

APPLICATION FOR CIVILIAN EMPLOYMENT

NEW YORK STATE POLICE
 Building 22, 1220 Washington Avenue
 Albany, New York 12226-2252

AN EQUAL OPPORTUNITY EMPLOYER

The Division of New York State Police does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in the admission, access to, or employment in its programs or activities. Please let us know if you need to request a reasonable accommodation.

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 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.

NOTICE: Applications must be typewritten or clearly printed. All questions must be answered. If the question is not applicable, so state. Applications, which are not complete and legible, will not be considered. Use additional sheets if the space allotted is insufficient for a complete answer.

Position for which you are applying: _____

PERSONAL HISTORY

1. Name in full _____
LAST
FIRST
MIDDLE NAME

A. List all other names you have used including nicknames and maiden name of female applicants. If you have used any surname other than your true name, give the period of time used and the circumstances.

2. Date of Birth _____ Place of Birth _____

3. Social Security No. _____

RESIDENCE

1. Present address: _____
STREET AND NUMBER
CITY
STATE
ZIP CODE

Telephone number: Home _____ Work _____ Cellular _____

EDUCATION

SCHOOL	NAME AND LOCATION	FROM - TO	COURSE PURSUED	TOTAL CREDIT HOURS	DID YOU GRADUATE?
HIGH					
COLLEGE					
OTHER					

If not a high school graduate, please place your New York State Equivalency Diploma number and date received below.

Number _____ Date received _____

EMPLOYMENT

List chronologically ALL employments, including summer and part time.

NAME AND ADDRESS OF EMPLOYER	FROM	TO	POSITION	SUPERVISOR	WHY LEFT
A. NAME _____ ADDRESS _____ CITY _____ STATE _____					
B. NAME _____ ADDRESS _____ CITY _____ STATE _____					
C. NAME _____ ADDRESS _____ CITY _____ STATE _____					

State Police Employment: If you have previously applied to or been employed by the NYSP, indicate below:

Date: _____

Position: _____

CITIZENSHIP

1. Are you a U. S. Citizen? () Yes () No If Naturalized,

DATE OF ENTRY	PLACE OF ENTRY	COURT	DATE	PLACE

AUTO DRIVER'S LICENSE

1. Issuing State: _____ 2. License Number: _____

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? () Yes () No

Branch of Military Service _____ Serial # _____

Dates of Service _____ Type of Discharge _____

Where Discharged _____ Do you have a service disability? () Yes () No

COURT RECORD

List all CONVICTIONS for criminal or traffic offenses (except parking).

DATE	PLACE	CHARGE	FINAL DISPOSITION	DETAILS

All applicants, if offered employment, will be subject to an extensive background investigation. Some positions may require applicants to submit to a polygraph examination prior to appointment.

RELATIVES

COMPLETE NAME (NO INITIALS) COMPLETE ADDRESS	OCCUPATION AND NAME AND ADDRESS OF FIRM WHERE EMPLOYED
Father	
Address _____	
Date of Birth _____	
Place of Birth _____	
Mother	
Address _____	
Date of Birth _____	
Place of Birth _____	
Wife or Husband (Include maiden name of wife)	
Address _____	
Date of Birth _____	
Place of Birth _____	

REFERENCES

Give three references not relatives, former employers, fellow employees, or schoolteachers who are responsible adults such as householders, property owners, business or professional men or women who have known you well during the past five years.

A. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____
B. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____
C. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____

SOCIAL ACQUAINTANCES (List three persons in your own age group)

A. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____
B. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____
C. Complete name	Address: Residence _____ Business _____
No. Yrs. acquainted _____ Telephone # _____	Occupation _____

I fully understand that should I make a false statement of any material fact of practice or attempt to practice any deception or fraud in my application, examination or any of the procedures connected with my possible appointment to a position with the New York State Police, I will not be appointed or further considered for appointment.

I fully understand also that if I am appointed to a position with the New York State Police, and if then or thereafter facts become known which, if previously known, would have warranted my not being appointed, or if then or thereafter there is found any illegality, irregularity or fraud in my application, examination or in any of the procedures connected with my appointment, such appointment may be revoked and I may be discharged.

_____ DATE

_____ SIGNATURE OF APPLICANT

NEW YORK STATE POLICE

An Equal Opportunity Employer

Name _____ Social Security # _____ - _____ - _____

Section 504 of the Federal Rehabilitation Act of 1973, provides that "no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

New York State legislation (Human Rights Law Chapter 988 of the laws of 1974) contains similar provisions with respect to discrimination on the basis of disability.

Therefore, the federal regulations, implementing Section 504 (45 CFR Part 84) will be applicable to the programs, services, and employment practices of the State and its individual departments and agencies in regard to nondiscrimination with respect to handicap.

The New York State Police, as a recipient of Federal financial assistance, does not and will not discriminate against handicapped individuals in admission or access to and treatment or employment of persons in its various programs and activities.

Federal Equal Opportunity Guidelines, Sub part E, authorizes asking candidates to voluntarily submit information on their ethnic background and sex.

Your cooperation will help us in determining if our recruitment, testing and hiring practices are providing fair employment opportunities for all candidates seeking employment with the New York State Police regardless of ethnic background or sex.

ETHNIC BACKGROUND:

- | | |
|--------------------|--------------------------|
| 1. _____ Caucasian | 4. _____ Oriental/Asian |
| 2. _____ Black | 5. _____ American Indian |
| 3. _____ Hispanic | 6. _____ Other |

SEX:

- | | |
|-----------------|---------------|
| 1. _____ Female | 2. _____ Male |
|-----------------|---------------|

How did you learn about this State Police Job Opportunity?
