



# Hyde Park Police

## INVESTIGATION OF A POLICE ASSISTANT CANDIDATE

All information given in this application will be held in strict confidence

### INSTRUCTIONS

Read every question carefully. **ANSWER EVERY QUESTION – LEAVE NO BLANK SPACES.** A Candidate may be rejected “who has intentionally made a false statement of a material fact, or practices, or attempted to practice, any deception or fraud in his or her application, or securing eligibility for appointment”.

### ALL ANSWERS WILL BE VERIFIED BY INTERVIEW

1. Name: \_\_\_\_\_  
Last first middle

2. GIVE ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (if none, so state):  
\_\_\_\_\_

3. DATE AND PLACE OF BIRTH: \_\_\_\_\_

4. RESIDENCE: \_\_\_\_\_  
\_\_\_\_\_

5. TELEPHONE NUMBER – HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

6. CURRENT MARITAL STATUS: \_\_\_\_\_

7. GIVE THE FOLLOWING INFORMATION REGARDING MARRIAGE OR MARRIAGES:

When	Where	Wife's Maiden/Husband's Name
_____	_____	_____
_____	_____	_____
_____	_____	_____



\_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

8. ARE YOU NOW SUPPORTING ALL CHILDREN BORN TO YOU, ADOPTED AND STEP-CHILDREN? \_\_\_\_\_.  
IF NO, STATE FULL DETAILS: \_\_\_\_\_

9. LIST BELOW EVERY CHILD BORN TO YOU:

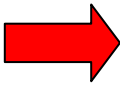
Name	Date of Birth	Place of Birth	With Whom and Where Does the Child Reside

10. DO YOU OWN YOUR OWN HOME?: \_\_\_\_\_ IN CHRONOLOGICAL ORDER, STATE EACH AND EVERY PLACE YOU HAVE RESIDED IN THE PAST TEN YEARS:

From Mo/Yr	To Mo/Yr	Address	City/Town	Country	State

11. LIST ALL THE SCHOOLS AND COLLEGES YOU HAVE ATTENDED:

From Mo/Yr	To Mo/Yr	School	Address	Degree

 \_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

12. LIST ALL MEMBERS OF YOUR IMMEDIATE FAMILY: (mother, father, siblings)

Name	Address	Occupation	Relationship

13. DO YOU HAVE A HIGH SCHOOL DIPLOMA?: \_\_\_\_\_ FROM WHERE? \_\_\_\_\_

14. ARE YOU CURRENTLY ATTENDING ANY SCHOOL OR COLLEGE?: \_\_\_\_\_ IF SO WHERE? \_\_\_\_\_

15. HAVE YOU EVER SERVED IN ANY MILITARY ORGANIZATION OF THE UNITED STATES, STATE MILITIA, OR IN THE MILITARY SERVICE OF ANY FOREIGN GOVERNMENT?: \_\_\_\_\_. IF SO, PLEASE LIST ORGANIZATION, WHAT YEAR OF SERVICE AND SERVICE NUMBER: \_\_\_\_\_

16. TYPE OF DISCHARGE: \_\_\_\_\_

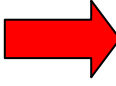
17. HIGHEST RANK HELD IN MILITARY SERVICE: \_\_\_\_\_

18. ARE YOU CURRENTLY A MEMBER OF THE N.Y.S. NATIONAL GUARD OR RESERVE UNIT?: \_\_\_\_\_ IF SO, LIST DIVISION, BATTALION, TYPE OF UNIT: \_\_\_\_\_

19. HAVE YOU ANY LOAN, DEBT, GARNISHEE, WAGE ASSIGNMENT OR JUDGEMENT PENDING AGAINST YOU: \_\_\_\_\_. IF YES, GIVE DETAILS BELOW:

Type of Loan:	Judgement Garnishee:	Date Incurred:	Original Amount:	Present Amount:	Monthly Payment:	Arrests If any

20. ARE YOU THE CO-MAKER ON AN OUTSTANDING LOAN?: \_\_\_\_\_. IF YES, GIVE DETAILS: \_\_\_\_\_

 \_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

21. HAVE YOU EVER BEEN REFUSED A BOND?:\_\_\_\_\_. IF YES, BY WHOM?:\_\_\_\_\_

22. HAVE YOU EVER BEEN BONDED?:\_\_\_\_\_. WITH RESPECT TO EACH TIME, STATE DETAILS:

Reason	By Whom (name and address)	Date

23. WHAT IS YOUR CURRENT UNPAID MORTGAGE BALANCE, AND AMOUNT OF MONTHLY PAYMENT?:

24. ARE YOU PAYING ALIMONY AND/OR CHILD SUPPORT?:\_\_\_\_\_. IF SO, WHAT IS THE MONTHLY PAYMENT AND DETAILS?:

25. CURRENT OCCUPATION:\_\_\_\_\_ANNUAL SALARY:\_\_\_\_\_

26. WHAT ARE YOUR HOBBIES?:\_\_\_\_\_

27. DO YOU OWN, OR POSSESS, ANY PISTOL OR REVOLVER?:\_\_\_\_\_. IF YES, GIVE DETAILS, INCLUDING MAKE, MODEL, CALIBER, SERIAL NUMBER ETC.:

28. DO YOU OWN A MOTOR VEHICLE?:\_\_\_\_\_. YEAR?:\_\_\_\_\_ MAKE?:\_\_\_\_\_ MODEL?:\_\_\_\_\_

29. DO YOU POSSESS A VALID N.Y.S. DRIVER'S LICENSE?:\_\_\_\_\_. WHAT CLASS?:\_\_\_\_\_  
LICENSE NUMBER?:\_\_\_\_\_ EXPIRATION DATE:\_\_\_\_\_

30. WAS YOUR LICENSE EVER SUSPENDED OR REVOKED?:\_\_\_\_\_. WHEN?:\_\_\_\_\_

WHERE?:\_\_\_\_\_ WHY?:\_\_\_\_\_

31. HAVE YOU EVER BEEN INVOLVED IN A MOTOR VEHICLE ACCIDENT, EITHER AS A REGISTERED OWNER, OPERATOR, PASSENGER OR PEDESTRIAN, WHICH RESULTED IN PERSONAL INJURY OR PROPERTY DAMAGE TO YOU OR ANYONE ELSE?:\_\_\_\_\_. IF YES, STATE DETAILS:



\_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

32. ARE YOU NOW ENGAGED IN ANY BUSINESS AS AN OWNER (active or silent) PARTNER, ETC;? \_\_\_\_\_.  
IF YES, GIVE DETAILS:

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33. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH, BY WORD OF MOUTH OR IN WRITING, ADVOCATED, ADVISED, OR TAUGHT THE DOCTRINE THAT THE GOVERNMENT OF THE UNITED STATES OR ANY STATE OR ANY POLITICAL SUBDIVISION THEREOF BE OVERTHROWN OR OVERTURNED BY FORCE, VIOLENCE OR ANY UNLAWFUL MEANS?: \_\_\_\_\_. IF YES, EXPLAIN:

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34. LIST BELOW **CHRONOLOGICALLY**, EARLIEST DATES FIRST, EACH AND EVERY PLACE IN WHICH YOU WERE EMPLOYED. **OMIT NONE**. GIVE CORRECT FULL ADDRESSES. ACCOUNT FOR **ALL** PERIODS OF TIME SINCE HIGH SCHOOL, GRADUATION, INCLUDING PERIODS OF UNEMPLOYMENT, SELF-EMPLOYMENT, ETC.:

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
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Salary	Duties
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Position
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Supervisor
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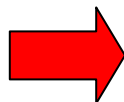
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From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
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Salary	Duties
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Position
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Supervisor
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\_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

From                      To  
Mo/Yr                  Mo/Yr                  Firm Name                  Address                  City and State

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Salary                      Duties

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Position

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Supervisor

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From                      To  
Mo/Yr                  Mo/Yr                  Firm Name                  Address                  City and State

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Salary                      Duties

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Position

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Supervisor

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From                      To  
Mo/Yr                  Mo/Yr                  Firm Name                  Address                  City and State

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Salary                      Duties

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Position

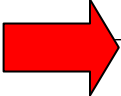
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Supervisor

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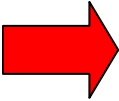
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
Salary		Duties		
Position				
Supervisor				

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
Salary		Duties		
Position				
Supervisor				

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
Salary		Duties		
Position				
Supervisor				

 \_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
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Salary	Duties
--------	--------

Position

Supervisor

From Mo/Yr	To Mo/Yr	Firm Name	Address	City and State
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Salary	Duties
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Position

Supervisor

35. WERE YOU EVER ARRESTED?: \_\_\_\_\_ . IF YES, INDICATE ARRESTS BELOW:

Date	Violation Actual Charge	Location	Charge Reduced to	Court Dispo or Sentence	Police Department
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36. WERE YOU EVER SERVED WITH A SUMMONS OR SUBPOENA IN OTHER THAN A CIVIL ACTION?: \_\_\_\_\_  
 INCLUDE TRAFFIC VIOLATIONS, EXCEPT PARKING, IN THIS STATE AND ELSEWHERE. INDICATE BELOW  
 EVERY SUMMONS OR SUBPOENA RECEIVED IN OTHER THAN A CIVIL ACTION:

Date	Offense	Location	Court Dispo	Your Age	Police Department
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**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

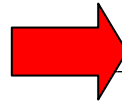
37. DO YOU HAVE ANY KNOWLEDGE OR INFORMATION IN ADDITION TO THAT SPECIFICALLY CALLED FOR IN THE PROCEEDING QUESTIONS, WHICH IS OR MAY BE RELEVANT, DIRECTLY, IN CONNECTION WITH AN INVESTIGATION OF YOUR ELIGIBILITY OR FITNESS TO BE A MEMBER OF THE TOWN OF HYDE PARK POLICE DEPARTMENT INCLUDING, BUT NOT LIMITED TO, KNOWLEDGE OR INFORMATION CONCERNING YOUR CHARACTER, TEMPERANCE, HABITS, EMPLOYMENT, EDUCATION, SUBVERSIVE ACTIVITIES, FAMILY ASSOCIATION, CRIMINAL RECORD, TRAFFIC VIOLATIONS, RESIDENCE OR OTHERWISE?: \_\_\_\_\_.  
IF YES, GIVE DETAILS:

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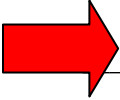


\_\_\_\_\_  
Candidate's Signature

**INVESTIGATION OF A POLICE ASSISTANT CANDIDATE**

STATE OF NEW YORK  
TOWN OF HYDE PARK  
COUNTY OF DUTCHESS

I, \_\_\_\_\_, being duly sworn, deposes and say, that I am the above named person. I signed the foregoing statements. I personally read and made read and made answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.



\_\_\_\_\_  
Candidate's Signature

Sworn to before me this \_\_\_\_\_  
Day of \_\_\_\_\_, 19 \_\_\_\_\_



\_\_\_\_\_  
Name/Title

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the Town of Hyde Park Police Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions, financial or credit agencies, and other financial statements and records wherever filed; U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints and grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me to another person in any case, either criminal or civil, in which I presently have, or have had, an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment with the Town of Hyde Park Police Department. 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 Town of Hyde Park Police Department from any and all liability which 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 PERSONAL INFORMATION"

\_\_\_\_\_  
Signature of Applicant



Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # \_\_\_\_\_

\_\_\_\_\_  
Witness

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19 \_\_\_\_\_



\_\_\_\_\_  
Name/Title

APPLICANT'S NAME: \_\_\_\_\_

ON THIS PAGE, PRINT THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE (3) PERSONAL REFERENCES:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USE THE SPACE BELOW AND THE BACK OF THIS SHEET, IF NEEDED TO LIST ANYTHING ELSE THAT YOU FEEL MAY ASSIST US IN OUR EVALUATION OF YOUR APPLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_