Final Disposition of Ticket	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Continue Motor Traffic Tickets on page 20

(If more space is needed for Motor Vehicle collisions use the back of this page)

M. Motor Vehicle Records				
No.	Date of Ticket	Location (City, State)	Violation (Name/Type of Violation)	Final Disposition of Ticket
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				

(If more space is needed use the back of this page)

Motor Vehicle Registration Information

Do you currently have any vehicle(s) registered in your name? Yes No If Yes, provide the requested information below.

No.	Registration State	Plate Number	Vehicle Year	Vehicle Make	Vehicle Model
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Has the registration of a vehicle which was registered in your name ever been suspended? Yes No If Yes, list the suspensions below.

1.	Date of Suspension	Plate Number	Vehicle Year	Vehicle Make	Vehicle Model
Agency Issuing Suspension			Reason for Suspension (Insurance Lapse, Scofflaw, etc.)		
2.	Date of Suspension	Plate Number	Vehicle Year	Vehicle Make	Vehicle Model
Agency Issuing Suspension			Reason for Suspension (Insurance Lapse, Scofflaw, etc.)		

(If more space is needed use the back of this page)

N. Court and Law Enforcement Records			
Criminal Court and Law Enforcement Contact			
As an adult or juvenile, have you ever been taken into custody or detained by law enforcement, even if you were not arrested? (Include juvenile and/or sealed incidents)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
As an adult or juvenile have you ever been arrested, indicted, received a criminal court appearance ticket, or criminal summons for any offense? (Include juvenile and/or sealed incidents)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
As an adult or juvenile have you ever been questioned or interviewed by law enforcement regarding any incident or crime even if you were not considered a suspect? (Include juvenile and/or sealed incidents)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered Yes to any of the above listed questions, provide the requested information for each incident below.			
1.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
2.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
3.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
4.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
5.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			

Continue on page 22

N. Court and Law Enforcement Records			
6.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
7.	Date of Occurrence	Incident Type	Incident Location (City, State)
	Law Enforcement Agency (Identify involved law enforcement agency)		Status (Provide case status or final disposition)
Additional Information: (Particulars of case, identify involved persons, etc.)			
Orders of Protection – Restraining Orders			
Have you ever been listed as a defendant, plaintiff, protected party, respondent or in any other form on an order of protection, restraining order or other similar document?			Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide an explanation below.
Explanation: (Date order issued/expired, issuing Court, identify persons involved)			
Civil Cases and Litigation			
Have you ever been the complainant, defendant, plaintiff, or respondent in any civil court case or legal action?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, provide the requested information for each case below.			
1.	Date of Occurrence	Incident Type (Type of Civil Action)	Role (Describe your role, plaintiff, respondent, etc.)
Jurisdiction (Identify Court)		Status (Provide case status or final disposition)	
Additional Information: (Particulars of case, identify involved persons, etc.)			
2.	Date of Occurrence	Incident Type (Type of Civil Action)	Role (Describe your role, plaintiff, respondent, etc.)
Jurisdiction (Identify Court)		Status (Provide case status or final disposition)	
Additional Information: (Particulars of case, identify involved persons, etc.)			

(If more space is needed use the back of this page)

O. Firearms				
Have you ever had any application for a pistol license, dealer's license, or gunsmith's license disapproved?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Have you ever had any pistol license, dealer's license, or a gunsmith's license revoked or cancelled?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
If you answered Yes to either of the above listed questions, explain below.				
Explanation:				
Do you have a pistol permit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide the requested information below.
Issuing State	Issuing County	Pistol Permit Number		Agency that conducted background investigation
Do you have any handguns?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, provide the requested information below.
No.	Make	Model	Caliber	Serial Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

P. Applications To Law Enforcement Agencies			
Previous Applications to the New York State Police			
Have you previously applied to the New York State Police for any position, civilian or sworn?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If Yes, provide the information for previous NYSP positions you applied for below.	
No.	Date of Application	Position Applied for with New York State Police (Job Title)	Status of Application
1.			
2.			
3.			

(If more space is needed use the back of this page)

P. Applications To Law Enforcement Agencies			
Applications to other Law Enforcement Agencies			
Have you applied to any law enforcement agency(s) other than the New York State Police? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, provide the requested information below. If exact dates are unknown, provide an estimate.			
1.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
2.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
3.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
4.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
5.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
6.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
7.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
8.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
9.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		
10.	Date of Application	Name of Agency	Position Applied For
	Status of Application:		

(If more space is needed use the back of this page)

