

New York State Police



PRIOR NEW YORK STATE SERVICE

Name: _____

Social Security #: _____

NYSP Title: **State Trooper** _____

Bargaining Unit: **PBA** _____ Total Weekly Hours: **40** _____

Previous **State** Service: YES ___ NO ___

If YES:

Name of Agency: _____

Dates of Service: _____

Agency Contact Person: _____

Telephone Number: _____

Facsimile Number: _____

Previous Bargaining Unit: _____ Total Weekly Hours: _____

Signature _____ Date _____