

Candidate Application and Personal Information Packet

Village of Yorkville
Police Department
30 Sixth St Yorkville NY
13495



Name:

_____ (_____)
First Middle Last Maiden

Address: _____

Social Security Number: _____

Date completed: _____

APPLICANT INFORMATION PACKET INSTRUCTIONS:

I. SUBMIT COPIES OF THE FOLLOWING DOCUMENTS WITH YOUR BACKGROUND PACKET:

- A) Birth Certificate: If there is no record of your birth on file at the Department of Health or the Bureau of Vital Statistics of the State in which you were born, bring a statement from that agency attesting to that fact. This statement should be accompanied by a baptismal certificate, if any, or other documentary proof or record of your birth, such as affidavits and insurance policies.
- B) Record of Change of Name: If the change was made through the Courts. Bring all available data on this matter.
- C) Naturalization Papers if Foreign Born: Or evidence of citizenship if derived from parents.
- D) Marriage certificate: If married
- E) Records of Divorce, Annulment or Legal Separation if any: especially a copy of the complaint leading to court action.
- F) Diplomas Received from Schools and Colleges Attended: Include any received from business schools, special training, etc.
- G) Official College Transcript(s): Have any transcripts sent to Yorkville Police Department, Attn: Lieutenant , 30 Sixth Street, Yorkville, New York 13495
- H) Discharge and Separation Papers (DD214): From all military organizations as well as any other military service papers, past or present, affecting you.

II. THE FOLLOWING ITEMS MUST BE COPIED AND SUBMITTED WITH BACKGROUND PACKET FOR VERIFICATION:

- A) Automobile driver's license (including vehicle registration)
- B) Life Insurance Policies (including GI Insurance papers)
- C) Social Security Card
- D) Record of Unemployment Insurance Collected
- E) Pistol Permit
- F) Any other record that will substantiate you answers to questions on 9A.1 questionnaire
- G) Credit Report

PERSONAL HISTORY STATEMENT

Fill out this questionnaire completely and accurately. All statements are subject to verification. Incorrect statements may bar or remove you from employment. If space provided is inadequate, use supplement sheets provided and identify additional information by item number.

Please fill in all portions of this packet. PERSONAL:

1. Give any other names or alias you have used or have been known by:

2. List any scars, marks, tattoos, or other identifying marks you may have:

Yorkville Police Officers having visible tattoos, brands, or body art while in the uniform of the day and on duty, such art shall be subject to the approval of the Chief of Police or his/her designee as to the appropriateness of said body art. If the Chief of Police or his designee believe that said body art is inconsistent with the values of the Yorkville Police Department, the Chief of Police has the ability to require the officer to wear a long sleeve uniform shirt or require removal if the body art is in a location not covered by the uniform in accordance with department policy. This policy will also mandate that current employees of the Yorkville Police Department be restricted from getting additional tattoos, brands, piercings, or body art that are not covered by the uniform of the day in order to maintain the current standards and values of the Yorkville Police Department.

3. Height _____ Weight _____ Hair color _____ Eye color _____

4. CONTACT NUMBERS: include area codes

Home Phone _____ Cell Phone _____ Business Phone _____

E-Mail Address(s) _____

5. List all personal social media sites (Facebook, Instagram, YouTube, Twitter, snap chat etc.):

6. With whom do you reside? _____
(Names, Phone Number, Relationship)

7. When were you born? _____
Month Day Year Present Age

8. Where were you born? _____
Village County State Zip

9. Are you a citizen of the United States? YES _____ NO _____

NATIVE BORN _____ NATURALIZED _____

PERSONAL:

10. List all organizations, clubs and associations of which you are or have been a member of, or with which you are or have been associated:

11. Indicate any foreign language that you may speak and the degree of fluency in them:

12. What are your hobbies and special skills and abilities?

MARITAL:

13. Are you single, married, separated or divorced? _____

14. If married, are you living with your spouse? Yes _____ No _____
If not, explain: _____

15. Give the following information regarding marriage or marriages:

When: _____ Where: _____ By whom _____ Partner's maiden name _____

16. If any marriage which you were a party to was dissolved, fill out the following:

HOW WHO INVITED ACTION TITLE, LOCATION OF COURT

SEPARATED _____

DIVORED _____

ANNULLED _____

17. Give the following information concerning your parents and your spouse's parents:

NAME ADDRESS LIVING (Y/N) WHERE BORN

18. List of all children:

Name, date of birth, place of birth, birth parents (names, dates of birth, phone numbers) and with whom the child resides:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

19. Are you now supporting all children born to you or adopted by you? Yes _____ No _____

If not, give details: _____

20. Have you ever been involved in a Paternity Proceeding? Yes _____ No _____

21. Have you been involved with any other family court proceedings, included, but not limited to child support? Yes _____ No _____

If yes, to EITHER question #20 or #21, state full details: _____

REFERENCES:

22. Fill in below the names of five persons not related to you, and not former employers, who have known you well for at least five (5) years. Persons listed may be asked to appraise your character, ability, experience, personality, and other qualities.

Name _____ Address _____

Years known: _____ Phone: _____ Business, Occupation or Profession: _____

Address _____ Phone _____

Name _____ Address _____

Years known: _____ Phone: _____ Business, Occupation or Profession: _____

Address _____ Phone _____

Name _____ Address _____

Years known: _____ Phone: _____ Business, Occupation or Profession: _____

Address _____ Phone _____

Name _____ Address _____

Years known: _____ Phone: _____ Business, Occupation or Profession: _____

Address _____ Phone _____

Name _____ Address _____

Years known: _____ Phone: _____ Business, Occupation or Profession: _____

Address _____ Phone _____

ACQUAINTANCES:

23. Fill in below the names of four (4) persons not related to you, and not former employers or references, who are friends, fellow students, fellow workers, etc. Names listed should be those persons who have seen you frequently during the past year.

NAME: _____

ADDRESS: _____ Home/Cell Phone _____

BUSINESS ADDRESS: _____ Business Phone _____

OCCUPATION: _____

In what capacity is the above known to you?: _____

NAME: _____

ADDRESS: _____ Home/Cell Phone _____

BUSINESS ADDRESS: _____ Business Phone _____

OCCUPATION: _____

In what capacity is the above known to you?: _____

NAME: _____

ADDRESS: _____ Home/Cell Phone _____

BUSINESS ADDRESS: _____ Business Phone _____

OCCUPATION: _____

In what capacity is the above known to you?: _____

NAME: _____

ADDRESS: _____ Home/Cell Phone _____

BUSINESS ADDRESS: _____ Business Phone _____

OCCUPATION: _____

In what capacity is the above known to you?: _____

27. Has your spouse / significant other ever been arrested for a crime? Has anyone in their immediate family ever been arrested for a crime?

Yes _____ No _____

If yes, give particulars below:

NAME	RELATIONSHIP	OFFENSE	LOCATION

28. Has any member of your immediate family ever been arrested for a crime?

Yes _____ No _____

If yes, give particulars below:

NAME	RELATIONSHIP	OFFENSE	LOCATION

FINANCIAL:

29. List all real property owned by you or your spouse: (Include mortgaged property and location of property).

30. List all life insurance policies on your life:

COMPANY	ADDRESS	FACE VALUE	BENEFICIARY

31. Have you ever been refused a life insurance policy? _____ If yes explain fully: _____

CREDIT:

32. How many persons are dependent upon you for support? _____

33. List all debts you are currently paying. Include all bills, medical, charge accounts, mortgages, loans, etc.

COMPANY	ADDRESS	ORIGINAL PURPOSE	MONTHLY AMOUNT	ACCOUNT BALANCE	MONTHLY PAYMENT

34. Have you ever been sued, or served with intent to sue or have had any part of any civil litigation?
 Yes _____ No _____ If yes, explain:

35. Has a lien or judgement ever been served on you? Yes _____ No _____ If yes, explain:

36. Have you ever been bonded? Yes _____ No _____ If so where and by whom?

37. Have you ever filed bankruptcy? Yes _____ No _____ If yes, explain: _____



WORK HISTORY:

45. Have you ever been subject to any disciplinary action or demotion connected with employment?
 Yes _____ No _____ If yes, explain: _____

46. Have you ever applied for a Civil Service Exam before, or applied to any other police agency/ government agency?
 Yes _____ No _____ If yes, explain. What was the outcome?:

MO/YR	POSITION/JOB TITLE	AGENCY	VILLAGE/COUNTY	STATE

47. Have you ever been rejected for a police/government position or any other agency position?
 Yes _____ No _____ If yes, explain where and why:

48. Have you ever applied for a position with the Yorkville Police Department before? Yes _____ No _____
 If yes, what position and when? _____

49. Have you ever received any type of unemployment insurance, or Federal, State, or Local benefits or assistance? Yes _____ No _____ If yes, list dates and location of office where you applied:

50. Have you ever filed claim for Workman's Compensation? Yes _____ No _____ If yes, explain:

51. Have you ever filed a Disability Claim? Yes _____ No _____ If yes, explain: _____

52. Have you properly filed Federal and State Income Tax returns for all years in which you were required to do so?
 Yes _____ No _____ If not, explain: _____

53. Have you ever missed a substantial amount of work due to illness or injury?

Yes _____ No _____ If yes, complete below:

EMPLOYER	DATES	REASON	DOCTOR/ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

54. What type of employment have you found most satisfying, and why? _____

MILITARY SERVICE:

55. Have you ever served in any military organization of the United States? Yes _____ No _____

56. Branch of Service: _____ Regiment: _____
 Division: _____ Company: _____

57. What is your service number? _____

58. Highest Rank held? _____

59. Type of discharge? _____

60. Date and Location of entry in Active Duty? _____

61. Date and Location of Discharge? _____

62. List all Duty Stations assigned in all Armed Forces:

FROM: MONTH / YEAR	FROM: MONTH / YEAR	BRANCH	DUTY STATION

63. List any medals and decorations awarded you as a member of the Armed Services: _____

64. List any specialized training/Technical Schools attended in the military: _____

65. Are you now, or were you ever a member of any Branch of the United State Reserved Forces?
 Yes _____ No _____ If yes, Active or Inactive? _____ Branch: _____
 Unit: _____ Rank: _____ Address _____
 Date From: _____ To: _____

66. Are you now, or were you ever a member of the National Guard? Yes _____ No _____ If yes:
 State: _____ Regiment: _____ Unit: _____
 Rank: _____ Date From: _____ To: _____
 Type of discharge received? _____

67. Have you ever served in the Military of any Foreign Nation? Yes _____ No _____ If yes, explain:

EDUCATION:

68. List below all schools you have attended and courses completed:

ELEMENTARY SCHOOLS				
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	YEARS COMPLETED	DEGREE OR CERTIFICATES
JUNIOR HIGH SCHOOLS				
NAME OF SCHOOL	ADDRESS	DATES ATTENDED	NUMBER OF YEARS COMPLETED	DEGREE OR CERTIFICATES

HIGH SCHOOLS

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	YEARS COMPLETED	DEGREE OR CERTIFICATES

COLLEGES AND UNIVERSITIES

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	YEARS COMPLETED	DEGREE OR CERTIFICATES

GRADUATE/EXTENSIONS/CORRESPONDENCE COURSES

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	YEARS COMPLETED	DEGREE OR CERTIFICATES

69. Were you ever expelled or suspended from any school, or were you ever disciplined by any school official?
Yes _____ No _____ If yes, give particulars: _____

70. List any special training courses attended or any professional licenses you hold: _____

71. Do you drink alcoholic beverages? Yes _____ No _____ If yes, to what degree? _____

72. Have you ever used, sold, or given marijuana to anyone? Yes _____ No _____ If yes, what were the circumstances?

73. Have you ever used, sold or given anyone any other illegal drugs such as cocaine, opiates, pills, any controlled substance, or any of your prescription medication that is restricted by law? Yes _____ No _____
If yes, explain the circumstances fully:

CRIMINAL & MILITARY DISCIPLINE:

74. Have you ever been denied a pistol permit? Yes _____ No _____ If yes, give circumstances: _____

75. Were you ever court-martialed, tried on charges, demoted or were you the subject of any disciplinary action while member of the Armed Forces, Reserves, or National Guard? Yes _____ No _____ If yes, explain:

76. Have you ever been questioned, detained or arrested by any Police Agency? Yes _____ No _____
If yes, give details below:
Crime or incident: _____ Police Agency: _____
Date: _____ Disposition of Case: _____

Crime or incident: _____ Police Agency: _____
Date: _____ Disposition of Case: _____

Crime or incident: _____ Police Agency: _____
Date: _____ Disposition of Case: _____

77. Have you ever been fingerprinted? Yes _____ No _____ If yes,
Where _____ Date: _____ Purpose: _____
Where _____ Date: _____ Purpose: _____
Where _____ Date: _____ Purpose: _____

78. Have you ever appeared in a Civil Court? Yes _____ No _____ If yes, give details: _____

79. Have you ever paid a fine? Yes _____ No _____ If yes, give details: _____

80. Have you ever received a summons or subpoena to any court (Family, Criminal, Civil) not previously listed herein?

81. Have you ever been the victim of a crime? Yes _____ No _____ If yes, give details: _____

82. Have you ever suffered a Civil compromise by any authority? Yes _____ No _____ If yes, give details:

83. Have you ever been reported as a missing person or a runaway? Yes _____ No _____ If yes, give details:

84. Do you possess a pistol permit? Yes _____ No _____ If yes, permit # _____
 Where and when issued? _____

85. List all hand guns on your permit, and all other weapons owned by you or kept in your possession:

Make	Model	Caliber	Serial #	Date of Purchase	Reason

DRIVING RECORD:

86. Can you drive a motor vehicle? Yes _____ No _____

87. Do you possess a valid New York operator's license? Yes _____ No _____
 If yes, what type: _____ Number: _____
 Issue date: _____ Expiration: _____

88. Did you ever possess an operator's license by any other State? Yes _____ No _____
 If yes, give state _____ and number: _____

89. Have you ever been refused an operator's license by any State? Yes _____ No _____ If yes, give details:

90. Has your operator's license ever been suspended or revoked by any Court or other authority?
 Yes _____ No _____ If yes, explain fully: _____

91. Has your license ever been placed on probation? Yes _____ No _____ If yes, explain: _____

DRIVING RECORD:

92. Have you ever been involved in a motor vehicle accident as an operator, passenger, or pedestrian?
 Yes _____ No _____ If yes, give complete details:

DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY _____

DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY _____

DATE	LOCATION	POLICE AGENCY	POLICE OFFICER/INVESTIGATOR

EXPLAIN BRIEFLY _____

93. List below all traffic citations you have received, including out of State:

APPROXIMATE DATE	LOCATION	NATURE OF VIOLATION	POLICE AGENCY	DISPOSITION

DRIVING RECORD:

94. List all motor vehicles owned or operated by you:

YEAR	MAKE	MODEL	STATE OF REGISTRATION	LICENSE PLATE

MISCELLANEOUS:

95. If it became necessary in the course of Police duties to take a human life, would you have any reluctance to do so because of any religious beliefs? Yes _____ No _____ Explain: _____

96. List by number, any questions which you did not understand, or were unable to complete for any reason:

97. Explain briefly why you are interested in entering the Law Enforcement profession: _____

MISCELLANEOUS SUPPLEMENTAL SHEET

In the space below, continue any question that cannot be fully answered on the 9A.1 Form

Signature

Date



THE VILLAGE OF YORKVILLE
 YORKVILLE POLICE DEPARTMENT
 46 NORTH STREET
 YORKVILLE, NEW YORK 13021

AUTHORIZATION FOR THE RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the Yorkville Police Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Yorkville Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the Yorkville Police Department, whether said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Yorkville Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints, or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had and files which are deemed to be confidential and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individual and collectively, from any and all liability for damages of whatever kind which may at any time result to my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Yorkville Police Department regardless of any agreement I may have made with you previously to the contrary.

For and in consideration of the Yorkville Police Department acceptance and processing of my application for employment, I agree to hold agents and employees harmless from any and all claims and liability associated with my application for employment or in anyway connected with the decision whether or not to employ me with the Yorkville Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under title 5 United States code. Section 552a the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Yorkville Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

- A) This waiver is valid for a period of two (2) years from the date of my signature.
- B) Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.
- C) I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.
- D) I agree to indemnify and hold harmless, the person to whom this request is presented and his agents and employees from and against all claims, damages losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

 SIGNATURE

 DATE

 WITNESS

 DATE

INTENTIONALLY LEFT BLANK



YORKVILLE POLICE
30 6th STREET
YORKVILLE, NEW YORK 13495

ATTESTATION STATEMENT

I, _____, being duly sworn, deposes and says that he/she is _____ years of age, being born on _____ and resides at _____.

I understand that the background questionnaire (Background Investigation Packet) is considered a supplemental application for employment and the **information I disclose on the Village of Yorkville Police Department's** background questionnaire is subject to verification and intentionally making a false statement in the background questionnaire or for practicing fraud or deception in the application will result in my disqualification from employment with the Yorkville Police Department.

Signature

Date

Subscribed and sworn to before me

this _____ day of _____ 20_____

_____ Notary public