

Coxsackie Police Department

Application for Employment

Last Name

First Name

Middle Name

Date Filed

Be sure to read all directions carefully before filling out any portion of this application. Applicants must answer all questions completely, truthfully, and without evasion. Any statements made in this application which are not truthful will subject the applicant to criminal charges under the laws of The State of New York, and termination from employment under the laws of The New York State Civil Service Commission. All statements made are subject to verification through a background investigation. Incomplete applications will not be processed. If additional space is needed for answering questions use the remarks section in the rear of the booklet.

I Personal Information

Last name:	First Name:	Middle Name:		
Physical Address (Street #, City, State, Zip.)				
Mailing Address if different (Street #, City, State, Zip.)				
Date of Birth:	Height:	Weight:	Eye Color:	Social Security Number:

II Residential Record:

List all residences which you have resided at in the past 10 years beginning with your current address.

From	To	Street Address	City	State	Zip

1. Do you own your current residence

☐ Yes

☐ No

(a) Mortgage payment: _____

2. If you rent list your landlord's name, address, and phone number:

3. List all persons who reside with you at your current residence.

Name	Date of Birth	Relationship

4. Have you ever defaulted on a mortgage?

☐ Yes

☐ No

5. Have you ever been over 30 days late with a rent or mortgage payment?

☐ Yes

☐ No

If you answered yes to either of the preceding two questions explain in the remarks section.

III Employment Record

List all employers in the past 10 years beginning with most current.

1.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

2.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

3.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

4.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

5.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

6.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

7.

From:	To:	Supervisor:	Phone Number:
Business Name:			Position Held:
Address:			Reason for leaving:

IV Family Record

List all members of your immediate family. Mother, father, step-parents, siblings, spouses, and ex-spouses.

Name	Address	Date of Birth	Relationship

V Educational Record

List all schools attended since grammar school

1.

From	To	Name	City	Course of Study	Graduated?

2. List any special licenses or permits issued to you. _____

3. List any special training you have received relative to the position for which you are applying. _____

VI Convictions and Arrests

Attach a certified court disposition for any conviction or arrest listed below. Arrests include any charge for which you were taken into custody by a police officer or served with an appearance ticket by a police officer regardless of the outcome in court. (Excludes traffic summonses.)

Date	Charge	Disposition	Court	Arresting Agency

VII Driving History

List all traffic summonses you have received regardless of the outcome in court, and all accidents you have been involved in as a driver.

1. Traffic summonses;

Date	Charge	Disposition	Court	Issuing Agency

2. Accidents

Date	Location	Investigating Agency

3. Do you possess a New York State Drivers License?

☐ Yes

☐ No

4. Client ID number: _____

5. Has your operating privilege ever been suspended or revoked?
If yes explain in remarks section.

☐ Yes

☐ No

II Vehicles

List any vehicles currently registered to you or your spouse.

Plate Number	Make	Year

IX Medical History

1. Name and address of primary care Physician: _____

3. Give the date and diagnosis for any condition you have been treated for in the past, or are currently being treated for other than general illnesses.

Diagnosed Illness	Physician	Date

4. List any prescribed drugs you are taking now, or have taken in the past other than those for general illness.

Drug Name	Physician	Date

IIIX General Employment Questions

1. Have you ever used or smoked marihuana?

☐ Yes

☐ No

If yes explain: _____

2. Have you ever used any illegal substances or unprescribed medications?

☐ Yes

☐ No

If yes explain: _____

3. Have you ever been terminated from employment?

☐ Yes

☐ No

If yes explain: _____

4. Have you ever been barred, disqualified, or removed from any civil service or municipal employment.

☐ Yes

☐ No

If yes explain: _____

5. Have you ever had a pre employment background check conducted upon you?

☐ Yes

☐ No

If yes list agency and date: _____

6. Have you served in The United States Armed Forces?

☐ Yes

☐ No

If yes list date and type of discharge: _____

Attach copy of separation papers (DD-214).

7. Have you ever been investigated by any municipal agency, civil service commission, grand jury, or other branch of law enforcement?

☐ Yes

☐ No

If yes explain: _____

8. Have you ever been named as a defendant or witness in a civil action suit?

☐ Yes

☐ No

If yes explain: _____

IX Business References

List three persons you have worked with for a period of 1 year or more.

Name:	Business phone number:
Business address:	
Company:	Years known:

Name:	Business phone number:
Business address:	
Company:	Years known:

Name:	Business phone number:
Business address:	
Company:	Years known:

X Personal References

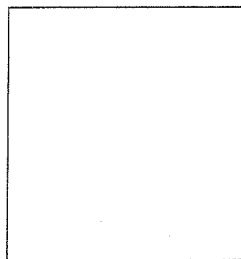
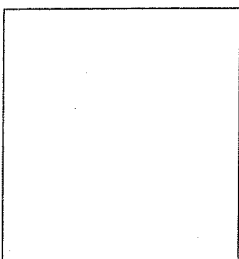
List three persons you have known for ten years or more. These persons will not include members of this department, relatives, politicians, judges, or any other person you do not socialize with on a regular basis.

Name:	Phone number:
Address:	
How known:	Years known:

Name:	Phone number:
Address:	
How known:	Years known:

Name:	Phone number:
Address:	
How known:	Years known:

*****List any members of this department which you know personally on the remarks section of this application.*****
Attach two recent facial photographs. This application will not be processed without photographs.



XI Waiver for release of personal information.

I, _____, do hereby authorize The Cocksackie Police Department to conduct an investigation into my personal background consisting of interviewing all parties, companies, or persons affiliated with such companies as The Cocksackie Police Department feels necessary. I authorize The Cocksackie Police Department to conduct a thorough search of my past or current criminal history, arrest records, juvenile records, traffic records, medical records, educational records, and any court documents which I am named in any way whether it be sealed or not. I also agree to "hold harmless" The Cocksackie Police Department and its members, or any other person providing The Cocksackie Police Department with information this investigation. I understand by signing this waiver that any and all personal information about me will be released to The Cocksackie Police Department. I further authorize The Cocksackie Police Department to release any information obtained about me to any other law enforcement agency conducting a background check for employment upon myself.

I, _____ understand by signing this document it is being done so under the penalty of perjury under the laws of The State of New York pursuant to section 210.45 of The Penal Law of The State of New York, and accordingly with notice of the foregoing, I hereby affirm under penalty of perjury the foregoing statements are true and correct to the best of my knowledge.

This document must be signed before a notary public.

Applicants Signature

Date

Signed before me this _____ day of _____, _____.

Notary/Commissioner of Deeds

XII Remarks	
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[illegible]