

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 filled out 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 you are applying for: _____

Personal Data

| | | | | |
|--------------------------------|-----|------------------|----------------|-------------------|
| Name (Last, First, MI) | Sex | DOB (mm/dd/yyyy) | Place of Birth | Social Security # |
| | | | | |
| Physical Address | | City | | State Zip |
| | | | | |
| Mailing Address (If different) | | City | | State Zip |
| | | | | |
| Email Address | | Telephone # | Ethnicity | Race |
| | | | | |

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.

Name: _____ Dates: _____ Circumstances: _____

Name: _____ Dates: _____ Circumstances: _____

Name: _____ Dates: _____ Circumstances: _____

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.

Application For Civilian Employment

Education-High School

| | | | | | | |
|-------------------|-----|----|-----------------|---------------------|-------|---------------------|
| High School Name | | | | Years of Attendance | | |
| | | | | | to | |
| Street Address | | | City | | State | Zip |
| | | | | | | |
| Did you graduate? | Yes | No | Course Pursued: | | | Total Credit Hours: |
| | | | | | | |

Education-College

| | | | | | | |
|-------------------|-----|----|-----------------|---------------------|-------|---------------------|
| College Name | | | | Years of Attendance | | |
| | | | | | to | |
| Street Address | | | City | | State | Zip |
| | | | | | | |
| Did you graduate? | Yes | No | Course Pursued: | | | Total Credit Hours: |
| | | | | | | |

Education-Other

| | | | | | | |
|-------------------|-----|----|-----------------|---------------------|-------|---------------------|
| Name | | | | Years of Attendance | | |
| | | | | | to | |
| Street Address | | | City | | State | Zip |
| | | | | | | |
| Did you graduate? | Yes | No | Course Pursued: | | | Total Credit Hours: |
| | | | | | | |

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, Summer and Part-Time)

| Dates of Employment | | Employer's Name | Occupation/Position | | | |
|---------------------|----|-----------------|---------------------|--|-------|-----|
| | to | | | | | |
| Street Address | | | City | | State | Zip |
| | | | | | | |
| Why Left? | | | Supervisor | | | |
| | | | | | | |

Employment

| Dates of Employment | | Employer's Name | Occupation/Position | | | |
|---------------------|----|-----------------|---------------------|--|-------|-----|
| | to | | | | | |
| Street Address | | | City | | State | Zip |
| | | | | | | |
| Why Left? | | | Supervisor | | | |
| | | | | | | |

Application For Civilian Employment

Employment-cont'd

| | | | | | |
|--|----|-----------------|------------|---------------------|-----|
| Dates of Employment | | Employer's Name | | Occupation/Position | |
| | to | | | | |
| Street Address | | | City | State | Zip |
| | | | | | |
| Why Left? | | | Supervisor | | |
| | | | | | |
| State Police Employment: If you have previously applied to or been employed by the NYSP, indicate below: | | | | | |
| Position: | | | Date: | | |

Citizenship

| | | | |
|------------------------|-----------------|--------|-------|
| Are you a US. Citizen? | Yes | No | |
| If Naturalized, | | | |
| Date of Entry: | Place of Entry: | Court: | Date: |
| _____ | _____ | _____ | _____ |

Driver's License

| | |
|------------------|---------------|
| Client ID Number | Issuing State |
| _____ | _____ |

Military Service

| | | | | | | |
|--|-------------------|-----------------------------------|----|----------------------|----|-----|
| Have you ever served on active duty in the Armed Forces in the U.S.? | | Yes | No | Selective Service #: | No | N/A |
| 1 | Branch of Service | Dates of Service | | Type of Discharge | | |
| | | | to | | | |
| | Where Discharged | Do you have a service disability? | | Yes | No | |
| 2 | Branch of Service | Dates of Service | | Type of Discharge | | |
| | | | to | | | |
| | Where Discharged | Do you have a service disability? | | Yes | No | |

Motor Vehicle Records: List all Convictions for criminal or traffic offenses (except parking)

| | | | | |
|--|-------------|-----------------------------|-----------|-------------------------|
| Has you ever been issued a traffic ticket? | | Yes, # of tickets: | No | |
| # | Ticket Date | Jurisdiction (City & State) | Violation | Final Court Disposition |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

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.

Application For Civilian Employment

Relatives

| | | | | | |
|--|--|-------------------------|-------------------------|---|------------|
| Mother's Name (Last, First, MI) | | Maiden Name | DOB (mm/dd/yyyy) | Place of Birth (City, State & if other than US, Country) | |
| | | | | | |
| Address | | City | | State | Zip |
| | | | | | |
| Occupation | | Name of Employer | | | |
| | | | | | |
| Employer Address | | City | | State | Zip |
| | | | | | |
| Father's Name (Last, First, MI) | | | DOB (mm/dd/yyyy) | Place of Birth (City, State & if other than US, Country) | |
| | | | | | |
| Address | | City | | State | Zip |
| | | | | | |
| Occupation | | Name of Employer | | | |
| | | | | | |
| Employer Address | | City | | State | Zip |
| | | | | | |
| Wife or Husband (Last, First, MI) (Include maiden name of wife) | | | DOB (mm/dd/yyyy) | Place of Birth (City, State & if other than US, Country) | |
| | | | | | |
| Address | | City | | State | Zip |
| | | | | | |
| Occupation | | Name of Employer | | | |
| | | | | | |
| Employer Address | | City | | State | Zip |
| | | | | | |

Application For Civilian Employment

References (Minimum of Three-not relatives, fellow employees, or school teachers, who are responsible adults such as householders, property owners, business or professional individuals who have known you well during the past five years.)

| | | | | |
|-------------------------------|-------------------------|---------------------|--------------|------------------------------|
| Name (Last, First, MI) | | Phone Number | | # of Years Acquainted |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |
| Name (Last, First, MI) | | Phone Number | | # of Years Acquainted |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |
| Name (Last, First, MI) | | Phone Number | | # of Years Acquainted |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |

Social Acquaintances (List three persons in your own age group)

| | | | | |
|-------------------------------|-------------------------|---------------------|--------------|------------------------------|
| Name (Last, First, MI) | | Phone Number | | # of Years Acquainted |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |
| Name (Last, First, MI) | | Phone Number | | # of Years Acquainted |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |

Application For Civilian Employment

Social Acquaintances (cont'd)

| Name (Last, First, MI) | | Phone Number | # of Years Acquainted | |
|------------------------|------------------|--------------|-----------------------|-----|
| | | | | |
| Address | City | State | Zip | |
| | | | | |
| Occupation | Business Address | City | State | Zip |
| | | | | |

How did you learn about this State Police Job Opportunity?

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.

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.

| | |
|----------------------------|-------------|
| Applicant Signature | Date |
| | |