INSTRUCTIONS AND ITEMS NEEDED FOR INVESTIGATION

All Forms in the Applicant Package MUST BE COMPLETED IN THEIR ENTIRETY. All forms must be signed even when its states in front of a witness.

1. The Detailed Earning Statement must be obtained prior to completing the (2) Booklets and the Chronological Listing (employment 2 form); **THIS MUST BE DONE BEFORE MEETING WITH INVESTIGATOR.**

2. The (2) Booklets, Domestic Violence form, Declaration of Incarcerated Associations forms, Medical Inquiry and Letters of Support **MUST BE NOTARIZED.**

3. A $75.00 U.S. Postal Order **(ONLY A U.S. POSTAL MONEY ORDER WILL BE ACCEPTED)** must be brought with you when meeting with your investigator for the fingerprint process.

Selective Service/ DD214 (4 Copies) _____

Birth Certificate/ Naturalization Paper (4 Copies) _____

Social Security Card (4 Copies) _____

(2) Proof of Residence (4 Copies of each) _____

High School Diploma/ GED (4 Copies) _____

Official College Transcript (Original Only) _____

Parking Violation Bureau (PVB) (Original and 1 Copy) _____

Drivers License/ Insurance/ Registration (4 Copies) _____

DMV Abstract (Original and 1 Copy) _____

Court Disposition: Arrests or Summons (Original and 1 Copy) _____

Marriage/Divorce Papers/Legally Separated (4 Copies) _____

Unemployment Transcript (Original Only) _____

Detailed Earning Statement (Original and 1 Copy) _____

5 Passport Photos _____

Booklets notarized _____

*******If there are any questions or concerns please contact your investigator*******

EMPLOYMENT

1. Job Inquiry Forms
2. Chronological Listing
3. Detailed Earning Statement
4. Notarized Letter of Support
5. Military/ DD214/ Selective Service Card
6. HRA
7. Unemployment Transcript
8. Bankruptcy Paperwork

NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, COMMISSIONER
Alan Vengersky, Deputy Commissioner
Human Resources, & Training
David A. Safran, Ph.D, Director
Applicant Investigation Unit
Bulova Corporate Center
75-20 Astoria Blvd East
East Elmhurst, NY 11370
718 • 546 • 3238
Fax 718 • 278 •6071

Date:

THIS IS AN INQUIRY CONCERNING: EXAM/LIST #: _____

_____ _____
NAME ADDRESS

_____ _____ * _____
POSITION HELD FROM / TO

_____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER

_____
SUPERVISORS NAME & PHONE NUMBER

In accordance with the privacy Act of 1975, I hereby give my written consent and authorize you to turn over any and all employment records relating to my employment. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein. I further request that such records be forwarded to the Correction Department Investigator, named below.

_____
APPLICANT'S SIGNATURE

The above named person is an applicant for the position of Correction Officer in the City of New York Department of Correction and states that he/she was employed by you during the period(s) shown above.

I have been assigned by the Correction Commissioner to investigate the character and records of this applicant in order to determine his/her eligibility for the position.

You can assist this department in its effort to appoint competent persons of good character if you would furnish the information requested on the reverse side of this letter. All information will be treated as confidential. Your cooperation and prompt reply will be greatly appreciated.

_____
Name/Rank:

TELEPHONE # 718-_____ - _____

Employment 1

NAME OF FIRM OR AGENCY	TYPE OF BUSINESS OR FUNCTION OF AGENCY	DATE

EMPLOYED FROM/TO	PART TIME / FULL TIME	TITLE	S.S #

IF NOT PRESENTLY EMPLOYED BY YOU, INDICATE MANNER OF LEAVING YOUR EMPLOYMENT
(PLEASE, CHECK ONE)

RESIGNED VOLUNTARILY (state reason given)_____

WAS APPROPRIATE NOTICE GIVEN IN ADVANCE OF RESIGNATION: _____

RESIGNED IN LIEU OF TERMINATION: _____

TERMINATED, _____

LAID-OFF, _____

OTHER _____

CANDIDATE'S EMPLOYMENT RECORD (Check Yes or No. If you desire to elaborate, do so in "Detail")

Honest?	**Yes No**	**Amenable To Orders?**	**Yes No**	**Excessively Late?**	**Yes No**	**Was he Ever Disciplined?**	**Yes No**
Sober?	**Yes No**	**Able to get Along With Others?**	**Yes No**	**Excessively: Absent**	**Yes No**	**Injured or Given First Aid?**	**Yes No**

IS SUBJECT CONSIDERED ELIGIBLE FOR REHIRE? **Yes** **No**

WOULD YOU PREFER A PERSONAL INTERVIEW TO DISCUSS CANDIDATE? **Yes** **No**

DETAIL OR ADDITIONAL COMMENTS:

ADDRESS WHILE UNDER
YOUR EMPLOYMENT_____/_____

ADDRESSES OF PREVIOUS
EMPLOYERS_____/_____

SIGNATURE & TITLE OF EMPLOYER: _____ Tele. # _____

CHRONOLOGICAL LISTING

(EMPLOYMENT, UNEMPLOYMENT, MILITARY SERVICE, COLLEGE, VOCATIONAL TRAINING, SUPPORT)

CANDIDATE: _____ _____/_____

EXAM * LIST

MAKE A CHRONOLOGICAL LIST OF ALL EMPLOYMENT ACTIVITY SINCE LEAVING HIGH SCHOOL. THIS LIST MUST INCLUDE ALL PERIODS OF UNEMPLOYMENT, MILITARY SERVICE AND SCHOOLING (COLLEGE, VOCATIONAL, TECHNICAL, ETC.). FOR ALL PERIODS OF UNEMPLOYMENT INCLUDE WHETHER YOU RECEIVED UNEMPLOYMENT INSURANCE, SOCIAL SECURITY BENEFITS, SOCIAL SECURITY DISABILITY BENEFITS, PUBLIC ASSISTANCE AND/OR ANYTIME YOUR WERE SUPPORTED BY ANYONE OTHER THAN YOURSELF. START FROM YOUR PRESENT STATUS (JOB, SCHOOL, MEANS OF SUPPORT, ETC.) AND WORK YOUR WAY BACK TO THE LAST MONTH AFTER HIGH SCHOOL ONLY.

COMPLETE THE "FROM" "TO" (MONTH/YEAR IE. 07/02) AND "ACTIVITY SECTIONS" OF THIS PAGE.

FROM	TO	ACTIVITY (LIST EMPLOYERS, MEANS OF SUPPORT,COLLEGES, ETC.)	VERIFIED BY	REF. #
	PRESENT			

_____ _____ _____

INVESTIGATOR SQUAD DATE

NOTARIZED LETTER OF SUPPORT

- **WHEN EVER AN APPLICANT HAS A PERIOD OF NON-EMPLOYMENT OR DID NOT ATTEND SCHOOL AND LIVED AT HOME WITH PARENTS, RELATIVES OR WHATEVER THE CASE MAY BE, THEY WILL BE ASKED TO SUBMIT A NOTARIZED LETTER OF SUPPORT;**

- **THIS LETTER IS TO BE COMPLETED BY THE INDIVIDUAL THAT SUPPORTED THE CANDIDATE DURING THOSE PERIODS;**

- **IN GENERAL IT CAN SAY:**

  I _____NAME OF PERSON DOING THE SUPPORTING_____ SUPPORTED ____NAME OF CANDIDATE_____ DURING ALL PERIODS OF UNEMPLOYMENT."

- **THE FORM MUST BE NOTARIZED BY A NOTARY PUBLIC OR COMMISSIONER OF DEEDS;**

- **INVESTIGATIVE CASES CAN BE SUBMITTED PENDING THIS DOCUMENT, BUT YOU SHOULDN'T.**

NOTES:

N.Y.C. DEPARTMENT OF CORRECTION * APPLICANT INVESTIGATION UNIT * Bulova Corporate Center 75-20 Astoria Blvd East, East Elmhurst, NY 11370

NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, COMMISSIONER
Alan Vengersky, Deputy Commissioner
Human Resources, Labor Relations & Training
David A. Safran, Ph.D Director AIU
Bulova Corporate Center
Applicant Investigation Unit – Ste 130
75-20, Astoria Blvd East
East Elmhurst, NY 11370
718-546-3238
718-278-6071

National Personnel Records Center
(Military Personnel Records)
9700 Page Boulevard
St. Louis, MO 63132

Military Information Release

I, _____, authorize the National Personnel Records Center, in St. Louis, MO, or other custodian of my military record to release to the New York City Department of Correction, information or hardcopies from my military personnel and related medical records, or any information outlined below on the left hand corner.

This could include the hard copy of my DD form 214, Report of Separation.

_____ _____
Name Social Security No.

_____ _____ _____
Date of Birth Branch Dates of Service Time

Requested:

- DD-214
- MEDICAL RECORDS
- DISCIPLINARY RECORDS

_____
DATE

_____
SIGNATURE

Thank you for your assistance and cooperation.

Sincerely,

_____
INVESTIGATOR

NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, Commissioner
Alan Vengersky, Deputy Commissioner
Human Resources, Labor Relations & Training
David A Safran, PhD Director AIU
Bulova Corporate Center
Applicant Investigation Unit – Ste 130
75-20 Astoria Blvd East
East Elmhurst, NY 11370
718 546-3238
Fax 718 278-6071

N.Y.C. Department of Social Service
Bureau of Fraud Investigation
250 Church Street * Rm. 422
New York, New York 10013

I hereby authorize the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to, and/or examined by N.Y.C. Department of Correction for the purpose of determining my eligibility for appointment to the N.Y.C. Department of Correction. I acknowledge this authorization that I release you from any obligation of liability in the disclosure of the contents of such records.

_____ _____
Full Name – Printed Candidate's Signature

_____ _____
Social Security Number Date of Birth

Public Assistant Recipient: NO_____ YES_____ Case No.:_____

Current Address: _____

Previous Address: _____

Maiden Name: _____ Mother's Full Maiden Name: _____

Husband's Name/Wife's Full Maiden Name: _____

Currently Employed: NO_____ YES_____ Name/Address of Employer:_____

_____

_____ _____ _____
Investigator Shield# Telephone #

BUREAU OF CLIENT FRAUD REPLY

_____**No Record** _____**Active Case** _____**Closed Case** _____**Center**

Date Opened_____Date Closed_____Type of Benefits Received: _____
Client's Name_____Case No.:_____
Client's Address:_____
Family Composition – (Name, Date of Birth, Social Security No.): _____
_____
Cleared by:_____ Telephone_____ Date_____
Additional Remarks: _____
_____
_____
_____

Visit NEW YORK'S BOLDEST on the Web at: www.nyc.gov/boldest

AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS

I _____, SS#_____

reside at _____

_____ and hereby authorize the New York State Department of Labor ("Department") to release unemployment insurance records for the period of _____ maintained by the Department under the above stated social security number.

These records may be released to _____

Whose address is_____

_____

This information is sought for the purpose of ***Candidate for Correction Officer*** and will be used solely for this purpose.

Sworn to before me this

_____day of _____, 20____

_____

Notary Public

Department of Labor Tele# (518)-485-8048 Fax# (518) 457-9841

How to Request A Printout of Unemployment Insurance Benefit Payments

The NYS Department of Labor will provide you with a history of unemployment benefits you received OR a document indicating no record was found if you have not collected unemployment benefits. Follow the instructions below to request these records.

To request your own UI records, complete the 'Authorization for Release of Unemployment Records Form' attached. You must include all the following information.

- Your name
- Your social security number
- Your current address
- A description of the specific information you are requesting (benefit payment history)
- The time period you received benefits (Note: Indicate never for the time period if you have not collected unemployment benefits)
- The name and address of the person the records should be released to. (The Department of Labor will fax the records directly to your assigned investigator if you provide their name and the fax number)
- Your request form must contain either your notarized signature, or in lieu of a notarized signature, you must provide a copy of your social security card and a copy of your driver's license *or* equivalent proof of identification containing your signature.

IMPORTANT: Please include your phone number on the authorization form in the event the Department of Labor needs to contact you for additional information.

Your request can be mailed or faxed to the Department of Labor.

Mailing Address:

NYS Department of Labor

P.O. Box 15130

Albany, New York 12212-5130

Fax Number:

(518) 457-9841

If you have not received a response to your request within 7 business days, please call the NYS Department of Labor at (518) 485-1283.

How to Request A Printout of Unemployment Insurance Benefit Payments

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- Your name
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- The time period you received benefits (Note: Indicate never for the time period if you have not collected unemployment benefits)
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Albany, New York 12212-5130

Fax Number:

(518) 457-9841

If you have not received a response to your request within 7 business days, please call the NYS Department of Labor at (518) 485-1283.

CRIMINAL HISTORY

1. NYS Prints
2. FBI Prints
3. Domestic Violence
4. Order of Protection
5. Court Dispositions
6. Statement of Convictions
7. Incarcerated Associations
8. Interpol
9. IIS
10. IFCOM

DOMESTIC VIOLENCE

INQUIRY REGARDING CONVICTIONS FOR MISDEMEANOR CRIMES OF DOMESTIC VIOLENCE

Pursuant to Title 18 U.S.C. Section 922 (g) (9)

The purpose of this form is to obtain information that will assist the New York City Department of Correction in determining whether any of its applicants have been adversely affected by federal law, title 18 U.S.C. Section 922 (g) (9). You are directed to complete this form and return it, within ten (10) business days of your receipt of the form, to your Applicant Investigation Unit Investigator. Failure to complete this form truthfully and within ten (10) business days of receipt may result in your not being hired.

Applicants may seek the advice of counsel prior to responding to the questions contained on this form. However, this form must still be completed, notarized and submitted to your investigator within ten (10) business days of receipt. The New York City Department of Correction will notify the Licensing agency and/or appropriate authorities when informed of an applicant who reports the possession of firearms or ammunition in violation of this law.

1. **Have you ever been convicted of a Misdemeanor Crime of Domestic Violence, in any court, anywhere, including a military tribunal? Indicate:** YES ☐ NO ☐

A "Misdemeanor Crime of Domestic Violence" is defined by 18 U.S.C~ 921 (a) (33) (A) as follows: An offense that (i) is a misdemeanor under federal or state law and (ii) has as an element, the use or attempted use of physical force or the threatened use of a deadly weapon, committed by:

A. A current or former spouse, parent or guardian of the victim.

B. A person with whom the victim shares a child in common.

C. A person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian.

D. A person similarly situated to a spouse, parent or guardian of the victim.

2. **If you answered "yes" to question No.1, provide the following information with respect to the conviction: Court/Jurisdiction**

Docket/Case # : _____

Statute/Charge: _____

Date Sentenced: _____

If you answered, "yes" to question No.1:

a. **Were you pardoned? Indicate:** **YES** **NO**
b. **Was your conviction expunged? Indicate:** **YES** **NO**
c. **If any of your civil rights were removed as a result of your conviction, have all of your rights been restored? Indicate:** **YES** **NO**

3. **If you answered "Yes" to question 2a, b or c attach copies of documents verifying your response.**

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: _____ Exam #: _____ List #: _____

Position Sought: _____ _____

Date: _____ Signature: _____

Sworn to before me this _____ day of _____, 200____.

Notary Public / Commissioner of Deeds

_____

ORDER OF PROTECTION ACKNOWLEDGEMENT

Name: _____ Exam #: _____ List #: _____

The purpose of this form is to obtain any information regarding the issuance of any "Order of Protection" by you or against you. Applicants may seek the advice of counsel prior to responding to the questions contained in this form.

1. **Have you ever had an "Order of Protection" taken out against you in any court, anywhere, including a military tribunal? Indicate:** YES ☐ NO ☐

2. **Have you ever taken out an "Order of Protection" against anyone in any court, anywhere, including a military tribunal? Indicate:** YES ☐ NO ☐

If you answered "yes" to any of the above questions, provide a detailed explanation on a 17b form (including who, what, where, why, and how the incident transpired).

WARNING:

SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND SECTION 210.45 OF THE PENAL LAW MAKE IT A CRIME TO KNOWINGLY FALSIFY ANY INFORMATION ON THIS FORM, AND ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWLINGLY FALSIFYING ANY MATERIAL / INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE DISQUALIFICATION OF THE APPLICANT.

DECLARATION (BY APPLICANT)

I DECLARE THAT I HAVE READ THE ABOVE WARNING AND THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signature: _____

N.Y.C. DEPARTMENT OF CORRECTION * APPLICANT INVESTIGATION UNIT * Bulova Corporate Center 75-20 Astoria Blvd East, East Elmhurst, NY 11370

COURT DISPOSITIONS, ARRESTS, SUMMONSES

- IF A CANDIDATE HAS EVER BEEN ARRESTED OR RECEIVED A NON-TRAFFIC SUMMONS, THEY MUST SUBMIT AN ORIGINAL COURT DISPOSITION, WITH A RAISED SEAL, OF THE CASE AND INSERTED IN FOLDER WITH COPIES;

- TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "*NAME OF INVESTIGATOR-SHIELD #*" DATE AND SIGNATURE;

- CANDIDATE HAS TO EXPLAIN THE CIRCUMSTANCES EVOLVING THE ARREST OR INCIDENT ON A GENERAL INFORMATION FOR (17-B) (CANDIDATE MUST LIST EVERY DETAIL –WHAT, WHEN, WHERE, WHY, WHO AND HOW);

- WARRANTS: IF AN ACTIVE WARRANT IS REVEALED;
  - THE INVESTIGATOR MUST INFORM THE TEAM LEADER
  - TEAM LEADER WILL INFORM UPPER MANAGEMENT
  - THE INVESTIGATOR WILL CALL AND VERIFY THE "WANTED PERSON" INFORMATION WITH THE RESPECTIVE LAW ENFORCEMENT AGENCY
  - IF CROSS REFERRENCE IS A POSITIVE HIT AND ACTIVE WARRANT IS VERIFIED…
  - THE INVESTIGATOR, UPON THE DIRECTION OF THE INVESTIGATIVE CAPTAIN, WILL:
    - CALL THE WARRANT SQUAD OF THE ISSUING AGENCY TO ARRANGE CANDIDATE PICK UP

- IF IT'S A WANTED SYSTEM'S SEARCH RESULT, THESE ARE USUSALLY BASED ON COMPARISION; CONTACT THE ISSUING LAW ENFORCEMENT AGENCY AND VERIFY THE PERSON BY MEANS OF PHOTOGRAPH, AND OTHER RELATED INFORMATION; MAKE SURE YOU DOCUMENT WHO YOU SPOKE TO, TIME, DATE, AND DISPOSITION OR FINAL RESULT OF YOUR INVESTIGATION CONCERNING THIS MATTER; IF UNSURE ASK YOUR TEAM LEADER!

- INVESTIGATOR SHALL DOCUMENT ALL CALLS ON THE A.I.U. TELEPHONE INQUIRY FORM AND MAKE CHRONOLOGICAL INDICATIONS ON THE PROGRESS REPORT OF THE ACTIONS TAKEN;

- INVESTIGATIVE CASES CANNOT BE SUBMITTED WITHOUT ORIGINAL COURT DISPOSITIONS.

NOTES:

CITY OF NEW YORK
DEPARTMENT OF PERSONNEL

DECLARATION OF CONVICTIONS OF PENDING CRIMINAL ACTION

TO BE COMPLETED BY AGENCY

Name:_____ Date: _____

Agency:_____ Title appointed to:_____

Comp. ☐ Non-comp. ☐ Temp./prov. ☐ Reinstated ☐

I, _____ residing at _____

_____ state that the following is a complete list of all convictions or violations of law (other than traffic violations) in all jursidictions and of all charges currently pending anywhere. If none, write "none".

DATE	OFFENSE	PCT.	COURT/LOCATION	DISPOSITION

Convictions for juvenile delinquency, youthful offender or wayward minor under age 19 need not be reported if they are sealed information.

WARNING:

SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND SECTION 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY ANY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWLINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE DISQUALIFICATION OF THE APPLICANT.

DECLARATION (BY APPLICANT)

I DECLARE THAT I HAVE READ THE ABOVE CAPTION AND THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED:_____ **DATE:**_____

N.Y.C.D. * APPLICANT INVESTIGATION UNIT * 75-20 Astoria Blvd. Suite# 130,East Elmhurst NY, 11370

CITY OF NEW YORK
DEPARTMENT OF CORRECTIONS
DECLARATION OF INCARCERATED ASSOCIATIONS

Are you related to or associated with anyone who was ever incarcerated or is currently incarcerated? If yes, provide the information below. Be sure to include the person's full name, your relationship to the person and date and place of incarceration (if known)). Have you ever called or had contact with any incarcerated individual, including sending mail, depositing money into an account or visited any inmate in any city, state or federal prison? Is yes, provide the information below.

INDIVIDUALS NAME	RELATIONSHIP	DATE & PLACE OF INCARCERATION

SECTION 1151.90 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND 210.45 OF THE PENAL LAW MAKES IT A CRIME TO KNOWINGLY FALSIFY INFORMATION ON THIS FORM. ANY APPLICANT WHO KNOWINGLY FALSIFIES ANY SUCH INFORMATION MAY BE PUNISHED BY A FINE, IMPRISONMENT OR BOTH. IN ADDITION, KNOWINGLY FALSIFYING ANY INFORMATION ON THIS DOCUMENT WILL AUTOMATICALLY CAUSE YOU TO BE DISQUALIFIED FROM EMPLOYMENT.

DECLARATION (BY APPLICANT)

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: _____ Exam #:_____ List #:_____
Position Sought: _____ _____

Date:_____ Signature: _____

Sworn to before me this _____ day of _____, 200____.

Notary Public / Commissioner of Deeds

_____

N.Y.C. DEPARTMENT OF CORRECTION * APPLICANT INVESTIGATION UNIT * Bulova Corporate Center 75-20 Astoria Blvd East, East Elmhurst, NY 11370

NEW YORK CITY CORRECTION DEPARTMENT
APPLICATION INVESTIGATION UNIT
75-20 ASTORIA BLVD., SUITE 130
EAST ELHURSTMENT, NY 11370
718-546-3238 (TEL)
718-278-6072 (FAX)

DATE: _____

Name: _____

Exam#: _____ Social Security: _____

List#: _____

1) Do you currently have a United States Passport? ***Yes*** ***No***

2) Do you possess more than one Passport? ***Yes*** ***No***

*If you checked yes please list for which countries*_____

3) Do you have Dual Citizenship? ***Yes*** ***No***

*If you checked yes please list for which countries*_____

Signature: _____

EDUCATION

1. High School Letter of Attendance
2. College Letter of Attendance
3. G.E.D./ High School Diploma
4. Official College Transcript(s)

NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, COMMISSIONER
Alan Vengersky, Deputy Commissioner
Human Resources, & Training
David A Safran, Ph.D. Director AIU
Bulova Corporate Center
Applicant Investigation Unit – Ste 130
75-20 Astoria Blvd. East
East Elmhurst, NY 11370
718 • 546 • 3238
Fax 718 • 278 • 6071

Date: _____

To Whom It May Concern:

Pursuant to the written authorization below, it is requested that the New York City Department of Correction be furnished information contained in the school records of the student named below who is an applicant for appointment to this Department.

Specifically, it is requested that the information requested on the reverse side of this letter, including any pertinent comments from former teachers or other school personnel, be furnished as it appears on your records.

Your prompt attention to this matter will be appreciated.

Yours truly,

_____
Investigator, Squad #

*****AUTHORIZATION*****

I hereby authorize the release of any and all information contained in my school records or known to school personnel and that such information and/or records be disclosed, furnished to, and/or examined by the New York City Department of Correction for the purpose of determining my eligibility for appointment to the New York City Department of Correction. This authorization shall remain in effect until cancelled by me in writing.

_____ Social Security Number: _____
Full Name – Printed

Date of Birth: _____ Dates Attended School: _____

_____
Full Name If Different while Enrolled

_____
Candidate's Signature

High School Education 1

Candidate: _____

Exam #: _____

List #: _____

----------To Be Completed By Office Personnel ----------

Please Provide All or As Much Information As Possible

Dates of Attendance: _____ to _____ Day / Evening.

Degree, Diploma, or Certificate Received: _____

Previous School: _____

School Transferred to, if any: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Excessive Lateness? Yes____ No_____ If Yes, How Many?_____

Excessive Absentness? Yes____ No____ If Yes, How Many? _____

Ever Been Suspended? Yes ___ No ___ If Yes, When? _____

Grade Point Average: _____

Any Academic Probation? Yes_____ No _____ If Yes, When? _____

Any Disciplinary Actions Taken? _____

Is there any medical, psychiatric, or unusual behavior pattern, or any confidential information on file? Yes _____ No _____

If there is, please elaborate below – or if you would prefer to have the investigator contact you personally, please indicate below.

_____

_____

_____

_____

School Representative

_____

Title **Date**

NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, COMMISSIONER
Alan Vengersky, Deputy Commissioner
Human Resources, & Training
David A. Safran, Ph.D, Director
Applicant Investigation Unit
75-20 Astoria Blvd.
East Elmhurst NY 11370
718 • 546 • 3238
Fax 718 • 278 •6071

Date: _____

To Whom It May Concern:

Pursuant to the written authorization below, it is requested that the New York City Department of Correction be furnished information contained in the school records of the student named below who is an applicant for appointment to this Department.

Specifically, it is requested that the information requested on the reverse side of this letter, including any pertinent comments from former teachers or other school personnel, be furnished as it appears on your records.

Your prompt attention to this matter will be appreciated.

Yours truly,

_____
Investigator, Squad #

*****AUTHORIZATION*****

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_____ Social Security Number: _____
Full Name – Printed

Date of Birth: _____ Dates Attended School: _____

_____
Full Name If Different while Enrolled

_____
Candidate's Signature

College Education 2

Candidate: _____

Exam #: _____

List #: _____

----------To Be Completed By Office Personnel ----------

Please Provide All or As Much Information As Possible

Dates of Attendance: _____ to _____ Day / Evening.

Degree, Diploma, or Certificate Received: _____

Previous School: _____

School Transferred to, if any: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Total number of transfer credits on file:_____

Total number of credits earned while enrolled in this institution:_____

Total number of College Credits on file: _____

Grade Point Average: _____

Is there any current outstanding balance? Yes___ No____ If Yes, How Much? _____

Any Academic Probation? Yes_____ No _____ If Yes, When? _____

Any Disciplinary actions taken? _____

Is there any medical, psychiatric, or unusual behavior pattern, or any confidential information on file? **Yes** _____ **No**_____

If there is, please elaborate below – or if you would prefer to have the investigator contact you personally, please indicate below.

_____

_____

_____

_____

School Representative

_____

Title **Date**

GENERAL REQUIREMENTS

1. Birth Certificate/ Naturalization
2. Social Security Card
3. TWO (2) Proofs of Residence
4. Parking Violations Bureau Printout
5. DMV Abstract
6. Driver's License
7. Registration
8. Insurance
9. Marriage License/ Divorce Documentation
10. Miscellaneous Licenses

BIRTH * NATURALIZATION CERTIFICATE

- INVESTIGATOR SHALL VIEW A CERTIFIED COPY OF BIRTH CERTIFICATE AND/OR A CERTIFIED COPY OF THEIR NATURALIZATION CERTIFICATE THAT HAS A RAISED SEALED AFFIXED;

- THREE PHOTO COPIES OF THE ORIGINAL ARE TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "*NAME OF INVESTIGATOR-SHIELD #*" DATE AND SIGNATURE;

- IF CANDIDATE IS USING A NAME NOT LISTED ON THE BIRTH CERTIFICATE OR THERE ARE DISCREPANCIES ON THE CERTIFICATE HAVE APPLICANT EXPLAIN WHY ON A GENERAL INFORMATION FORM (17-B);

- DEPENDING ON THE CIRCUMSTANCES THEY MIGHT EITHER HAVE TO:
  - FILE FOR A LEGAL NAME CHANGE
  - START USING THEIR LEGAL REGISTERED-BIRTH NAME

- IF CANDIDATE'S BIRTH CERTIFICATE HAS, FOR EXAMPLE, FEMALE SMITH INSTEAD OF A FULL NAME "SHEROL SMITH" THAN A CORRECTED BIRTH CERTIFICATE MUST BE REQUESTED BY THE ISSUING AGENCY;

- IF CANDIDATE IS USING ONE PARENT'S SURNAME WHICH IS NOT LISTED ON THE BIRTH CERTIFICATE, THEN SCHOOL RECORDS DATING BACK TO ELEMENTARY SCHOOL MUST BE OBTAINED TO PROVE ORIGIN NAME;

- A CASE FOLDER MUST CONTAIN A BIRTH CERTIFICATE AND/OR NATURALIZATION CERTIFICATE; A NATURALIZATION CERTIFICATE COULD BE ACCEPTED IN LIEU OF BIRTH CERTIFICATE;

- THE CASE FOLDER CAN BE SUBMITTED PENDING ANY CHANGES ON THE BIRTH CERTIFICATE AS LONG OFFICIAL DOCUMENTATION FROM THE ISSUING AGENCY HAS BEEN SUBMITTED BY CANDIDATE TO PROVE ACTION HAS BEEN TAKEN TO PROPERLY CORRECT DISCREPANCIES;

NOTES:

N.Y.C. DEPARTMENT OF CORRECTION * APPLICANT INVESTIGATION UNIT * 75-20 Astoria Blvd. East Elmhurst, NY 11370

SOCIAL SECURITY STATEMENT

Exam # _____ List # _____

1. My Social Security Number is _____

2. I hereby certify (by the block checked) that:

☐ I have never used or possessed any other Soc. Sec. No.

☐ I have used or possessed the following additional Soc. Sec. Numbers:

_____ _____

The reason for the use of / possession of additional Soc. Sec. number. is:

_____

_____

_____

3. I certify (by the block checked) that:

☐ I am not receiving, nor have I ever received or filed for Soc. Sec. Benefits.

☐ I have received Social Security benefits during the period(s) indicated and for the reasons stated:

a. Period(s): From-_____ to _____

b. Reason(s): _____

_____

_____

_____

Signature-_____

Name Printed _____

Candidate for: _____

Today's Date: _____

ABOVE STATEMENT WITNESSED BY:

_____ _____ _____

Rank or Title Legible Signature Shield #

PROOFS OF RESIDENCE

- FOR THE PURPOSE OF CLARIFICATION A RESIDENCE SHALL BE DEFINED AS A DOMICILE; A FIXED AND PERMANENT ABODE OR DWELLING PLACE;
- TWO (2) DIFFERENT PROOFS OF RESIDENCE SHALL BE SUBMITTED;
- TWO (2) PHOTOCOPIES OF EACH ORIGINAL PROOF IS TO BE SUBMITTED;
- THE PROOFS OF RESIDENCE MUST BE DATED WITHIN 30 DAYS OF THE DOCUMENT COLLECTION / INTERVIEW DATE;
- THEY PROOFS MUST HAVE CANDIDATE'S LEGAL NAME ON THE DOCUMENTS;
- NO POST OFFICE BOX ADDRESSES ARE ACCEPTABLE AS PROOF OF RESIDENCE;
- ACCEPTABLE PROOFS ARE:
  - UTILITY BILLS
  - TELEPHONE BILLS
  - BANK STATEMENTS
  - TAX RETURNS
  - CHARGE CARD BILLING STATEMENTS
  - CREDIT CARD BILLING STATEMENTS
  - A NOTARIZED LEASE-SUPPORTED BY 3 MOST RECENT RENT RECEIPTS AND A NOTARIZED LETTER FROM THE LANDLORD CAN BE ACCEPTED AS ONE PROOF
  - ANY INVOICE MAILED DIRECTLY FROM THE BILLING COMPANY (IE. SUBSCRIPTIONS, MEDICAL BILLS, ETC.)
  - A NOTARIZED LETTER FROM PERSON CANDIDATE IS RESIDING WITH STATING THAT HE/SHE LIVES WITH THEM; ALONG WITH A COPY OF A UTILITY BILL OR TELEPHONE BILL, AND A 17B STATING WHY CANDIDATE CAN'T PROVIDE THEIR OWN PROOF.

NOTES:

P.V.B. SEARCH

EXAM #_____ **LIST #**_____

DATE: _____

NAME: _____ **D.O.B.:** _____
LAST FIRST M.I.

PRESENT ADDRESS (S): _____ **CITY/STATE:**_____

FORMER ADDRESS (S): _____**CITY/STATE:**_____

_____

_____

_____

Did the candidate **EVER** possess any out-of-state license plate? **Yes** _____ **No** _____

LIST OUT OF STATE PLATES – SPECIAL REQUESTS – OR ANY ADDITIONAL INFORMATION BELOW:

_____

_____

A.I.U. INVESTIGATOR _____ **SQUAD:** _____

**************************DO NOT WRITE IN BELOW AREA**************************

PLATE	SUMMONSES	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NO AUTO (S) FOUND: ☐

SEARCHED BY: _____ **A.I.U.** **DATE:** _____

MARRIAGE LICENSE * DIVORCE DOCUMENTS & SEPARATION PAPERS

- **A CERTIFIED COPY OF THE STATE ISSUED MARRIAGE CERTIFICATE IS TO BE SUBMITTED;**
- **IF CANDIDATE HAS MARRIED MORE THAN ONCE THAT HE/SHE WILL SUBMIT A CERTIFICATE FOR EACH MARRIAGE;**
- **IF MARRIED MORE THAN ONCE CANDIDATE MUST SUBMIT THE DIVORCE DOCUMENTS FOR THE PRIOR MARRIAGE;** (*IE. IF MARRIED THREE TIMES; CANDIDATE MUST SUBMIT TWO DIVORCE DOCUMENTS AND THREE MARRIAGE CERTIFICATES*)
- **TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "*NAME OF INVESTIGATOR-SHIELD #*" DATE AND SIGNATURE;**
- **CHURCH MARRIAGE CERTIFICATES ARE NOT ACCEPTABLE;**
- **ANY DOCUMENTS SUPPORTING THIS TOPIC CAN BE ALLOCATED UNDER THIS SECTION #22;** (*CHILD SUPPORT, ETC.*)
- **INVESTIGATIVE CASES CAN BE SUBMITTED PENDING A MARRIAGE LICENSE, DIVORCE DOCUMENT OR SEPARATION PAPERS.**

NOTES:

MISCELLANEOUS LICENSES

- CANDIDATE IS TO SUBMIT FOR VERIFICATION ANY LICENSES ISSUED TO CANDIDATE;
- TWO PHOTO COPIES OF EACH ORIGINAL IS TO BE INSERTED IN CASE FOLDER AND STAMPED ORIGINAL SEEN BY: "*NAME OF INVESTIGATOR-SHIELD #*" DATE AND SIGNATURE;
- THESE LICENSES INCLUDE: PISTOL-GUN PERMITS, TAXI-HACK, BEAUTICIAN, BARBER, REAL ESTATE, BOOKING AGENT, ETC.; (SEE BELOW)
- SEARCHES FOR THE FOLLOWING LICENSES/REGISTRATIONS ARE AVAILABLE AT:

  http:/wdb.dos.state.ny.us/lcns_public/LCNS_WDB.LICENSEE_DYN_NAME_QUERY.show

  ALARM INSTALLER
  APPEARANCE ENHANCEMENT
  ARMORED CAR CARRIER
  ARMORED CAR GUARD
  BARBER
  CENTRAL DISPATCH FACILITY
  HEARING AID DISPENSER
  HEARING AID DISPENSER BUSINESS
  NOTARY PUBLIC
  PRIVATE INVESTIGATOR
  REAL ESTATE APPRAISER
  REAL ESTATE ASSOCIATE BROKER
  REAL ESTATE BRANCH OFFICE
  REAL ESTATE BROKER
  REAL ESTATE SALES PERSON
  SECURITY GUARD
  WATCH, GUARD & PATROL AGENCY

  http:/www.op.nysed.gov/opsearches.htm

  ACCUPUNCTURE
  ARCHITECTURE
  ATHELETIC TRAINING
  AUDIOLOGY
  CERTIFIED DIETICIANS/NUTRITIONISTS
  CERTIFIED INTERIOR DESIGN
  CERTIFIED SHORTHAND REPORTER
  CHIROPRACTIC
  DENTAL PROFESSIONS
  LAND SURVEYING
  LANDSCAPE ARCHITECTURE
  MASSAGE THERAPY
  MEDICINE
  MIDWIFERY
  NURSING PROFESSIONS
  OCCUPATIONAL THERAPY
  OPHTHALMIC DISPENSING (OPTICIANS)
  OPTOMETRY
  PHARMACY
  PHYSICAL THERAPY PROFESSIONS
  PODIARTY
  PROFESSIONAL ENGINEERING
  PYSCHOLOGY
  PUBLIC ACCOUNTING
  RESPIRATORY THERAPY PROFESSION
  SOCIAL WORK
  SPEECH-LANGUAGE PATHOLOGY
  VETERINARY PROFESSIONS

- INVESTIGATIVE CASES CAN BE SUBMITTED PENDING A MISCELLANEOUS LICENSE.

NOTES:

Miscellaneous

1. Medical Inquiry
2. Corruption Hazard Acknowledgement
3. Authorization for Release of Personal Information
4. Investigation Before Appointment
5. Appointment Subject to Investigation
6. Notice to Correction Officer Candidates
7. Firearm Declaration

MEDICAL INQUIRY

NAME: _____ _____

EXAM #: **LIST #:**

I, _____, declare that I have examined the medical forms which I have completed, and that the statements contained therein are to the best of my knowledge, true and correct, and that I have not knowingly and/or willfully made any omissions or a false statement of fact. I also declare that subsequent to filling out these forms and questionnaires, there has been no change in my medical status except for the following: I also acknowledge that any change in my medical status after the NYC/DOC medical must be immediately reported to the AIU medical unit and that failure to do so could result in **termination of employment** with NYC / DOC.

STATE ANY CHANGE OR OMISSIONS HERE (IF NONE, WRITE "NONE")

_____

_____

_____

I hereby attest that all of the statements herein are true under the penalty of perjury and its related offenses pursuant to Section 210 of the Penal Law.

Name: _____ Exam #: _____ List #: _____

Position Sought: _____

Date: _____ Signature: _____

Sworn to before me this _____ day of _____, 200____.

Notary Public / Commissioner of Deeds

_____

Miscellaneous 1

CORRUPTION HAZARD ACKNOWLEDGEMENT

Dear Candidate:

As an applicant for the position of Correction Officer presently undergoing a character investigation to determine your suitability for appointment, you are hereby informed that it is unlawful for you to offer, give, or agree to give any money, gift, or service in any form in an attempt to influence the outcome of the determination, the member of the Department conducting your investigation has been instructed to make an arrest if any such influence is attempted. Fraternization between Correction candidates and members of service who are assigned to the Applicant Investigation Unit is strictly prohibited and should be reported immediately to the Commanding Officer of the Applicant Investigation Unit. A candidate who tries to exert any influence on the outcome of an investigation in this manner will be liable for prosecution and/or disqualification.

Similarly, it would be unlawful for the member of the Department conducting the investigation to solicit any money, gift, or service in any form to influence him/her in their findings.

Such misconduct should be reported to the Commanding Officer of the Applicant Investigation Unit, by mail to **75-20 Astoria Blvd. East Elmhurst, NY 11370**, or by telephone number **(718) 546-3238**, or in person.

ANY REPORT OF THIS NATURE IS CONFIDENTIAL AND SHOULD BE MADE IMMEDIATELY

It is the policy of the New York City Department of Correction not to discriminate based on actual or perceived age, alienage or citizenship status, color, creed, disability, gender, marital status, national origin, race, religion or sexual orientation. Retaliation is prohibited and will not be tolerated.

An applicant should follow the same procedure if s/he believes s/he has been sexually harassed or otherwise harassed on any of the above listed basis by an employee of the Applicant Investigation Unit.

Applicants who believe that discrimination or sexual harassment has occurred, should file a complaint with the New York City Department of Correction, Office of Equal Employment Opportunity, 75-20 Astoria Blvd. East Elmhurst, NY 11370, or a supervisor, supervisory head or the Commanding Officer, Applicant Investigation Unit.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the above statement.

Date: _____ _____

Signature of Candidate

_____ _____ _____

Exam # List # Candidate's Name (printed)

Miscellaneous 2

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the New York City Department of Correction, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of records educational institutions; financial or credit institutions, including records of loans, the records of commercial or detail credit agencies (including credit reports and/or ratings); and other financial statements records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints of grievances filed by or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by a personal history background investigation, which I developed directly or indirectly, in whole or in part, upon this release the City of New York Department of Correction will consider authorization in determining my suitability for employment.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Department of Correction from any and all liability that may be incurred as a result of collecting such information.

A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF, EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF MY PERSONAL INFORMATION".

_____	_____	_____
DATE	SIGNATURE OF APPLICANT	Print Name

_____	_____	_____	_____
EXAM NO.	LIST NO.	DATE OF BIRTH	SOCIAL SECURITY NUMBER

_____
Investigator

Miscellaneous 3

INVESTIGATION BEFORE APPOINTMENT

To: Department of Citywide Administrative Services (DCAS)

Candidate: _____ _____/_____
EXAM * LIST

Dear Sir:

I am a candidate for the position of Correction Officer. The Department of Correction has explained the status of my character and background investigation to me.

I therefore request that my certification for hiring be withheld until my investigation has been completed. During this interim period I understand that I will retain my original list number.

_____ _____
CANDIDATE SIGNATURE DATE

WITNESSED BY:

_____ _____
INVESTIGATOR SIGNATURE SHIELD # SQUAD DATE

Miscellaneous 4

APPOINTMENT SUBJECT TO INVESTIGATION

Candidate: _____ _____/_____
EXAM * LIST

Appointments to the position of Probationary Correction Officer for the New York City Department of Correction are scheduled to be made in the near future. Candidates will be appointed from available civil service lists and your character and your fitness to be a member of the New York City Department of Correction will be investigated thoroughly. This means that after appointment, your investigation as to character and fitness will continue.

Appointments will be made on the basis of: available information, information supplied by you during your personal interview and information supplied in your written notarized questionnaire.

Therefore you're strongly advised that:

- If the post-appointment investigation reveals a **false statement** or **omission of fact**, it will be probable cause for disqualification and can result in the termination of employment;
- **Falsification of any statement** made in the N.Y.C.D.O.C. candidate questionnaire booklet is an offense punishable by fine and/or imprisonment (*NY Administrative Code 1151-9-0*);
- If you do not wish to be appointed subject to investigation, you may request (in writing) that your appointment be deferred until completion of the character investigation.

_____ _____
CANDIDATE SIGNATURE DATE

WITNESSED BY:

_____ _____
SIGNATURE / INVESTIGATOR SHIELD # SQUAD DATE

N.Y.C.D. * APPLICANT INVESTIGATION UNIT * 75-20 Astoria Blvd. East Elmhurst, NY 11370

NOTICE TO CORRECTION OFFICER CANDIDATES

You are now a candidate for the position of Correction Officer within the New York City Correction Department. You must keep the Applicant Investigation Unit Investigator assigned to your case fully informed of any events in your life which may have an impact upon your character investigation or your suitability for appointment as a Correction Officer, or which may impact the N.Y.D.O.C.'s ability to fully investigate your background and history.

Events or changes in your life that you must notify your investigator of include, but are not limited to: change of address; change of phone number; change of employment; change of marital status; whether you have received any summonses (traffic, criminal, or civil), have been arrested, or been involved in any way with any police department or law enforcement agency as a witness to, victim of, or suspect in any crime or violation of law.

FAILURE TO PROMPTLY INFORM YOUR INVESTIGATOR OF ANY SUCH CHANGES OR EVENTS MAY RESULT IN YOUR BEING DENIED EMPLOYMENT AS A CORRECTION OFFICER.

I understand my obligation to inform the New York City Department of Correction's Applicant Investigation Unit of any events or changes in my life as described above. I understand that my failure to promptly inform my investigator of any such changes or events may result in my being denied employment as a Correction Officer.

Date: _____

_____
Signature of Candidate

_____
Candidate's Name (printed)

_____ _____
Exam # List #

N.Y.C.D. * APPLICANT INVESTIGATION UNIT * 75-20 Astoria Blvd. East Elmhurst, NY 11370

ATTACHMENT 2

CORRECTION DEPARTMENT
CITY OF NEW YORK

FIREARMS DECLARATION FORM

Form: 4511A
Eff : 06/12/06
Ref. . Dir. # 4511R-A

INSTRUCTIONS: Candidates must complete Sections 1 and 2 of this form. If a candidate does not own a firearm, a diagonal line shall be drawn across Section 1 and a notation "No Firearms" will be made.

SECTION 1 - As part of a background check for employment with the NYC Department of Correction, I hereby declare I am the owner of the firearm(s) listed below.

TYPE OF WEAPON PISTOL, RIFLE, SHOTGUN, ETC.	MANUFACTURER	MODEL	CALIBER	SERIAL NUMBER	PRE-EMPLOYMENT RECONFIRMATION	INVESTIGATOR USE ONLY

SECTION 2 - I understand that I must surrender all handguns and original handgun permits/licenses on the day of appointment or provide proof of surrender to local police or an original, notarized bill of sale to the NYC Department of Correction.

PRINT NAME: _____ **SOCIAL SECURITY #:** _____

SIGNATURE: _____ **DATE:** ____ / ____ / ____

DISTRIBUTION: ORIGINAL - INVESTIGATOR
COPY - EMPLOYEE'S PERSONNEL FOLDER - MEMBER'S COMMAND
COPY - PERSONNEL DIVISION