

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	Female						Feet	Inches	
Hair Color		Eye Color		Do you have any scars, marks or tattoos? Yes No				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 No									
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 No									
Was your U.S. citizenship obtained by birth or naturalization? Birth Naturalization									
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			

(If more space is needed use an additional page)

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	Zip
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	Zip
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 No									
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:									

B. Birth/Family									
Siblings									
Do you have any siblings?		Yes		No		If Yes, provide the requested information for each of your siblings below.			
1.	Sibling's Last Name			First Name			M.I.	Relationship to You	
								Brother Sister	
Sibling's Physical Address (Street)				City		State	Zip	Sibling's Phone Number	
2.	Sibling's Last Name			First Name			M.I.	Relationship to You	
								Brother Sister	
Sibling's Physical Address (Street)				City		State	Zip	Sibling's Phone Number	
3.	Sibling's Last Name			First Name			M.I.	Relationship to You	
								Brother Sister	
Sibling's Physical Address (Street)				City		State	Zip	Sibling's Phone Number	
4.	Sibling's Last Name			First Name			M.I.	Relationship to You	
								Brother Sister	
Sibling's Physical Address (Street)				City		State	Zip	Sibling's Phone Number	
5.	Sibling's Last Name			First Name			M.I.	Relationship to You	
								Brother Sister	
Sibling's Physical Address (Street)				City		State	Zip	Sibling's Phone Number	

(If more space is needed use an additional page)

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		No			
If Yes, provide the person's information from your current relationship below.											
The below listed person is my:		Domestic Partner		<u>Significant</u> Other		Spouse					
Last Name			First Name			M.I.	Maiden Name (If Applicable)				
Date of Birth		Date of Marriage (If Applicable)		Location of Marriage: (City State)							
Physical Address (Current Domestic Partner/Spouse/Significant Other)					Apt	City		State	Zip		
Current Domestic Partner/Spouse/Significant Other's Phone Numbers		Residence Phone		Cellular Phone		Work Phone					
Are you currently estranged or legally separated from this person?				No		Yes, Estranged		Yes, Legally Separated		Not Applicable	

(If more space is needed use an additional page)

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 <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, provide the person's information from your previous relationship(s) below.				
1.	Last Name		First Name	
	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	
	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	
	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	
(If more space is needed use the back of this page)				
Family Court Action				
Have you ever been charged, petitioned against, a respondent or otherwise been a subject of a proceeding in Family Court? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Explanation:				
Have you ever been involved in any type of domestic incident that required any contact with a law enforcement agency? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Explanation:				

C. Marital Status and Relationships

Do you have any children?		Yes	No	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

(If more space is needed use an additional page)

C. Marital Status and Relationships				
Child Support				
Are you responsible for making child support payments for any children?		Yes	No	If Yes, provide the requested information below.
No.	Child's Name (Last, First)	Monthly Payment	Are the Payments Current?	
1.		\$	Yes	No
2.		\$	Yes	No
3.		\$	Yes	No
4.		\$	Yes	No
5.		\$	Yes	No
6.		\$	Yes	No
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	No	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 No		
2.	Name of Person from Previous Relationship (Last, First)		Payment Type (Alimony, Spousal Maintenance, etc.)	
	Monthly Payment: \$	Are the payments current? Yes No		
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.)				

(If more space is needed use an additional page)

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		No		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		Rent		Neither		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		No		Not Applicable		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		No		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.									

(If more space is needed use an additional page)

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 an additional 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		No		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		No		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		No		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 an additional 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:									

(If more space is needed use an additional page)

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)	

(If more space is needed use an additional page)

F. Education					
College Discipline and Incidents					
While attending any college were you ever expelled, suspended or disciplined in any way?	Yes	No			
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	No			
While attending any college were you ever the subject of an investigation by that college/university for any alleged conduct or incident(s)?	Yes	No			
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	No			
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 No		
		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	No	
Name of Former High School Instructor: (Last, First)					
Were you ever expelled or suspended from any High School?			Yes	No	If Yes, explain below.
Explanation of Expulsion(s) and/or Suspension(s):					

(If more space is needed use an additional page)

G. New York State Certified Police Officer Training Academy					
Have you ever attended a certified Police Officer Training Academy/Course?			Yes	No	
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	No	If Yes, what was your grade average:	
Did you fail any courses while attending this academy?		Yes	No	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 an additional page)

H. Financial Information					
Have you ever filed for bankruptcy personally or on behalf of a business?			Yes	No	
Have you ever defaulted on any loan or had any property repossessed and/or foreclosed on?			Yes	No	
Have you ever had a lien placed against you personally or on behalf of a business?			Yes	No	
Have you ever been contacted by a collections agency regarding a delinquent account and/or debt?			Yes	No	
Have you ever had a judgment filed against you or had your wages garnished?			Yes	No	
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	No	
Name of Bank/Financial Institution:					
Address			City	State	Zip
Do you currently have a mortgage?			Yes	No	
Name of Lender:					
Address			City	State	Zip
Do you currently have a student loan?			Yes	No	
Name of Lender:					
Address			City	State	Zip
Do you have a vehicle loan?			Yes	No	
Name of Lender:					
Address			City	State	Zip
Do you currently have any additional loans?			Yes	No	
Name of Lender:					
Address			City	State	Zip
Do you have any additional loans?			Yes	No	
Name of Lender:					
Address			City	State	Zip

(If more space is needed use an additional page)

I. State Police Acquaintances			
Do you have any New York State Police acquaintances?		Yes	No
		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 Zip
Phone Numbers	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 Zip
Phone Numbers	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 Zip
Phone Numbers	Home Phone	Cellular Phone	Work Phone	

(If more space is needed use an additional 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	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 <u>FULL TIME</u> 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 an additional 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 National Guard/Reserve Service			
	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 National Guard/Reserve Service			
	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 National Guard/Reserve Service			
	Final or Current Rank	Military Specialty	Type of Discharge		
Do you have any additional military service?		Yes	No	If Yes, list the service on back of page.	
Disability Status					
Are you a disabled veteran?		Yes	No	Pending	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	No
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	No		
If Yes, provide an explanation below: (Reason for failing to complete enlistment/service commitment)					
Did you register with the Select Service?		Yes	No	Not Applicable	
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 an additional 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	No	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	No	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	No	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 an additional page)				
Motor Vehicle Collisions				
As the operator of a motor vehicle, have you ever been involved in an accident?		Yes	No	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 No
	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?			
	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 No
	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?			
	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 No
	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?			
	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 next 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 No
	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 No
	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 No
	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 No
	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 No
	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 No
	If applicable, which violation(s) were you issued a summons for:			
	Description of Accident:			
(If more space is needed use an additional 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 No	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 next 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 an additional 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 an additional 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	No
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	No
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	No
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?			<div style="display: flex; justify-content: space-around;"> Yes No </div>
Explanation: (Date order issued/expired, issuing Court, identify persons involved)			If Yes, provide an explanation below.
Civil Cases and Litigation			
Have you ever been the complainant, defendant, plaintiff, or respondent in any civil court case or legal action?			<div style="display: flex; justify-content: space-around;"> Yes No </div>
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 an additional page)

O. Firearms				
Have you ever had any application for a pistol license, dealer's license, or gunsmith's license disapproved?		Yes	No	Not Applicable
Have you ever had any pistol license, dealer's license, or a gunsmith's license revoked or cancelled?		Yes	No	Not Applicable
If you answered Yes to either of the above listed questions, explain below.				
Explanation:				
Do you have a pistol permit?		Yes	No	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	No	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	No
		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 an additional 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	No
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 an additional page)

Additional Space