

<h2 style="margin: 0;">Employee Information</h2>	
	Date:

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security # is mandatory pursuant to the Internal Revenue Service Code and Social Security Law for the purposes of verifying your identity and administration of your salary and benefits.

Employee Information						
Name (Last, Suffix, First, MI)		DOB (mm/dd/yyyy)	Sex	Social Security #		
Race/Ethnicity						
American Indian/ Alaska Native	Asian	Black/African American	Native Hawaiian/ other Pacific Islander	White	Hispanic/Latino (of any race)	Other
Marital Status				Client ID (Driver's License #)		
Single	Married	Divorced	Separated	Widower		
Personal Email		Home Phone #		Personal Cell Phone #		
Physical Address		City		State	Zip	
Mailing Address (If Different)		City		State	Zip	

Emergency Contact			
Name (Last, First, MI)		Relationship to You	
Home Phone #	Personal Cell Phone #	Work Phone #	Ext.
Street Address		City	State
			Zip

Language Proficiency			
1 st Language	Proficiency Level	2 nd Language	Proficiency Level

Specialized Skills (Sworn Members Only)			
Proficiency can derive from formal training/education, professional (paid) experience, or from extensive practice as a serious hobbyist.			
Skill 1	Skill 2	Skill 3	Skill 4

Military Information			
Member of Guard/Reserve?	Yes, branch:		No
Veteran?	Yes, branch:	No	Start Service:
			End Service:
Disabled Veteran?	Yes	No	VA Disability Letter?
			Yes No

Employee Information	
	Date:

College Education			# of Credits Earned:
1 st School	Major	Degree	Year Graduated
2 nd School	Major	Degree	Year Graduated
3 rd School	Major	Degree	Year Graduated

Volunteer Firefighter	
Are you a Volunteer Firefighter?	Yes, Department: No

Prior Employment			
Prior New York State Police Employment?	State Date	End Date	Last Rank/Title
Yes No			
Prior Employment by Another Police Agency?	State Date	End Date	Last Rank/Title
Yes No			
Agency Name	State		

Prior New York State, County, or Municipal Employment?		Yes, # of Agencies:	No, skip to Certification section.
1 st Agency Name	State Date	End Date	
Contact Name (Last, First, MI)	Contact Phone #	Bargaining Unit	
2 nd Agency Name	State Date	End Date	
Contact Name (Last, First, MI)	Contact Phone #	Bargaining Unit	
3 rd Agency Name	State Date	End Date	
Contact Name (Last, First, MI)	Contact Pone #	Bargaining Unit	

Certification	
Employee Signature	Date (mm/dd/yyyy)