

<h2 style="margin: 0;">Employee Information</h2>	
	Date:

Instructions:

- Email completed form to Division at hforms@troopers.ny.gov or click on the Email button below.

In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security # is mandatory pursuant to the Internal Revenue Service Code and Social Security Law for the purposes of verifying your identity and administration of your salary and benefits.

Employee Information

Name (Last, Suffix, First, MI)		DOB (mm/dd/yyyy)	Sex	Social Security #
Ethnicity		Race	Marital Status	Client ID (Driver's License #)
Personal Email		Home Phone #	Personal Cell Phone #	
Physical Address		City	State	Zip
Mailing Address (If Different)		City	State	Zip

Emergency Contact

Name (Last, First, MI)		Relationship to You		
Home Phone #	Personal Cell Phone #	Work Phone #	Ext.	
Street Address		City		

Language Proficiency

1 st Language	Proficiency Level	2 nd Language	Proficiency Level
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Specialized Skills (Sworn Members Only)

Proficiency can derive from formal training/education, professional (paid) experience, or from extensive practice as a serious hobbyist.

Skill 1	Skill 2	Skill 3	Skill 4
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Military Information

Member of Guard/Reserve?	Yes, branch:	No
Veteran?	Yes, branch:	No
Start Service:	End Service:	
Disabled Veteran?	Yes	No
VA Disability Letter?	Yes	No

Employee Information	
	Date:

College Education			# of Credits Earned:
1 st School	Major	Degree	Year Graduated
2 nd School	Major	Degree	Year Graduated
3 rd School	Major	Degree	Year Graduated

Volunteer Firefighter	
Are you a Volunteer Firefighter?	Yes, Department: No

Prior Employment			
Prior New York State Police Employment?	State Date	End Date	Last Rank/Title
Yes No			
Prior Employment by Another Police Agency?	State Date	End Date	Last Rank/Title
Yes No			
Agency Name	State		

Prior New York State, County, or Municipal Employment?	Yes, # of Agencies:	No, skip to Certification section.
1 st Agency Name	State Date	End Date
Contact Name (Last, First, MI)	Contact Phone #	Bargaining Unit
2 nd Agency Name	State Date	End Date
Contact Name (Last, First, MI)	Contact Phone #	Bargaining Unit
3 rd Agency Name	State Date	End Date
Contact Name (Last, First, MI)	Contact Phone #	Bargaining Unit

Certification	
Employee Signature	Date (mm/dd/yyyy)